

NOVEMBER 20, 1985

OLYMPIA, WASHINGTON

ISSUE 85-22



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filed not later than November 6, 1985.

## CITATION

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

## PUBLIC INSPECTION OF DOCUMENTS

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

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## CERTIFICATE

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

DENNIS W. COOPER  
Code Reviser

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# WASHINGTON STATE REGISTER

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

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# STYLE AND FORMAT OF THE WASHINGTON STATE REGISTER

## 1. ARRANGEMENT OF THE REGISTER

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

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

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

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

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

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

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

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

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

## 5. EFFECTIVE DATE OF RULES

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

## 6. EDITORIAL CORRECTIONS

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

## 7. INDEX AND TABLES

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

1985 – 1986

DATES FOR REGISTER CLOSING, DISTRIBUTION, AND FIRST AGENCY ACTION

Issue No.	Closing Dates <sup>1</sup>			Distribution Date	First Agency Action Date <sup>3</sup>
	Non-OTS & 30 p. or more	Non-OTS & 11 to 29 p.	OTS <sup>2</sup> or 10 p. max. Non-OTS		
<i>For Inclusion in—</i>	<i>File no later than—</i>			<i>Count 20 days from—</i>	<i>For hearing/adoption on or after</i>
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85-20	Sep 4	Sep 18	Oct 2	Oct 16	Nov 5
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85-22	Oct 9	Oct 23	Nov 6	Nov 20	Dec 10
85-23	Oct 23	Nov 6	Nov 20	Dec 4	Dec 24
85-24	Nov 6	Nov 20	Dec 4	Dec 18	Jan 7, 1986
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<sup>1</sup>All documents are due at the code reviser's office by 5:00 p.m. on the applicable closing date for inclusion in a particular issue of the Register; see WAC 1-12-035 or 1-13-035.

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

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

**WSR 85-22-001**  
**PROPOSED RULES**  
**CORRECTIONS STANDARDS BOARD**  
 [Filed October 24, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Corrections Standards Board intends to adopt, amend, or repeal rules concerning maximum capacities, amending WAC 289-15-225; that the agency will at 9:00 a.m. or later, Thursday, December 12, 1985, in the Olympia Room of the Governor House, Olympia, Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 70.48.050 (1)(a) and 70.48.070.

The specific statute these rules are intended to implement is RCW 70.48.050 (1)(a) and 70.48.070.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 6, 1985.

Dated: October 21, 1985

By: Robert W. Cote  
 Executive Secretary

**STATEMENT OF PURPOSE**

Title: Maximum capacities.

Description of Purpose: The purpose of WAC 289-15-225, which was originally adopted by the State Jail Commission on May 14, 1983, is to incorporate within the custodial care standards specific maximum jail capacity figures for purposes of applying the crowding standard set forth in WAC 289-15-220. The purpose of these amendments is to change several of those capacities.

Statutory Authority: RCW 70.48.050 (1)(a) and 70.48.070.

Summary of Rule: These amendments change the capacity figures for Chelan County, Lewis County and Pierce County, and classifies the Forks facility as a correctional facility.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Robert W. Cote, Executive Secretary, Corrections Standards Board, 110 East 5th Avenue, Mailstop GB-12, Olympia, WA 98504, (206) 753-5790, scan 234-5790.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Corrections Standards Board.

Agency Comments or Recommendations Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: None.

Whether Rule is Necessary as Result of Federal Law or Federal or State Court Action: None.

Small Business Economic Impact Statement: None.

AMENDATORY SECTION (Amending Order 85-03, filed 7/1/85)

WAC 289-15-225 MAXIMUM CAPACITIES. Pursuant to WAC 289-15-220, the maximum capacity of each detention and correctional facility within the state of Washington is established at the figure indicated below.

Detention Facilities

Auburn (22)  
 Bremerton (23)  
 ((Forks(++))  
 Issaquah (6)  
 Olympia (temporary) (19)  
 Stevens County (22)

Correctional Facilities

Asotin County (16)  
 Benton County (109)  
 Chelan County ((++)) (132)  
 Clallam County (102)  
 Clark County (300)  
 Cowlitz County(91)  
 Ferry County (22)  
 Forks (11)  
 Franklin County (76)  
 Grant County (54)  
 Grays Harbor County (74)  
 Island County (50)  
 Jefferson County (18)  
 Kent (20)  
 King County (1038)  
 Kitsap County (103)  
 Kitsap County Work Release (42)  
 Kittitas County (45)  
 Klickitat County (30)  
 Lewis County ((++)) (68)  
 Lincoln County (15)  
 Mason County (34)  
 Okanogan County (67)  
 Pacific County (29)  
 Pend Oreille County (18)  
 Pierce County ((++)) (470)  
 Skagit County (83)  
 Skamania County (17)  
 Snohomish County (116)  
 Snohomish County Work Release (60)  
 Spokane County (352)  
 Thurston County (94)  
 Walla Walla County (44)  
 Whatcom County (82)  
 Whitman County (34)  
 Yakima County (274)

**WSR 85-22-002**

**ADOPTED RULES**

**DEPARTMENT OF TRANSPORTATION**

**(Transportation Commission)**

[Order 50, Resolution No. 253—Filed October 24, 1985]

Be it resolved by the Washington State Transportation Commission, acting at Room 1D2, Transportation Building, Olympia, Washington, that it does adopt the annexed rules relating to vehicle size and weight, chapter 468-38 WAC.

This action is taken pursuant to Notice Nos. WSR 85-14-010, 85-17-064 and 85-20-074 filed with the code reviser on June 24, 1985, August 21, 1985, and September 30, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Washington State Transportation Commission as authorized in RCW 46.44.090.

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

APPROVED AND ADOPTED October 17, 1985.

By Bernice Stern  
 Chairman

AMENDATORY SECTION (Amending Order 31, Resolution No. 156, filed 8/20/82)

WAC 468-38-020 ADDITIONAL TONNAGE PERMITS. A permit to carry weight in addition to that authorized by the licensed gross weight may be issued under some conditions:

(1) A single-unit truck or a truck combination must be licensed to 40,000 pounds or to 80,000 pounds respectively in order to qualify for an additional tonnage permit.

(2) The wheelbase of any group of axles must meet the requirements of the legal weight table in RCW 46.44.041. No single axle shall exceed 20,000 pounds; no pair of tandem axles shall exceed 34,000 pounds.

(3) The weight limit((s)) of ~~((550))~~ 600 pounds per inch width of tire ~~((up to 12 inches and 660 pounds per inch width of 12 inches or more must be met))~~ may not be exceeded.

(4) The restrictions on highway loads required by emergency conditions pursuant to WAC 468-38-080 shall apply even though an operator has an additional tonnage permit.

AMENDATORY SECTION (Amending Order 31, Resolution No. 156, filed 8/20/82)

WAC 468-38-280 SPECIAL EQUIPMENT. Special equipment employing axle groupings other than the conventional single or tandem axle must first be approved by the department before permits will be granted authorizing the unit to operate on state highways.

A retractable axle carrying weight allowed under RCW 46.44.041 shall have a manufacturers rating of at least 10,000 pounds, shall be self-steering, and shall have the capacity to be activated only from outside the driver's compartment: PROVIDED, The requirement that controls be activated only from outside the driver's compartment shall not apply to existing trucks, presently equipped with hydraulically loaded lift axles which presently can be activated inside the driver's compartment.

AMENDATORY SECTION (Amending Order 31, Resolution No. 156, filed 8/20/82)

WAC 468-38-370 TRIPLE SADDLEMOUNTS.

(1) Definition: A combination of four vehicles used in a drive-away-tow-away operation with three vehicles in saddlemount position with the towing vehicle.

(2) Triple saddlemounts may be issued an annual permit to move on the state highway system in combinations up to 75 feet in length ~~((pursuant to RCW 46.44.094))~~.

(3) Vehicles operating in triple saddlemount combinations will meet specifications of the USDOT Federal Motor Carrier Regulations, parts 393.40-393.52 and 393.71.

(4) In triple saddlemount combinations, no towed vehicle will be permitted in lieu of saddlemount.

(5) Subject to limitations of RCW 46.44.041 a full mounted vehicle may be carried on the rear-most towed vehicle only.

## WSR 85-22-003

## ADOPTED RULES

DEPARTMENT OF TRANSPORTATION  
(Transportation Commission)

[Order 51, Resolution No. 254—Filed October 24, 1985]

Be it resolved by the Washington State Transportation Commission, acting at Room 1D2, Transportation Building, Olympia, Washington, that it does adopt the annexed rules relating to movement of mobile homes, WAC 468-38-120.

This action is taken pursuant to Notice Nos. WSR 85-15-078 and 85-20-075 filed with the code reviser on July 22, 1985, and September 30, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 46.44.170 which directs that the Department of Transportation/Transportation Commission has authority to implement the provisions of chapter 22, Laws of 1985.

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

APPROVED AND ADOPTED October 17, 1985.

By Bernice Stern  
Chairman

AMENDATORY SECTION (Amending Order 39, Resolution No. 195, filed 7/25/83)

WAC 468-38-120 OVERSIZE MOBILE HOME TRANSPORT REGULATIONS. (1) The purpose of this section is to supplement the provisions of chapter 468-38 WAC as they relate to the movement of mobile homes. Where conflicts with other sections of this chapter occur, the following rules apply.

(2) Definitions:

(a) "Mobile home" means all trailers of the semitrailer type with hitch ball coupler designed as structures for human habitation which may have been subsequently adapted to other uses, which are capable of being towed upon the public highways and are more than forty-five feet in length or more than eight and one-half feet in width.

(b) "Modular homes and sectional buildings" means any factory-built housing designed for human habitation which does not contain a permanent frame and must be mounted on a permanent foundation. Modular homes or sectional buildings with their own attached running gear which can be towed are considered to be mobile homes for purposes of this regulation. Modular homes or sectional buildings moved on legally registered trailers are subject to the provisions of chapter 46.44 RCW and the provisions of this chapter of the Washington Administrative Code regulating the movement of overlegal loads.

(c) Oversize permits may be issued to transporters, dealers or owners who shall assume full responsibility

while operating under a permit. Operators of tow vehicles and others assisting in the transport must function as agents or employees of the permittee.

(d) A "unit" is a complete or irreducible part of an oversize mobile home, together with its tow vehicle.

(3) Oversize limits: The following regulations apply to mobile homes of semi-trailer design whose width exceeds eight and one-half feet but does not exceed fourteen feet and whose length exceeds forty-five feet but in combination with a tow vehicle does not exceed eighty-five feet.

(4) Oversize mobile home permits may be issued as follows:

(a) Annual permits may be issued only to permittees who are qualified as dealers or manufacturers as provided in chapter 46.70 RCW or to transporters licensed as provided in chapter 46.76 RCW.

Annual permits shall apply only to transport of mobile homes fourteen feet or less in height, above level ground, while being transported.

(b) Monthly permits may be issued to dealers, manufacturers, and transporters under the same conditions as annual permits except that fourteen foot height limitations may be waived.

(c) Single trip permits may be issued to dealers, transporters and owners for a specific combination of tow vehicle and mobile home to travel from a point of origin to a prescribed destination.

~~((A single trip permit for movement of a mobile home within or leaving the state shall not be valid unless there is attached certification by the treasurer of the county in which the mobile home has been located that the requirements of RCW 46.44.170 have been met. Movement permits for mobile homes coming into the state or in transit through the state to another state or province do not require such certification.))~~

(5) The permittee must have insurance in effect while operating under the permit in the minimum amounts of \$100,000 - \$300,000 public liability and \$50,000 property damage. Pilot car operators shall meet the insurance requirements of RCW 46.44.180.

(6) If an accident occurs while transporting a mobile home under permit, the permittee shall immediately notify the nearest state patrol office if the damage is greater than two hundred and fifty dollars to the mobile home or greater than one hundred dollars to other vehicles or structures. Permission to continue the movement must be obtained from the state patrol.

(7) Dealers selling 12 to 14 foot wide mobile homes must advise the prospective purchaser in writing that not all state highways are approved for the transport of 12 to 14 foot wide mobile homes.

(8) Permits issued in accordance with the Uniform Mobile and Modular Home Transportation Regulations of WASHTO will be subject to those regulations and will be honored by the state of Washington if issued by other states.

(9) Mobile homes:

(a) Overall dimensions shall not exceed those stated in the permit except for minor protrusions not to exceed 2 inches, such as door and window hardware. Eaves will be

included in the measurement of maximum width. All dimensions shall be reduced to the practical minimum. Mobile homes having a single eave overhang along their length will be transported to allow for safe passing distances.

(b) The complete system of the mobile home, including running gear assembly, shall comply with the rules and regulations adopted by the United States Department of Housing and Urban Development (24 CFR 280 (1976) and as thereafter amended). Tires shall comply with applicable Federal Motor Carrier Safety Regulations, Title 49, chapter 111. Those mobile homes not certified as qualifying to the minimum H.U.D. specifications shall have brakes on at least two axles and on four wheels. Units of sixty feet or more in length shall have at least three full axles, except that 12-foot wide mobile homes manufactured prior to November 1, 1970, may be moved with a minimum of two axles. The brakes shall be under the control of the driver from the cab of the towing vehicle, and shall be adequate to control the mobile home and its load. They shall be so designed and connected that they shall automatically apply in case of accidental breakaway from the towing vehicle. A wet-cell or approved battery with a full charged rating of 12 volts will be installed in the mobile home to actuate electric brakes in the event of a breakaway. The minimum track width between two wheels on the same axle shall be eight feet. Track width shall be measured from the outer edges of the road bearing tread of tires on a single axle. Tires shall have no signs of separation or excessive aging and shall be inflated to the maximum recommended tire pressure and have tread depth no less than 3/32nd inch in any part of tire contacting the road. Recapped or retreaded tires are not allowed. Minimum combined load rating of mobile home tires must be in excess of their in-transit load. Axles and wheels must be properly aligned to minimize wear and overheating of tires.

(c) The open side of half sections of mobile homes shall be covered in such a way as to prevent billowing of the covering material.

(d) Furnishings or loose objects within the mobile home shall be secured in positions to achieve proper weight and balance.

(10) Tow vehicles:

(a) Tow vehicles shall comply with the following minimum requirements:

Mobile Home Width to be Towed	Drive Tire Width	Axle Tire Rating	Gross Curb Weight	(1) Rear Weight	(1) Axle Rating
Over 8 1/2' to 10'	7.00"	6 ply	(2)	6,000#	(2)
Over 10' to 12'	8.00"	8 ply	35,000(3)	8,000#	15,000#
Over 12' to 14'	8.25"	10 ply	35,000#	9,000#	15,000#

(1) Includes fuel and accessories prior to hook-up with mobile home.

(2) Not required.

(3) May be waived for older vehicles.

(b) Conventional or cab-forward configuration shall have a minimum wheelbase of 120 inches. Cab-over engine tow vehicles shall have a minimum wheelbase of 89 inches. Tow vehicles shall have a minimum 4-speed transmission. Power shall be sufficient to meet the requirements listed.

(c) Electrical brake controls, wiring and connections to mobile home brake systems will be capable of producing rated voltage and amperage at the mobile home brake magnets in accordance with the mobile home brake manufacturer's specifications.

(11) Signs and flags: In addition to the requirements of WAC 468-38-190, the OVERSIZE LOAD sign will be attached horizontally on the rear of the trailer home with the bottom edge between five and seven feet above the road surface. Sign material shall be impervious to moisture, clean and mounted with adequate supporting anchorage to provide legibility at all times.

(12) Lights: In addition to provisions of WAC 468-38-170, 6-inch diameter flashing amber lights with a minimum of 35 candle power shall be mounted on the upper outer edges of the rear of the trailing unit. They shall be operated with a flashing cycle of 60-120 times per minute during transit. Wiring and connections shall be in good working order.

(13) Travel speeds for mobile homes shall be as set forth in WAC 468-38-340.

(14) Mobile homes traveling in rural areas shall maintain adequate spacing of at least one-half mile between any two mobile home units. All units shall maintain a minimum distance of from 400 to 500 feet behind any truck, truck-tractor or trailer which could impair the visibility of an overtaking vehicle.

(15) The mobile home unit shall be operated in the right lane except when passing. On two-lane highways, units shall not pass other vehicles except when required to pass a vehicle being operated at a speed so slow as to hinder the safe flow of traffic.

(16) (a) A decal issued by the county treasurer shall be displayed on any mobile or modular home being transported on public highways in this state. The decal is not required if one of the following conditions is met:

(i) When a mobile home is to enter the state;

(ii) When a mobile home is being moved from the manufacturer or distributor to a retail sales outlet;

(iii) When a mobile home is being moved from the manufacturer or distributor to a purchaser's designated location; or

(iv) When a mobile home is being moved between retail sales outlets.

(b) The county treasurer's decal shall be displayed on the rear of the mobile home while in transport. It shall be issued at the same time as the tax certificate for mobile home movement. If the tax certification is for a double-wide mobile home, two mobile home movement decals shall be issued.

(c) The decal shall meet the following requirements:

(i) It shall be at least 8 1/2 inches square.

(ii) It shall be printed on Appleton Radiant Florescent Bristol (weight .010) or paper of comparable quality.

(iii) It shall be of fluorescent orange color.

(iv) It shall show the make, model and serial number of the mobile home, the date issued, the name of the transporter, the transporter's WUTC permit number if required, the department of transportation special motor vehicle permit number, and the name of the county issuing the decal.

(v) It shall display in readily legible script the expiration date of the decal, which shall be not more than fifteen days after the date the decal is issued.

(d) Mobile home movement decals may not be transferred.

#### WSR 85-22-004

#### PROPOSED RULES

#### HOSPITAL COMMISSION

[Filed October 25, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Hospital Commission intends to adopt, amend, or repeal rules concerning revisions to WAC 261-40-135 and 261-40-150 establishing the methodology and criteria for approval, modification, or disapproval of annual budget submittals and rates, rate schedules and other charges and changes therein.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on October 31, 1985.

The authority under which these rules are proposed is RCW 70.39.180 and 34.04.020.

The specific statute these rules are intended to implement is chapter 70.39 RCW.

This notice is connected to and continues the matter in Notice No. WSR 85-19-086 filed with the code reviser's office on September 18, 1985.

Dated: October 25, 1985

By: Maurice A. Click  
Executive Director

#### WSR 85-22-005

#### PROPOSED RULES

#### DEPARTMENT OF REVENUE

[Filed October 25, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Department of Revenue intends to adopt, amend, or repeal rules concerning uniform procedural rules for the conduct of contested cases before the Department of Revenue, new sections WAC 458-08-010 through 458-08-250, inclusive.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on November 15, 1985.

The authority under which these rules are proposed is RCW 82.01.060(2).

The specific statute these rules are intended to implement is chapter 34.12 RCW.

This notice is connected to and continues the matter in Notice Nos. WSR 85-16-100 and 85-19-069 filed with the code reviser's office on August 6, 1985, and September 17, 1985.

Dated: October 25, 1985

By: Matthew J. Coyle  
Acting Director

**WSR 85-22-006**  
**PROPOSED RULES**  
**GAMBLING COMMISSION**  
 [Filed October 25, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Gambling Commission intends to adopt, amend, or repeal rules concerning amendatory sections WAC 230-08-010, 230-30-050, 230-30-070, 230-30-103 and new section WAC 230-30-005;

that the agency will at 10:00 a.m., Thursday, December 12, 1985, in the Tyee Motor Inn, Olympia, Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW [9.46.]070 (4), (8), (11) and (14) and [9.46.]110.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 12, 1985.

Dated: October 25, 1985

By: Ronald O. Bailey  
 Deputy Director

#### STATEMENT OF PURPOSE

Title: Amendatory sections WAC 230-08-010 Monthly records; 230-30-050 Punchboard and pull tab operation; 230-30-070 Control of prizes; 230-30-103 Standards for construction of pull tabs; and new section WAC 230-30-005 Continuous play pull tab operations.

Description of Purpose: Establishes a new system of marketing for sale, control and regulation of punchboards and pull tabs.

Statutory Authority: RCW 9.46.070 (4), (8), (11) and (14) and 9.46.110.

Summary of Proposed Rules and Reasons Supporting Action: WAC 230-08-010 details the recordkeeping system for the new marketing method of punchboards and pull tabs; 230-30-005 authorizes a new marketing method for the sale, control and regulation of punchboards and pull tabs; 230-30-050 requires records, reports and receipts relating to a punchboard be retained on the licensed premises while the punchboard is in play; 230-30-070 eliminates the need for the licensee to delete from the flare, cash prize coupons representing the value of the prize won by the consumer; and 230-30-103 authorizes manufacturers to use the same paper stock for vendable and nonvendable pull tabs.

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

Proponents and Opponents: Gambling Commission staff proposes these rule amendments and new rules.

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

These rules were not made necessary as a result of federal law or federal or state court action.

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

#### AMENDATORY SECTION (Amending Order 134, filed 6/14/83)

WAC 230-08-010 MONTHLY RECORDS. Every person or organization licensed to operate any authorized gambling activity shall keep and maintain permanent monthly records of all of the activities of the licensee related to each licensed activity. These records must include all financial transactions and contain enough detail to determine compliance with the requirements of WAC 230-04-050 and WAC 230-04-080. These records shall be kept separate for each month and ~~((shall))~~ shall include, but not necessarily be limited to, all details of the following:

(1) The gross receipts from the conduct of each of the activities licensed.

(2) Full details on all expenses related to each of the activities licensed.

(3) The total cost of all prizes paid out for each of the activities licensed.

(4) With respect to those ~~((licensees receiving such))~~ organizations license~~((s))~~d as qualified bona fide charitable or bona fide nonprofit organizations, except agricultural fairs, records which clearly show in detail how those proceeds from each licensed activity obtained by the licensee were used or disbursed by that licensee.

(5) With respect to persons licensed to stimulate food and drink business, records shall include at least the following details:

(a) Food and drink sales for consumption on their licensed premises;

(b) Food and drink sales for off premises consumption; and

(c) All other business transactions directly related to the licensed business.

(6) In addition to any other requirement set forth in these rules, licensees for the operation of punchboards ~~((and pull tabs))~~ shall be required to prepare a detailed monthly record for punchboards ~~((and pull tab series))~~ removed from play during that month. This detailed monthly record shall be recorded in a standard format prescribed by the commission and shall disclose for each set at minimum the following information:

(a) The name of the punchboard ~~((or pull tab series));~~

(b) The Washington state identification stamp number issued by the commission and placed thereon;

(c) The series number of each ~~((pull tab series or))~~ punchboard;

(d) The date placed out for play;

(e) The date removed from play;

(f) The total number of ~~((tabs in each pull tab series or the total number of))~~ punches in each punchboard;

(g) The number of ~~((pull tabs or))~~ punches remaining after removal from play;

(h) The number of ~~((pull tabs or))~~ punches played from the ~~((pull tab series or))~~ punchboard;

(i) The cost to the players to purchase one ~~((pull tab or one))~~ punch;

(j) The gross receipts as defined in WAC 230-02-110;

(k) The total prizes paid, including both cash and merchandise (calculated by the cost to the licensee) prizes;

(l) The net receipts (gross receipts less total prizes paid);

(m) The cash over or short determined by (1) subtracting actual cash from net receipts for punchboards ~~((and pull tabs))~~ which pay cash prizes, and (2) subtracting actual cash from gross receipts for punchboards ~~((and pull tabs))~~ which award merchandise prizes; and

(n) The actual cash received from the operation of each ~~((pull tab series or))~~ punchboard ~~((and;~~

In the alternative, with written commission approval, licensees operating pull tabs may record (m) and (n) in total on a daily, weekly, or monthly basis).

(7) Operators of cash pull tabs shall be required to prepare a detailed record in a standard format prescribed by the commission.

(a) An entry shall be immediately made to the records anytime any pull tabs from a previously unplayed series is added to an operating pull tab set. This entry shall include at least the following information:

(i) The name of the pull tab series;

(ii) The Washington state identification stamp number issued by the commission;

(iii) The series number assigned by the manufacturer;

(iv) The date the first pull tab was added to the dispensing device;

(v) The color;

(vi) The total number of tabs in the pull tab series;

(vii) The manufacturer's name; and

(viii) The manufacturer's assigned form number.

(b) After the close of business on one of the last five days of each quarter, the operator shall conduct a cut-off count and cash reconciliation of each pull tab dispensing device. Entries to the records at this time shall include at least the following information for each dispensing device and combined totals:

(i) The total unsold pull tabs for each device. This total will include portions of series previously started but not yet added to the device;

(ii) The total pull tabs added during the period;

(iii) The total gross receipts;

(iv) The total prizes paid;

(v) The net receipts (gross receipts less prizes paid);

(vi) The actual cash received; and

(vii) The cash over or short (net receipts less actual cash received).

~~((6))~~ (8) Copies of all additional financial data which support tax reports to any and all governmental agencies.

Each of these records shall be maintained by the licensee for a period of not less than three years from the end of the fiscal year for which the record is kept unless the licensee is released by the commission from this requirement as to any particular record or records.

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

#### NEW SECTION

WAC 230-30-005 CONTINUOUS PLAY PULL TAB OPERATIONS. (1) Once a pull tab series has been put into play by an operator, that pull tab series must remain in that dispensing device at least for 90 days, provided that the commission may approve the removal of a pull tab series at an earlier time. The operator shall continue to place additional pull tab series in the dispensing devices which are:

(a) Identical as to manufacturer, manufacturer form number, sales price per pull tab, winning symbols, prize amounts, and number of pull tabs;

(b) Do not award a prize for the purchase of the last tab; and

(c) No winning pull tabs are marked off the flare.

When a pull tab series is added to a dispensing device, the unused pull tabs from that series, if any, must be placed in that dispensing device before another pull tab series can be added.

(2) Pull tabs that are operated as a continuous set shall award cash prizes only: PROVIDED, That spindle-type pull tabs may award cash or merchandise prizes. When spindle-type pull tabs award merchandise prizes, they shall follow all the rules applicable to punchboards and all pull tabs must be on or in the dispensing device and available for play.

(3) Once a pull tab series has been removed from play by the operator, the same type pull tab series cannot be operated on the licensed premises for 60 days. Each series of pull tabs permanently removed from play shall be maintained as a separate group and retained for at least six months. Each series permanently removed will be labeled with at least the date pulled; manufacturer's name; and manufacturer's form number.

(4) All winning pull tabs must be retained, and within twenty four hours the licensee shall mark or perforate the winning pull tabs of five dollars or more in such a manner that the pull tab cannot be presented again for payment. Winning tabs shall be retained for six months following the month the tabs were presented for payment.

(5) Net cash and winning pull tabs from each dispensing device will be maintained separately. A form will be provided by the commission to reconcile winning tabs, prizes paid, cash receipts, and deposits. Licensees must complete this form at least weekly and charitable and nonprofit organizations will deposit receipts as required by WAC 230-12-020.

(6) The flare advertising prizes available from the operation of any sets of pull tabs shall display the numbers or symbols for winning prizes and the total number available for each class of prize, for each individual series added to the set. The flare need not display the series number or the Washington state identification stamp for the series in play.

(7) All receipts, records, and reports, including pull tab series flare with Washington state identification stamp affixed, must be retained on the premises at least nine months after the series is placed into play,

and be made available on demand to law enforcement officers and representatives of the commission.

#### AMENDATORY SECTION (Amending Order 150, filed 5/13/85)

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

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

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

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

(a) The date of purchase;

(b) The company's name and adequate business address;

(c) A full description of each item purchased;

(d) The quantity of items purchased;

(e) The cost per individual items purchased; and

(f) The sales invoice or receipt must be maintained by the operator for at least three years.

#### AMENDATORY SECTION (Amending Order 154, filed 10/14/85)

WAC 230-30-070 CONTROL OF PRIZES. (1) All prizes from the operation of punchboards and pull tabs shall be awarded in cash or in merchandise. Prizes may not involve the opportunity of taking an additional chance or chances on another punchboard or of obtaining another pull tab or pull tabs. Where the prize involves the opportunity to punch again on the same punchboard, a prize must be awarded for each such punch which is not less than the highest amount of money, or worth not less than the most valuable merchandise prize, which might otherwise have been won by the punch for which the opportunity to take the second punch was awarded. No punchboard which offers as a prize the opportunity to take another punch on that board shall be sold or placed out for play unless that particular style and type of step-up board has been approved in advance by the commission. Each such board must clearly indicate on its face the terms and conditions under which the opportunity to obtain the second, or step-up punch, may be obtained and the prizes which may be won by the step-up punch.

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

(b) When the prize is cash it shall be displayed as follows:

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

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

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

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

#### (4) Cash prizes.

(a) Punchboards: Immediately upon determining the winner of any cash prize of five dollars or more, (~~or of any merchandise prize with a retail value of five dollars or more;~~) but prior to award of the prize, the licensee shall conspicuously delete all references to that prize being available to players from any flare(~~;~~) or punchboard (~~or pull tab dispensing device~~) upon which such reference may appear, and from

any other list, sign, or notice which may be posted, in such a manner that all future customers will know the prize is no longer available. The prize shall then be paid or delivered to the winner forthwith. The licensee must pay or award to the customer or player playing the punchboard (~~(or pull tab series)~~) all such prizes that have not been deleted from the flare of the punchboard (~~(or pull tab series)~~) when the punchboard (~~(or pull tab series)~~) is completely played out.

(b) Pull tab series: Upon a determination of a winner of a cash prize, the licensee shall award the player the amount of cash as represented by the coupon on the flare of the pull tab series in play. The licensee shall not delete or cross off the coupon on the flare which designates the cash available to be won from the pull tab series.

~~((4))~~ (5) No licensee shall offer to pay cash in lieu of merchandise prizes which may be won.

~~((5))~~ (6) When any person wins a cash prize of over twenty dollars or wins a merchandise prize with a retail value of more than twenty dollars from the play of any punchboard or pull tab series, the licensee or licensee's representative shall make a record of the win. The record of the win shall be made in a standard format prescribed by the commission and shall disclose at minimum the following information:

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

(b) The series number of the pull tab series or punchboard from which the prize was won;

(c) The name of the punchboard or pull tab series;

(d) The date the pull tab series or punchboard was placed out for play;

(e) The date the pull tab series or punchboard was removed from play;

(f) The month, day and year of the win;

(g) If the prize is cash, the amount of the prize won;

(h) If the prize is merchandise, a description of the prize won and its retail value;

(i) The printed full name of the winner;

(j) The current address of the winner which will include the street address, the city and the state.

It shall be the responsibility of the licensee to determine the identity of the winner and the licensee shall require such proof of identification as is necessary to properly establish the winner's identity. The licensee shall require the winner to sign his name on the winning pull tab or punch being presented for payment. The licensee shall not pay out any prize unless and until the winner has fully and accurately furnished to the licensee all information required by this rule to be maintained in the licensee record of the win.

~~((6))~~ (7) Every licensee shall keep the record of all prizes awarded in excess of twenty dollars, containing all of the information required in subsection (5) above, and all winning pull tabs or punchboard punches of five dollars or more for a period of six months and shall display the same to any representative of the commission or law enforcement officials upon demand. The licensee shall, within twenty-four hours after a winning pull tab or punch of five dollars or more has been presented for payment, mark or perforate the winning pull tab or punch in such a manner that the pull tab or punch cannot be presented again for payment.

~~((7))~~ (8) For the purposes of this rule, the retail value of a merchandise prize shall be the amount actually paid therefor by the licensed operator plus 50 percent of that actual cost.

~~((8))~~ (9) Spindle-type pull tab series which award only merchandise prizes valued at no more than five dollars, are hereby permitted to employ schemes whereby certain pre-designated pull tabs are free or the player is otherwise reimbursed the actual cost of said pull tabs. Flares for spindle-type pull tabs operated in this manner shall designate the total number of pull tabs in the series and the total number of pull tabs designated as free or reimbursable. Free or reimbursable pull tabs in these types of pull tab series shall not constitute a prize or prizes nor shall monies collected and later reimbursed constitute revenue for the purposes of determining gross receipts.

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

#### AMENDATORY SECTION (Amending Order 154, filed 10/14/85)

WAC 230-30-103 STANDARDS FOR CONSTRUCTION OF PULL TABS. (1) Pull tabs shall be constructed so that it is impossible to determine the covered or concealed number, symbol, ~~((or))~~ set of

symbols, or game protection on the pull tab until it has been dispensed to and opened by the player, by any method or device, including but not limited to, the use of a marking, variance in size, variance in paper fiber, or light.

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

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

~~((4))~~ (3) The cover sheet shall be color coded when individual series numbers are repeated and may show the consumer how to open the pull tab to determine the symbols or numbers. The cover sheet will contain perforated and/or clean-cut openings centered over the symbols or numbers on the back of the face sheet in such a manner as to allow easy opening by the consumer after purchase of the pull tabs, while at the same time, not permitting pull tabs to be opened prematurely in normal handling. Perforation should exist on both horizontal lines of the opening with either perforated or clean-cut on the vertical or elliptical line where the tab must be grasped for opening after bending the edge of ticket down. On latex covered pull tabs, either the face or back of the pull tab shall be color coded when individual series numbers are repeated and may show the consumer how to remove the latex to determine the symbols or numbers. On banded pull tabs, the paper stock shall be color coded when individual series numbers are repeated.

~~((5))~~ (4) Pull tabs will be glued or sealed so that it is impossible to determine the covered or concealed numbers, symbol or set of symbols on the pull tab until it has been dispensed to and opened by the player.

~~((6) Thickness:)~~ (5) Vendable and non vendable pull tabs.

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

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

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

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

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

~~((7))~~ (6) Length and width.

(a) Vendable pull tabs

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

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

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

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

~~((8))~~ (7) All pull tabs will be constructed to insure that, when offered for sale to the public, the pull tab is virtually opaque and free of security defects wherein winning pull tabs cannot be determined prior to being opened through the use of high intensity lights or any other method.

~~((9))~~ (8) Each manufacturer shall establish his own game protection for each pull tab game or series of games. The game protection shall be a method of identifying winning pull tabs, after they have been purchased and opened, from non-winning, altered or forged pull tabs. The manufacturer may use special numbers, colors, designs, ink or any combination to establish the game protection. Manufacturers will submit to the Gambling Commission a letter explaining the game protection and will keep the Commission informed on any changes.

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

**WSR 85-22-007**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
**(Dental Disciplinary Board)**  
 [Filed October 25, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Dental Disciplinary Board intends to adopt, amend, or repeal rules concerning specialty representation, amending WAC 308-37-190;

that the agency will at 9:00 a.m., Saturday, December 14, 1985, in Nendels Motor Inn, 16838 Pacific Highway South, Seattle, WA 98188, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 18.32.640(1).

The specific statute these rules are intended to implement is RCW 18.32.640(1).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 13, 1985.

Dated: October 25, 1985

By: Linda Crerar  
 Executive Secretary

**STATEMENT OF PURPOSE**

Name of Agency: Washington State Dental Disciplinary Board.

Purpose of Proposed Amendment: To amend the means by which advanced education or training for specialties are achieved for the purpose of specialty representations, and to state the scope of the rule.

Statutory Authority: RCW 18.32.640(1).

Summary of the Rule: WAC 308-37-190 Specialty representation.

Reason for Proposed Amendment: To clarify the availability of representing oneself as a specialist to the public and the intent of the rule.

Responsible Personnel: The Washington State Dental Disciplinary Board and the executive secretary for the board have the responsibility for drafting, implementing and enforcing these rules. The executive secretary is Linda Crerar, 1300 Quince Street S.E., Olympia, WA 98504, phone (206) 753-2461 or scan 234-2461.

Proponents of the Proposed Amendment: Dental Disciplinary Board.

Federal Law or Federal or State Court Requirements: Not necessitated as the result of federal or state court action.

Small Business Economic Impact Statement: Not required and has not been filed since this rule does not impact small businesses as that term is defined in RCW 19.85.020.

AMENDATORY SECTION (Amending Order PL 520, filed 2/19/85)

WAC 308-37-190 SPECIALTY REPRESENTATION. (1) It shall be misleading, deceptive or improper conduct for a dentist to

represent or imply that he or she is a specialist or use any of the terms to designate a dental specialty such as:

- (a) Endodontist
- (b) Oral or maxillofacial surgeon
- (c) Oral pathologist
- (d) Orthodontist
- (e) Pedodontist
- (f) Periodontist
- (g) Prosthodontist
- (h) Public health

or any derivation of these words unless he or she ~~((is entitled to such specialty designation under the guidelines for specialties of the Commission on Accreditation of Dental Education))~~ has attained a level of education or training at a university, college, school or institution that equals or is substantially comparable to that provided by the guidelines for specialty designation of the American Dental Association in effect as of January 1, 1985, or such guidelines as subsequently amended and approved by the dental disciplinary board, or other such organization recognized by the board.

(2) A dentist not currently entitled to such specialty designation shall not represent that his or her practice is limited to providing services in a specialty area without clearly disclosing in the representation that he or she is a general dentist. A specialist who represents services in areas other than his or her specialty is considered a general dentist.

(3) The definition of a specialist as specified by this rule pertains to this and only this rule for the purpose of defining advertising/representations and must not be randomly applied to any other provision in Chapter 18.32 RCW or rule of the board. By this rule, the board does not in any way address or endorse the concept of dental specialties or address or endorse the competency of any licensee.

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

**WSR 85-22-008**  
**PROPOSED RULES**  
**MEDICAL DISCIPLINARY BOARD**  
 [Filed October 25, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Medical Disciplinary Board intends to adopt, amend, or repeal rules concerning treatments; chelation therapy, WAC 320-18-020;

that the agency will at 9:00 a.m., Friday, November 15, 1985, in the Providence Medical Center, Providence Hall (2nd Floor, North), 500 17th Avenue, Seattle, WA, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 18.72.150(1).

The specific statute these rules are intended to implement is RCW 18.72.030(12).

This notice is connected to and continues the matter in Notice No. WSR 85-18-088 filed with the code reviser's office on September 4, 1985.

Dated: October 25, 1985

By: David K. Boston  
 Executive Secretary

**WSR 85-22-009**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-169—Filed October 26, 1985]

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

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is escapement needs of coho salmon have not been met.

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

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

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

APPROVED AND ADOPTED October 24, 1985.

By Russell W. Cahill  
 for William R. Wilkerson  
 Director

**NEW SECTION**

**WAC 220-36-02500P CLOSED AREAS—CHEHALIS RIVER.** Notwithstanding the provisions of WAC 220-36-025, effective immediately until further notice it is unlawful for any person, including treaty Indian fishermen, to fish for or possess foodfish taken for commercial purposes from the waters of the Chehalis River.

**REPEALER**

The following section of the Washington Administrative Code is repealed:

WAC 220-36-02500N Closed Areas—Chehalis River. (85-103)

**WSR 85-22-010**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-170—Filed October 26, 1985]

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

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that

observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is this regulation is needed to protect coho salmon returning to spawn in the Chehalis River.

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

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

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

APPROVED AND ADOPTED October 25, 1985.

By Russell W. Cahill  
 for William R. Wilkerson  
 Director

**NEW SECTION**

**WAC 220-36-02100V GRAYS HARBOR—GILLNET SEASON.** Notwithstanding the provisions of WAC 220-32-021 and WAC 220-36-024 effective immediately until further notice it is unlawful to fish for or possess salmon taken for commercial purposes from any Grays Harbor Salmon Management and Catch Reporting Area except as provided for in this section:

2B - Open 10:00 a.m. to 1:00 p.m. October 27, 1985 5 inch minimum mesh.

**NEW SECTION**

**WAC 220-36-02500Q CLOSED AREAS—CHEHALIS RIVER.** Notwithstanding the provisions of WAC 220-36-025, effective immediately until further notice, it is unlawful for any fishermen, including treaty Indian fishermen, to fish for or possess foodfish taken for any purpose from the waters of the Chehalis River except that is lawful for Quinault tribal fishermen to fish for salmon from 12:00 noon, October 31 to 12:00 noon November 2, 1985.

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

WAC 220-36-02100U GRAYS HARBOR—GILLNET SEASON. (85-155)

WAC 220-36-02500P CLOSED AREAS—CHEHALIS RIVER. (85-169)

**WSR 85-22-011**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-171—Filed October 26, 1985]

I, William R. Wilkerson, director of the Department of Fisheries, do promulgate and adopt at Olympia,

Washington, the annexed rules relating to commercial fishing regulations.

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is opening in Area 7E provides opportunity to harvest non-Indian share of coho. Openings in Areas 7B, 8, 8A, 9, 10, 10E, 11 and 12 provide opportunity to harvest non-Indian share of chum. The opening in Areas 7 and 7A provide opportunity to harvest Canadian origin chum. All other Puget Sound marine and freshwater areas are closed to prevent overharvest.

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

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

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

APPROVED AND ADOPTED October 25, 1985.

By Edward P. Manary  
for William R. Wilkerson  
Director

#### NEW SECTION

**WAC 220-47-618 PUGET SOUND ALL-CITIZEN COMMERCIAL SALMON FISHERY.** Notwithstanding the provisions of Chapter 220-47 WAC, effective October 27, 1985 until further notice, it is unlawful to take, fish for, or possess salmon for commercial purposes taken from the following Puget Sound Salmon Management and Catch Reporting Areas except in accordance with the following restrictions:

\*Areas 7 and 7A - Closed except reef nets may fish from 5:00 AM to 8:00 PM daily, October 27 through October 29 and gill nets using 6-inch minimum mesh may fish from 4:00 PM to 8:00 AM, the night of October 28 through the morning of October 29, and purse seines using the 5-inch strip may fish from 5:00 AM to 8:00 PM, October 28. Those waters of the Drayton Harbor and San Juan Island preserves are closed as provided in WAC 220-47-252 and WAC 220-47-262.

\*Area 7B - Closed except gill nets using 6-inch minimum mesh may fish from 4:00 PM to 8:00 AM nightly, the night of October 28 through the morning of October 30, and purse seines may fish from 5:00 AM to 8:00 PM daily, October 28 and 29. Fishery exclusion zones applicable to Area 7B commercial fisheries are described in WAC 220-47-307.

\*Area 7E - Closed except gill nets using 5-inch minimum mesh may fish from 4:00 PM to 8:00 AM nightly, the night of October 28 through the morning of October 31 and purse seines may fish from 5:00 AM to 8:00 PM daily, October 28 through October 30. Those waters of Ship Bay northeasterly of a line from Tongue Point to the Juniper Point marker are closed.

\*Areas 8, 8A, 8D, 9, 10, 10E, 11, and 12 - Closed except gill nets using 6-inch minimum mesh may fish from 4:00 PM to 8:00 AM the night of October 28 through the morning of October 29 and purse seines using the 5-inch strip may fish from 5:00 AM to 8:00 PM October 28. Fishery exclusion zones applicable to Areas 8, 8A, 9, 10, 10E, and 11 commercial fisheries are described in WAC 220-47-307.

\*Areas 4B, 5, 6, 6A, 6B, 6C, 6D, 7C, 7D, 9A, 10A, 10C, 10D, 10F, 10G, 11A, 12A, 12B, 12C, 12D, 13, 13A, 13C, 13D, 13E, 13F, 13G, 13H, 13I, 13J, and 13K and all freshwater areas - Closed.

#### REPEALER

The following section of the Washington Administrative Code is repealed effective October 27, 1985.

WAC 220-47-617 PUGET SOUND COMMERCIAL FISHERY RESTRICTIONS (85-165)

**WSR 85-22-012**

**PROPOSED RULES**

**DEPARTMENT OF TRANSPORTATION**

[Filed October 28, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Transportation intends to adopt, amend, or repeal rules concerning Transportation buildings—Works of art, repealing chapter 468-78 WAC;

that the agency will at 10:00 a.m., Monday, December 16, 1985, in the Board Room, 1D 9, Transportation Building, Olympia, Washington 98504, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 47.01.101(5).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Dated: October 25, 1985

By: A. D. Andreas  
Deputy Secretary

#### STATEMENT OF PURPOSE

Title: Chapter 468-78 WAC.

Description of Purpose: Repeal chapter 468-78 WAC, Transportation buildings—Works of art.

Statutory Authority: RCW 43.17.200.

Summary of Rule: Repeal chapter 468-78 WAC in its entirety.

Reason for Rule: RCW 43.17.200 was amended in 1983, inserting the words "to be expended by the Washington State Arts Commission . . ." Further, RCW 43.17.210 was amended in 1983 to stipulate that "the Washington State Arts Commission shall determine the amount to be made available for the purchase of art . . ." These changes effectively removed all authority for the implementation of the "1/2 of 1% for art" legislation from agencies other than the Arts Commission.

Agency Proposing Rule: Washington State Department of Transportation.

Department Personnel Responsible for Drafting and Implementation: Mr. D. D. Ernst, State Maintenance and Operations Engineer, Department of Transportation, Room 1C-9, Transportation Building, Olympia, WA 98504, (206) 753-6014.

Agency Comments or Recommendations: None.

Whether Rule is Necessary as Result of Federal Law or Federal or State Court Action: No.

Small Business Economic Impact Statement: None required.

**REPEALER**

The following chapter of the Washington Administrative Code is repealed:

- WAC 468-78-010 AUTHORITY.
- WAC 468-78-020 FUNDING.
- WAC 468-78-030 POWERS.

**WSR 85-22-013**

**ADOPTED RULES**

**DEPARTMENT OF ECOLOGY**

[Order 85-18—Filed October 28, 1985]

I, Glen Fiedler, deputy director of the Department of Ecology, do promulgate and adopt at Rowsix, 4224 6th Avenue, Lacey, WA, the annexed rules relating to minimum functional standards for solid waste handling, chapter 173-304 WAC.

This action is taken pursuant to Notice No. WSR 85-14-027 filed with the code reviser on June 26, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to chapter 43.21A RCW which directs that the Department of Ecology has authority to implement the provisions of chapter 70.95 RCW.

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

APPROVED AND ADOPTED October 25, 1985.

By Glen H. Fiedler  
Deputy Director

Chapter 173-304 WAC  
**MINIMUM FUNCTIONAL STANDARDS FOR SOLID WASTE HANDLING**

WAC

- 173-304-010 Authority and purpose.
- 173-304-011 County planning requirements.
- 173-304-015 Applicability.
- 173-304-100 Definitions.
- 173-304-130 Locational standards for disposal sites.
- 173-304-190 Owner responsibilities for solid waste.
- 173-304-195 Permit required.
- 173-304-200 On-site containerized storage, collection and transportation standards for solid waste.
- 173-304-300 Waste recycling facility standards.
- 173-304-400 Solid waste handling facility standards.
- 173-304-405 General facility requirements.
- 173-304-410 Transfer stations, baling and compaction systems, and drop box facilities.
- 173-304-420 Piles used for storage and treatment—Facility standards.
- 173-304-430 Surface impoundment standards.
- 173-304-440 Energy recovery and incinerator standards.
- 173-304-450 Landspreading disposal standards.
- 173-304-460 Landfilling standards.
- 173-304-461 Inert waste and demolition waste landfilling facility requirements.
- 173-304-462 Woodwaste landfilling facility requirements.
- 173-304-463 Problem waste landfills. (reserved)
- 173-304-470 Other methods of solid waste handling.
- 173-304-490 Ground water monitoring requirements.
- 173-304-600 Permit requirements for solid waste facilities.
- 173-304-700 Variances.
- 173-304-9901 Maximum contaminant levels for ground water.

**NEW SECTION**

WAC 173-304-010 **AUTHORITY AND PURPOSE.** This regulation is promulgated under the authority of chapter 70.95 RCW to protect public health, to prevent land, air, and water pollution, and conserve the state's natural, economic, and energy resources by:

(1) Setting minimum functional performance standards for the proper handling of all solid waste materials originating from residences, commercial, agricultural and industrial operations and other sources;

(2) Identifying those functions necessary to assure effective solid waste handling programs at both the state and local level;

(3) Following the direction set by the legislature for the management of solid waste in order of descending priority as applicable:

- (a) Waste reduction;
- (b) Waste recycling;

- (c) Energy recovery or incineration;
- (d) Landfill.

(4) Describing the responsibility of persons, municipalities, regional agencies, state and local government under existing laws and regulations related to solid waste;

(5) Requiring use of the best available technology for siting, and all known available and reasonable methods for designing, constructing, operating and closing solid waste handling facilities; and

(6) Establishing these standards as minimum standards for solid waste handling to provide a state-wide consistency and expectation as to the level at which solid waste is managed throughout the state. Local ordinances setting standards for solid waste handling shall not be less stringent than these minimum standards, and shall be adopted not later than one year after the effective date of this regulation. Local ordinances need not adopt WAC 173-304-011, County planning requirements, but shall otherwise comply with the requirements of WAC 173-304-011. Solid waste regulations or ordinances adopted by counties, cities, or jurisdictional boards of health shall be filed with the department ninety days following adoption.

#### NEW SECTION

WAC 173-304-011 COUNTY PLANNING REQUIREMENTS. The concept of "solid waste management" includes in addition to proper storage, collection, and disposal of discards, other management functions or operational activities including waste reduction, source separation, waste recycling, transportation, processing, treatment, resource recovery, energy recovery, incineration, and landfilling. Under the State Solid Waste Management Act, chapter 70.95 RCW, primary responsibility for managing solid waste is assigned to local government (RCW 70.95.020). The state, however, is responsible for assuring that effective local programs are established throughout Washington state. Therefore, state and local solid waste planning for the aforementioned activities is an essential part of proper solid waste management.

(1) State responsibility. As described in RCW 70.95.260, the department shall coordinate the development of a state solid waste management plan in cooperation with local government, the department of community development, and other appropriate state and regional agencies. The state plan shall be reviewed at two-year intervals, revised as necessary, and extended so that the plan shall look to the future for twenty years as a guide in carrying out a coordinated state solid waste management program.

(2) Local government responsibility. The overall purpose of local comprehensive solid waste planning is to determine the nature and extent of the various solid waste categories and to establish management concepts for their handling, utilization, and disposal consistent with the priorities established in RCW 70.95.010 for waste reduction, waste recycling, energy recovery and incineration, and landfill. Each local plan shall be prepared in accordance with RCW 70.95.080, 70.95.090, 70.95.100, and 70.95.110. Additionally, the department

has available "Guidelines for the development of local or regional solid waste management plans and plan revisions" to be followed by local government. RCW 70.95.165 also requires counties to establish a local solid waste advisory committee to assist in the development of programs and policies concerning solid waste handling and disposal and to review and comment upon proposed rules, policies, or ordinances prior to their adoption.

#### NEW SECTION

WAC 173-304-015 APPLICABILITY. These regulations apply to solid wastes as that term is defined in WAC 173-304-100. These regulations shall not apply to the following solid wastes:

- (1) Overburden from mining operations intended for return to the mine;
- (2) Liquid wastes whose discharge or potential discharge is regulated under federal, state or local water pollution permits;
- (3) Dangerous wastes as defined by chapter 70.105 RCW and chapter 173-303 WAC;
- (4) Woodwaste used for ornamental, animal bedding, mulch and plant bedding, or roadbuilding purposes;
- (5) Agricultural wastes, limited to manures and crop residues, returned to the soils at agronomic rates;
- (6) Clean soils and clean dredge spoils as defined in WAC 173-304-100 or as otherwise regulated by section 404 of the Federal Clean Water Act (PL 95-217);
- (7) Septage taken to a sewage treatment plant permitted under chapter 90.48 RCW;
- (8) Radioactive wastes, defined by chapters 402-12 and 402-19 WAC; and
- (9) Wood debris resulting from the harvesting of timber and whose disposal is permitted under chapter 76.04 RCW, the state forest practices act.

#### NEW SECTION

WAC 173-304-100 DEFINITIONS. When used in this regulation, the following terms have the meanings given below.

- (1) "Active area" means that portion of a facility where solid waste recycling, reuse, treatment, storage, or disposal operations are being, are proposed to be, or have been conducted. Buffer zones shall not be considered part of the active area of a facility.
- (2) "Agricultural wastes" means wastes on farms resulting from the production of agricultural products including but not limited to manures, and carcasses of dead animals weighing each or collectively in excess of fifteen pounds.
- (3) "Agronomic rates" means the rates of application of sludges, manures, or crop residues in accordance with rates specified by the appropriate fertilizer guide for the crop under cultivation.
- (4) "Air quality standard" means a standard set for maximum allowable contamination in ambient air as set forth in chapter 173-400 WAC, General regulations for air pollution sources.
- (5) "Aquifer" means a geologic formation, group of formations, or part of a formation capable of yielding a significant amount of ground water to wells or springs.

(6) "Ashes" means the residue including any air pollution flue dusts from combustion or incineration of material including solid wastes.

(7) "Balefill" means a landfill which uses compacted bales of solid waste to form discrete lifts as the landfill is filled.

(8) "Buffer zone" means that part of a facility that lies between the active area and the property boundary.

(9) "Bulky waste" means large items of refuse, such as appliances, furniture, and other oversize wastes which would typically not fit into reusable or disposable containers.

(10) "Clean soils and clean dredge spoils" means soils and dredge spoils which are not dangerous wastes or problem wastes as defined in this section.

(11) "Closure" means those actions taken by the owner or operator of a solid waste site or facility to cease disposal operations and to ensure that all such facilities are closed in conformance with applicable regulations at the time of such closures and to prepare the site for the post-closure period.

(12) "Collecting agency" means any agency, business or service operated by a person for the collecting of solid waste.

(13) "Compliance schedule" means a written schedule of required measures in a permit including an enforceable sequence leading to compliance with these regulations.

(14) "Composting" means the controlled degradation of organic solid waste yielding a product for use as a soil conditioner.

(15) "Container" means a device used for the collection, storage, and/or transportation of solid waste including but not limited to reusable containers, disposable containers, detachable containers and tanks, fixed or detachable.

(16) "Contaminate" means to allow to discharge a substance into ground water that would cause:

(a) The concentration of that substance in the ground water to exceed the maximum contamination level specified in WAC 173-304-9901, or

(b) A statistically significant increase in the concentration of that substance in the ground water where the existing concentration of that substance exceeds the maximum contaminant level specified in WAC 173-304-9901, or

(c) A statistically significant increase above background in the concentration of a substance which:

(i) Is not specified in WAC 173-304-9901, and

(ii) Is present in the solid waste, and

(iii) Has been determined to present a substantial risk to human health or the environment in the concentrations found at the point of compliance by the jurisdictional health department in consultation with the department and the department of social and health services.

(17) "Cover material" means soil or other suitable material that has been approved by the jurisdictional health department as cover for wastes.

(18) "Dangerous wastes" means any solid waste designated as dangerous waste by the department under chapter 173-303 WAC.

(19) "Demolition waste" means solid waste, largely inert waste, resulting from the demolition or razing of buildings, roads and other man-made structures. Demolition waste consists of, but is not limited to, concrete, brick, bituminous concrete, wood and masonry, composition roofing and roofing paper, steel, and minor amounts of other metals like copper. Plaster (i.e., sheet rock or plaster board) or any other material, other than wood, that is likely to produce gases or a leachate during the decomposition process and asbestos wastes are not considered to be demolition waste for the purposes of this regulation.

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

(21) "Detachable containers" means reusable containers that are mechanically loaded or handled such as a "dumpster" or drop box.

(22) "Disposable containers" means containers that are used once to handle solid waste such as plastic bags, cardboard boxes and paper bags.

(23) "Disposal" or "deposition" means the discharge, deposit, injection, dumping, leaking, or placing of any solid waste into or on any land or water.

(24) "Disposal site" means the location where any final treatment, utilization, processing, or deposition of solid waste occurs. See also the definition of interim solid waste handling site.

(25) "Drop box facility" means a facility used for the placement of a detachable container including the area adjacent for necessary entrance and exit roads, unloading and turn-around areas. Drop box facilities normally serve the general public with loose loads and receive waste from off-site.

(26) "Energy recovery" means the recovery of energy in a useable form from mass burning or refuse derived fuel incineration, pyrolysis or any other means of using the heat of combustion of solid waste that involves high temperature (above twelve hundred degrees Fahrenheit) processing.

(27) "Existing facility" means a facility which is owned or leased, and in operation, or for which construction has begun, on or before the effective date of this regulation and the owner or operator has obtained permits or approvals necessary under federal, state and local statutes, regulations and ordinances. A facility has commenced construction if either:

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

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

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

(28) "Expanded facility" means a facility adjacent to an existing facility for which the land is purchased and approved by the jurisdictional health department after the effective date of this regulation. A vertical expansion

approved and permitted by the jurisdictional health department after the effective date of this regulation shall also be considered an expanded facility.

(29) "Facility" means all contiguous land (including buffer zones) and structures, other appurtenances, and improvements on the land used for solid waste handling.

(30) "Facility structures" means buildings, sheds, utility lines, and drainage pipes on the facility.

(31) "Final treatment" means the act of processing or preparing solid waste for disposal, utilization, reclamation, or other approved method of use.

(32) "Free liquids" means any sludge which produces measurable liquids when the Paint Filter Liquids Test, Method 9095 of EPA Publication Number SW-846, is used.

(33) "One hundred year floodplain" means any land area which is subject to one percent or greater chance of flooding in any given year from any source.

(34) "Garbage" means unwanted animal and vegetable wastes and animal and vegetable wastes resulting from the handling, preparation, cooking and consumption of food, swill and carcasses of dead animals, and of such a character and proportion as to be capable of attracting or providing food for vectors, except sewage and sewage sludge.

(35) "Ground water" means that part of the subsurface water which is in the zone of saturation.

(36) "Holocene fault" means a fracture along which rocks on one side have been displaced with respect to those on the other side and that has occurred in the most recent epoch of the quaternary period extending from the end of the pleistocene to the present.

(37) "Incineration" means reducing the volume of solid wastes by use of an enclosed device using controlled flame combustion.

(38) "Interim solid waste handling site" means any interim treatment, utilization or processing site engaged in solid waste handling which is not the final site of disposal. Transfer stations, drop boxes, baling and compaction sites, source separation centers, and treatment are considered interim solid waste handling sites.

(39) "Industrial solid wastes" means waste by-products from manufacturing operations such as scraps, trimmings, packing, and other discarded materials not otherwise designated as dangerous waste under chapter 173-303 WAC.

(40) "Inert wastes" means noncombustible, nondangerous solid wastes that are likely to retain their physical and chemical structure under expected conditions of disposal, including resistance to biological attack and chemical attack from acidic rainwater.

(41) "Jurisdictional health department" means city, county, city-county or district public health department.

(42) "Landfill" means a disposal facility or part of a facility at which solid waste is permanently placed in or on land and which is not a landspreading disposal facility.

(43) "Landspreading disposal facility" means a facility that applies sludges or other solid wastes onto or incorporates solid waste into the soil surface at greater than vegetative utilization and soil conditioners/immobilization rates.

(44) "Leachate" means water or other liquid that has been contaminated by dissolved or suspended materials due to contact with solid waste or gases therefrom.

(45) "Local fire control agency" means a public or private agency or corporation providing fire protection such as a local fire department, the department of natural resources or the United States Forest Service.

(46) "Lower explosive limits" means the lowest percentage by volume of a mixture of explosive gases which will propagate a flame in air at twenty-five degrees centigrade and atmospheric pressure.

(47) "Medical waste" means all the infectious, and injurious waste originating from a medical, veterinary, or intermediate care facility.

(48) "New facility" means a facility which begins operation or construction after the effective date of this regulation (see also definition of "existing facility").

(49) "Nonconforming site" means a solid waste handling facility which does not currently comply with the facility requirements of WAC 173-304-400 but does comply with a compliance schedule issued in a solid waste permit by the jurisdictional health department.

(50) "Nuisance" consists in unlawfully doing an act, or omitting to perform a duty, which act or omission either annoys, injures, or endangers the comfort, repose, health or safety of others, offends decency, or unlawfully interferes with, obstructs or tends to obstruct, any lake or navigable river, bay, stream, canal, or basin, or any public park, square, street or highway; or in any way renders other persons insecure in life, or in the use of property.

(51) "Open burning" means the burning of solid waste materials in an open fire or an outdoor container without providing for the control of combustion or the control of emissions from the combustion.

(52) "Performance standard" means the criteria for the performance of solid waste handling facilities.

(53) "Permeability" means the ease with which a porous material allows liquid or gaseous fluids to flow through it. For water, this is usually expressed in units of centimeters per second and termed hydraulic conductivity. Soils and synthetic liners with a permeability for water of  $1 \times 10^{-7}$  cm/sec or less may be considered impermeable.

(54) "Permit" means an authorization issued by the jurisdictional health department which allows a person to perform solid waste activities at a specific location and which includes specific conditions for such facility operations.

(55) "Person" means an individual, firm, association, copartnership, political subdivision, government agency, municipality, industry, public or private corporation, or any other entity whatsoever.

(56) "Pile" means any noncontainerized accumulation of solid waste that is used for treatment or storage.

(57) "Plan of operation" means the written plan developed by an owner or operator of a facility detailing how a facility is to be operated during its active life and during closure and post-closure.

(58) "Point of compliance" means that part of ground water that lies beneath the perimeter of a solid waste

facilities' active area as that active area would exist at closure of the facility.

(59) "Post-closure" means the requirements placed upon disposal facilities after closure to ensure their environmental safety for a number of years after closure.

(60) "Premises" means a tract or parcel of land with or without habitable buildings.

(61) "Problem wastes" means: (a) Soils removed during the cleanup of a remedial action site, or a dangerous waste site closure or other cleanup efforts and actions and which contain harmful substances but are not designated dangerous wastes, or (b) dredge spoils resulting from the dredging of surface waters of the state where contaminants are present in the dredge spoils at concentrations not suitable for open water disposal and the dredge spoils are not dangerous wastes and are not regulated by section 404 of the Federal Clean Water Act (PL 95-217).

(62) "Processing" means an operation to convert a solid waste into a useful product or to prepare it for disposal.

(63) "Putrescible waste" means solid waste which contains material capable of being decomposed by micro-organisms.

(64) "Pyrolysis" means the process in which solid wastes are heated in an enclosed device in the absence of oxygen to vaporization, producing a hydrocarbon-rich gas capable of being burned for recovery of energy.

(65) "Reclamation site" means a location used for the processing or the storage of recycled waste.

(66) "Reusable containers" means containers that are used more than once to handle solid waste such as garbage cans.

(67) "Run-off" means any rainwater, leachate or other liquid which drains over land from any part of the facility.

(68) "Run-on" means any rainwater or other liquid which drains over land onto any part of a facility.

(69) "Scavenging" means the removal of materials at a disposal site, or interim solid waste handling site without the approval of the owner or operator and the jurisdictional health department.

(70) "Septage" means a semisolid consisting of settled sewage solids combined with varying amounts of water and dissolved materials generated from a septic tank system.

(71) "Sludge" means a semisolid substance consisting of settled sewage solids combined with varying amounts of water and dissolved materials generated from a wastewater treatment plant or other source.

(72) "Sole source aquifer" means an aquifer designated by the Environmental Protection Agency pursuant to Section 1424e of the Safe Drinking Water Act (PL 93-523).

(73) "Solid waste" means all putrescible and nonputrescible solid and semisolid wastes, including but not limited to garbage, rubbish, ashes, industrial wastes, swill, demolition and construction wastes, abandoned vehicles or parts thereof, and discarded commodities. This includes all liquid, solid and semisolid, materials which

are not the primary products of public, private, industrial, commercial, mining, and agricultural operations. Solid waste includes but is not limited to sludge from wastewater treatment plants and septage, from septic tanks, woodwaste, dangerous waste, and problem wastes.

(74) "Solid waste handling" means the management, storage, collection, transportation, treatment, utilization, processing or final disposal of solid wastes, including the recovery and recycling of materials from solid wastes, the recovery of energy resources from such wastes or the conversion of the energy in such wastes to more useful forms or combinations thereof.

(75) "Solid waste management" means the systematic administration of activities which provide for the collection, source separation, storage, transportation, transfer, processing, treatment, and disposal of solid waste.

(76) "Storage" means the holding of solid waste materials for a temporary period.

(77) "Twenty-five year storm" means a storm of a particular duration and of such an intensity that it has a four percent probability of being equalled or exceeded each year.

(78) "Twenty-four hour, twenty-five year storm" means a twenty-five year storm of twenty-four hours duration.

(79) "Stream" means the point at which any confined freshwater body of surface water reaches a mean annual flow of twenty cubic feet per second.

(80) "Surface impoundment" means a facility or part of a facility which is a natural topographic depression, man-made excavation, or diked area formed primarily of earthen materials (although it may be lined with man-made materials), and which is designed to hold an accumulation of liquids or sludges. The term includes holding, storage, settling, and aeration pits, ponds, or lagoons, but does not include injection wells.

(81) "Surface water" means all lakes, rivers, ponds, streams, inland waters, salt waters and all other water and water courses within the jurisdiction of the state of Washington.

(82) "Transfer station" means a permanent, fixed, supplemental collection and transportation facility, used by persons and route collection vehicles to deposit collected solid waste from off-site into a larger transfer vehicle for transport to a solid waste handling facility. Transfer stations may also include recycling facilities.

(83) "Treatment" means the physical, chemical or biological processing of solid waste to make such solid wastes safer for storage or disposal, amenable for energy or material resource recovery or reduced in volume.

(84) "Utilization" means consuming, expending, or exhausting by use, solid waste materials.

(85) "Vadose zone" means that portion of a geologic formation in which soil pores contain some water, the pressure of that water is less than atmospheric pressure, and the formation occurs above the zone of saturation.

(86) "Vector" means a living animal, insect or other arthropod which transmits an infectious disease from one organism to another.

(87) "Waste recycling" means reusing waste materials and extracting valuable materials from a waste stream.

(88) "Waste reduction" means reducing the amount or type of waste generated.

(89) "Water quality standard" means a standard set for maximum allowable contamination in surface waters as set forth in chapter 173-201 WAC, Water quality standards for waters of the state of Washington.

(90) "Wetlands" means those areas that are inundated or saturated by surface or ground water at a frequency and duration sufficient to support a prevalence of vegetative or aquatic life that requires saturated or seasonally saturated soil conditions for growth and reproduction. Wetlands generally include swamps, marshes, bogs, estuaries, and similar areas.

(91) "Woodwaste" means solid waste consisting of wood pieces or particles generated as a by-product or waste from the manufacturing of wood products, handling and storage of raw materials and trees and stumps. This includes but is not limited to sawdust, chips, shavings, bark, pulp, hog fuel, and log sort yard waste, but does not include wood pieces or particles containing chemical preservatives such as creosote, pentachlorophenol, or copper-chrome-arsenate.

(92) "Zone of saturation" means that part of a geologic formation in which soil pores are filled with water and the pressure of that water is equal to or greater than atmospheric pressure.

(93) "Buy-back recycling center" means any facility which collects, receives, or buys recyclable materials from household, commercial, or industrial sources for the purpose of accumulating, grading, or packaging recyclable materials for subsequent shipment and reuse, other than direct application to land.

(94) "Domestic wastewater facility" means all structures, equipment, or processes required to collect, carry away, treat, reclaim, or dispose of domestic wastewater together with such industrial waste as may be present.

(95) "Industrial wastewater facility" means all structures, equipment, or processes required to collect, carry away, treat, reclaim, or dispose of industrial wastewater.

(96) "Liquid" means a substance that flows readily and assumes the form of its container but retains its independent volume.

(97) "Reserved" means a section having no requirements and which is set aside for future possible rule-making as a note to the regulated community.

(98) "Limited purpose landfills" means a landfill that receives solid waste of limited types, known and consistent composition, other than woodwastes, garbage, inert waste, and demolition waste.

## NEW SECTION

WAC 173-304-130 **LOCATIONAL STANDARDS FOR DISPOSAL SITES.** (1) Applicability. These standards apply to all new and expanded disposal sites including landfills, landspreading disposal sites, and piles and surface impoundments that are to be closed as landfills. These standards do not apply to:

(a) Existing facilities or facilities that have engaged in closure and closed before the effective date of this regulation;

(b) Interim solid waste handling sites;

(c) Energy recovery and incineration sites;

(d) Piles and surface impoundments used for storage, unless otherwise referred to in WAC 173-304-400, Solid waste handling facility standards;

(e) Utilization of sludge and other waste on land;

(f) Inert wastes and demolition wastes as defined in WAC 173-304-100 unless otherwise referred to in WAC 173-304-400, Solid waste handling facility standards; and

(g) Problem wastes, as defined in WAC 173-304-100.

(2) Locational standards. All applicable solid waste facilities shall be subject to the following locational standards:

(a) Geology. No facility shall be located over a holocene fault, in subsidence areas, or on or adjacent to geologic features which could compromise the structural integrity of the facility.

(b) Ground water.

(i) No facility shall be located at a site where the bottom of the lowest liner is any less than ten feet above the seasonal high level of ground water in the uppermost aquifer, or five feet when a hydraulic gradient control system or the equivalent has been installed to control ground water fluctuations;

(ii) No landfill shall be located over a sole source aquifer; and

(iii) No facility's active area shall be located closer than one thousand feet to a down-gradient drinking water supply well, in use and existing at the time of the county's adoption of the comprehensive solid waste management plan unless the owner or operator can show that the active area is no less than ninety days travel time hydraulically to the nearest down-gradient drinking water supply well in the uppermost useable aquifer.

(c) Natural soils. See WAC 173-304-400, such as WAC 173-304-460 (3)(c)(i), landfill liners;

(d) Flooding. See WAC 173-304-400 such as WAC 173-304-460 (3)(d), landfill, floodplains;

(e) Surface water. No facility's active area shall be located within two hundred feet measured horizontally, of a stream, lake, pond, river, or salt water body, nor in any wetland nor any public land that is being used by a public water system for watershed control for municipal drinking water purposes in accordance with WAC 248-54-660(4);

(f) Slope. No facility's active area shall be located on any hill whose slope is unstable;

(g) Cover material. See WAC 173-304-400, such as WAC 173-304-460 (3)(e), landfills, closure;

(h) Capacity. See WAC 173-304-400, such as WAC 173-304-460, Landfilling standards, (for standards that vary according to capacity);

(i) Climatic factors. See WAC 173-304-400 such as WAC 173-304-460(3) landfill standards, (for standards applicable to arid climates);

(j) Land use. No facility shall be located:

(i) Within ten thousand feet of any airport runway currently used by turbojet aircraft or five thousand feet of any airport runway currently used by only piston-type aircraft unless a waiver is granted by the federal aviation administration. This requirement is only applicable where such facility is used for disposing of garbage such that a bird hazard to aircraft would be created;

(ii) In areas designated by the United States Fish and Wildlife Service or the department of game as critical habitat for endangered or threatened species of plants, fish, or wildlife;

(iii) So that the active area is any closer than one hundred feet to the facility property line for land zoned as nonresidential, except that the active area may be no closer than two hundred and fifty feet to the property line of adjacent land zoned as residential existing at the time of the county's adoption of the comprehensive solid waste management plan;

(iv) So as to be at variance with any locally-adopted land use plan or zoning requirement unless otherwise provided by local law or ordinance; and

(v) So that the active area is any closer than one thousand feet to any state or national park.

(k) Toxic air emissions. See WAC 173-304-400 such as WAC 173-304-460 (2)(b), landfill performance standards.

#### NEW SECTION

**WAC 173-304-190 OWNER RESPONSIBILITIES FOR SOLID WASTE.** The owner, operator, or occupant of any premise, business establishment, or industry shall be responsible for the satisfactory and legal arrangement for the solid waste handling of all solid waste accumulated by them on the property.

#### NEW SECTION

**WAC 173-304-195 PERMIT REQUIRED.** After approval by the department of the comprehensive solid waste plan required by RCW 70.95.100, no solid waste disposal site or facility shall be maintained, established, substantially altered, expanded or improved until the county, city or other person operating or owning such site has obtained a permit from the jurisdictional health department pursuant to the provisions of WAC 173-304-600.

#### NEW SECTION

**WAC 173-304-200 ON-SITE CONTAINERIZED STORAGE, COLLECTION AND TRANSPORTATION STANDARDS FOR SOLID WASTE.** (1) Applicability. These standards apply to all persons storing containerized solid waste generated on-site, and to all persons who are engaged in the collection and transportation of solid waste of more than one single family residence or single family farm including collection and transportation of septage and septic tank pumpings.

(2) On-site storage standards.

(a) The owner or occupant of any premises, business establishment, or industry shall be responsible for the safe and sanitary storage of all containerized solid wastes accumulated at that premises.

(b) The owner, operator, or occupant of any premises, business establishment, or industry shall store containerized solid wastes in containers that meet the following requirements:

(i) Disposable containers shall be sufficiently strong to allow lifting without breakage and shall be thirty-two

gallons in capacity or less where manual handling is practiced;

(ii) Reusable containers, except for detachable containers, shall be:

(A) Rigid and durable;

(B) Corrosion resistant;

(C) Nonabsorbent and water tight;

(D) Rodent-proof and easily cleanable;

(E) Equipped with a close fitting cover;

(F) Suitable for handling with no sharp edges or other hazardous conditions; and

(G) Equal to or less than thirty-two gallons in volume where manual handling is practiced.

(iii) Detachable containers shall be durable, corrosion-resistant, nonabsorbent, nonleaking and having either a solid cover or screen cover to prevent littering.

(3) Collection and transportation standards.

(a) All persons collecting or transporting solid waste shall avoid littering, or the creation of other nuisances at the loading point, during transport and for the proper unloading of the solid waste at a permitted transfer station, or other permitted solid waste handling site.

(b) Vehicles or containers used for the collection and transportation of solid waste shall be tightly covered or screened where littering may occur, durable and of easily cleanable construction. Where garbage is being collected or transported, containers shall be cleaned as necessary to prevent nuisances, odors and insect breeding and shall be maintained in good repair.

(c) Vehicles or containers used for the collection and transportation of any solid waste shall be loaded and moved in such manner that the contents will not fail, leak in quantities to cause a nuisance, or spill therefrom. Where such spillage or leakage does occur, the waste shall be picked up immediately by the collector or transporter and returned to the vehicle or container and the area otherwise properly cleaned.

(d) All persons commercially collecting or transporting solid waste shall inspect collection and transportation vehicles monthly, for repairs to containers such as missing or loose-fitting covers or screens, leaking containers, etc., and maintain such inspection records at the facility normally used to park such vehicles or such other location that maintenance records are kept. Such records shall be kept for a period of at least two years, and be made available upon the request of the jurisdictional health department.

#### NEW SECTION

**WAC 173-304-300 WASTE RECYCLING FACILITY STANDARDS.** (1) Applicability.

(a) These standards apply to facilities engaged in recycling or utilization of solid waste on the land, including but not limited to:

(i) Noncontainerized composting in piles;

(ii) Utilization of sewage sludge, septage and other organic wastes on land for beneficial use;

(iii) Accumulation of wastes in piles for recycling or utilization.

(b) These standards do not apply to:

(i) Single family residences and single family farms engaged in composting of their own wastes;

(ii) Facilities engaged in the recycling of solid waste containing garbage, such as garbage composting, which are subject to WAC 173-304-400, Solid waste handling facility standards;

(iii) Facilities engaged in the storage of tires which are subject to WAC 173-304-400, Solid waste handling facility standards;

(iv) Problem wastes as defined in WAC 173-304-100;

(v) Facilities engaged in recycling of solid waste stored in surface impoundments which are subject to WAC 173-304-400, Solid waste handling facility standards; and

(vi) Woodwaste or hog fuel piles to be used as fuel or raw materials stored temporarily in piles being actively used so long as the criteria of WAC 173-304-300 (3)(c)(i) are met.

(c) These standards do not apply to any facility that recycles or utilizes solid wastes in containers, tanks, vessels, or in any enclosed building, including buy-back recycling centers.

(2) Effective dates. All existing facilities recycling solid waste not in conformance with this section shall be placed upon a compliance schedule under WAC 173-304-600(1) to assure compliance within two years of the effective date of this regulation.

(3) Waste recycling requirements.

(a) All applicable solid waste recycling facilities shall apply for and obtain a solid waste permit under WAC 173-304-600, permits.

(b) Applicable waste recycling facilities shall submit annual reports to the jurisdictional health department and the department by March 1 of the following year for which the data is collected on forms supplied by the department. The annual reports shall include quantities and types of waste recycled for purposes of determining progress towards achieving the goals of waste reduction, waste recycling, and treatment in accordance with RCW 70.95.010(4). Such facilities may request and be assured of confidentiality for their reports in accordance with chapter 42.17 RCW and RCW 43.21A.160.

(c) All facilities storing solid waste in outdoor piles or surface impoundments for the purpose of waste recycling shall be considered to be storing or disposing of solid waste if:

(i) At least fifty percent of the material has not been shown to have been recycled in the past three years and any material has been on-site more than five years; or

(ii) Ground water or surface water, air, and/or land contamination has occurred or will likely occur under current conditions of storage or in case of fire, or flood.

Upon such a determination by the jurisdictional health department that (c)(i) or (ii) of this subsection are met, the jurisdictional health department may require a permit application and issuance of a permit under WAC 173-304-600 of these rules.

(d) Waste recycling facilities shall allow jurisdictional health department and department representatives entry for inspection purposes and to determine compliance with these rules at reasonable times.

(e) All applicable waste recycling facilities shall not conflict with the county comprehensive solid waste management plan required by WAC 173-304-011 of these rules.

(f) All waste recycling facilities shall comply with applicable local, state and federal laws and regulations, including but not limited to environmental regulations and laws.

(4) Sewage sludge utilization requirements.

In addition to the requirements of subsection (3) of this section, all facilities utilizing sewage sludge, including septage shall comply with the department's "Municipal and Domestic Sludge Utilization Guidelines" WDOE 82-11, dated September 1982 or as hereafter amended. Facilities utilizing sewage sludge on the land in a manner not consistent with nor meeting the requirement of the guidelines are required to meet the landspreading disposal standards of WAC 173-304-450.

(5) Woodwaste and other organic sludge utilization requirements.

(a) Facilities utilizing woodwaste not otherwise excluded under WAC 173-304-015, shall comply with these recycling standards. Applying woodwaste and other primarily organic sludges such as pulp and paper mill treatment sludges to the land shall be in a manner consistent with the "Municipal and Domestic Sludge Utilization Guidelines" WDOE 82-11 dated September 1982 or as hereafter amended. Only agricultural or silvicultural sites where such sludges are demonstrated to have soil conditioning or fertilizer value shall be acceptable, provided that the woodwaste and other primarily organic sludges are applied as a soil conditioner or fertilizer in accordance with accepted agricultural and silvicultural practice. Facilities utilizing woodwaste or other primarily organic sludges on the land in a manner not consistent with nor meeting the requirement of the guidelines are required to meet the landspreading disposal standards of WAC 173-304-450.

(b) Facilities utilizing woodwaste or other primarily organic sludges shall also comply with the standards of subsection (3) of this section.

#### NEW SECTION

WAC 173-304-400 SOLID WASTE HANDLING FACILITY STANDARDS. (1) Applicability. The standards of WAC 173-304-405 through 173-304-490 are the solid waste handling facility standards and apply to all solid waste handling facilities, except for:

(a) Waste recycling facilities, whose standards are spelled out in WAC 173-304-300;

(b) On-site containerized storage, collection and transportation facilities which are spelled out in WAC 173-304-200;

(c) Single family residences and single family farms whose year round occupants engage in solid waste handling of the single family's solid waste on-site;

(d) Problem wastes as defined in WAC 173-304-100;

(e) Solid waste handling facilities that have engaged in closure and closed before the effective date of this regulation; and

(f) Domestic wastewater facilities and industrial wastewater facilities otherwise regulated by federal,

state, or local water pollution permits except for any portion that utilizes or engages in landspreading disposal sludges or solid residues directly on the land.

(2) Standards for permits. The standards of WAC 173-304-405 through 173-304-490 shall be used as the basis for permitting as required in WAC 173-304-600.

(3) Effective dates.

(a) All existing facilities not in conformance with the following sections of the facility standards shall be placed upon compliance schedules under WAC 173-304-600 (1)(c) to assure full compliance within eighteen months of the effective date of this regulation for:

(i) The general facility standards, WAC 173-304-405;

(ii) The transfer stations, baling and compaction standards, WAC 173-304-410;

(iii) Ground water monitoring required in WAC 173-304-490;

(iv) The landfill operating and maintenance standards, WAC 173-304-460(4);

(v) The tire pile standards of WAC 173-304-420(4); and

(vi) The landspreading disposal standards of WAC 173-304-450(5).

(b) All existing solid waste facilities not in conformance with facility standards other than those in (a) of this subsection shall be placed upon compliance schedules under WAC 173-304-600 (1)(c) to assure full compliance within four years of the effective date of this regulation.

(c) All new and expanded facilities shall meet the facility standards of WAC 173-304-405 to 173-304-490 after the effective date of this regulation.

## NEW SECTION

WAC 173-304-405 GENERAL FACILITY REQUIREMENTS. (1) Applicability. All applicable solid waste handling facilities shall meet the requirements of this section.

(2) Plan of operation. Each owner or operator shall develop, keep and abide by a plan of operation approved as part of the permitting process in WAC 173-304-600. The plan shall describe the facilities' operation and shall convey to site operating personnel the concept of operation intended by the designer. The plan of operation shall be available for inspection at the request of the jurisdictional health officer. The facility must be operated in accordance with the plan or the plan must be so modified with the approval of the jurisdictional health department. Owners or operators of drop boxes may develop a generic plan of operation applicable to all such drop boxes, owned or operated.

Each plan of operation shall include:

(a) How solid wastes are to be handled on-site during its active life;

(b) How the facility will be closed and, for land disposal facilities, how post-closure will be carried out;

(c) How inspections and monitoring are conducted and their frequency;

(d) Actions to take if there is a fire or explosion;

(e) Actions to take if leaks are detected;

(f) Corrective action programs to take if ground water is contaminated;

(g) Actions to take for other releases (e.g. failure of run-off containment system);

(h) How equipment such as leachate collection and gas collection equipment are to be maintained;

(i) A safety plan or procedure; and

(j) Other such details as required by the jurisdictional health department.

(3) Recordkeeping. Each owner or operator shall maintain daily operating records on the weights (or volumes), number of vehicles entering and, if available, the types of wastes received. Major deviations from the plan of operation shall also be noted on the operating record.

(4) Reporting. Each owner or operator shall prepare and submit a copy of an annual report to the jurisdictional health department and the department by March 1 of each year. The annual report shall cover facility activities during the previous year and must include the following information:

(a) Name and address of the facility;

(b) Calendar year covered by the report;

(c) Annual quantity, in tons, or volume, in cubic yards, and estimated in-place density in pounds per cubic yard of solid waste handled, by type of solid waste if available, for each type of treatment, storage, or disposal facility, including applicable recycling facilities; and

(d) Results of ground water monitoring required in WAC 173-304-490.

(5) Inspections. The owner or operator shall inspect the facility to prevent malfunctions and deterioration, operator errors and discharges which may cause or lead to the release of wastes to the environment or a threat to human health. The owner or operator must conduct these inspections often enough to identify problems in time to correct them before they harm human health or the environment. The owner or operator shall keep an inspection log or summary including at least the date and time of inspection, the printed name and the handwritten signature of the inspector, a notation of observations made and the date and nature of any repairs or corrective action. The log or summary must be kept at the facility or other convenient location if permanent office facilities are not on-site, for at least three years from the date of inspection. Inspection records shall be available to the jurisdictional health department upon request.

(6) Closure. Each owner or operator shall close the facility according to plans spelled out in the plan of operation. Solid waste facilities shall be restored by the owner or operator to be as compatible as possible with the surrounding environs following the closure. Closure includes but is not limited to grading, seeding, landscaping, contouring, and screening. For interim solid waste handling sites, closure includes waste removal and decontamination. For disposal facilities, post-closure includes ground water monitoring and gas monitoring, the maintenance of the site for its intended use, and other activities deemed appropriate by the jurisdictional health department until the site becomes stabilized (i.e. little or no settlement, gas production or leachate generation)

and monitoring ground water and gases can be safely discontinued.

(7) Recording with county auditor. Maps and a statement of fact concerning the location of the disposal site shall be recorded as part of the deed with the county auditor not later than three months after closure. Records and plans specifying solid waste amounts, location and periods of operation shall be submitted to the local zoning authority or the authority with jurisdiction over land use and be made available for inspection.

(8) State and local requirements. All solid waste disposal facilities shall comply with all state and local requirements such as zoning land use, fire protection, water pollution prevention, air pollution prevention, nuisance and aesthetics.

#### NEW SECTION

**WAC 173-304-410 TRANSFER STATIONS, BALING AND COMPACTION SYSTEMS, AND DROP BOX FACILITIES.** (1) Applicability. All transfer stations, baling and compaction systems and drop boxes receiving solid waste from off-site shall meet the requirements of this section. Facilities receiving solid waste from on-site shall meet the requirements of WAC 173-304-200.

(2) Transfer stations, baling and compacting systems standards. Transfer stations, baling and compaction systems shall be designed, constructed, and operated so as to:

(a) Be surrounded by a fence, trees, shrubbery, or natural features so as to control access and be screened from the view of immediately adjacent neighbors, unless the tipping floor is fully enclosed by a building;

(b) Be sturdy and constructed of easily cleanable materials;

(c) Be free of potential rat harborages, and provide effective means to control rodents, insects, birds and other vermin;

(d) Be adequately screened to prevent blowing of litter and to provide effective means to control litter;

(e) Provide protection of the tipping floor from wind, rain or snow other than below grade bins or detachable containers;

(f) Have an adequate buffer zone around the operating area to minimize noise and dust nuisances, and for transfer stations, baling, or compaction systems, a buffer zone of fifty feet from the active area to the nearest property line in areas zoned residential;

(g) Comply with local zoning and building codes including approved local variances and waivers;

(h) Provide pollution control measures to protect surface and ground waters, including run-off collection and discharge designed and operated to handle a twenty-four hour, twenty-five year storm and equipment cleaning and washdown water;

(i) Provide all-weather approach roads, exit roads, and all other vehicular areas;

(j) Provide pollution control measures to protect air quality including a prohibition against all burning and the development of odor and dust control plans to be made a part of the plan of operation in WAC 173-304-405(2);

(k) Prohibit scavenging;

(l) Provide attendant(s) on-site during hours of operation;

(m) Have a sign that identifies the facility and shows at least the name of the site, and, if applicable, hours during which the site is open for public use, what constitutes materials not to be accepted and other necessary information posted at the site entrance;

(n) Have communication capabilities to immediately summon fire, police, or emergency service personnel in the event of an emergency; and

(o) Remove all wastes at closure, as defined in WAC 173-304-100, from the facility to a permitted facility.

(3) Drop box facility standards. Drop box facilities, as defined in WAC 173-304-100, shall:

(a) Be constructed of durable water tight materials with a lid or screen on top that prevents the loss of materials during transport and access by rats and other vermin;

(b) Be located in an easily identifiable place accessible by all-weather roads;

(c) Be designed and serviced as often as necessary to ensure adequate dumping capacity at all times. Storage of solid waste outside the drop boxes is prohibited;

(d) Comply with subsection (2)(m) of this section, signs; and

(e) Remove all remaining wastes at closure, as defined in WAC 173-304-100, to a permitted facility, and remove the drop box from the facility.

#### NEW SECTION

**WAC 173-304-420 PILES USED FOR STORAGE AND TREATMENT—FACILITY STANDARDS.** (1) Applicability.

(a) This section is applicable to solid wastes stored or treated in piles as defined in WAC 173-304-100 where putrescible wastes (other than garbage) are in place for more than three weeks, other wastes not intended for recycling are in place for more than three months, and garbage is in place for more than three days. These standards are also applicable to composting or storing of garbage and sludge in piles, and to tire piles where more than eight hundred tires are stored at one facility.

(b) Other solid wastes stored or treated in piles prior to waste recycling including compost piles of vegetative waste, piles of woodwaste used for fuel or raw materials are subject to WAC 173-304-300.

(c) Waste piles stored in fully enclosed buildings are not subject to these standards, provided that no liquids or sludges with free liquids are added to the pile.

(d) Inert wastes and demolition wastes are not subject to these standards.

(2) Requirements. All owners and operators shall:

(a) Comply with the requirements of the General facility requirements, WAC 173-304-405;

(b) Design piles located in a one hundred year flood plain to:

(i) Comply with local flood plain management ordinances and chapter 508-60 WAC, Administration of flood control zones; and

(ii) To avoid washout or restriction of flow; and

(c) Remove all solid wastes from the pile at closure to another permitted facility.

(3) Requirements for putrescible wastes or wastes likely to produce leachate.

(a) Waste piles shall be placed upon a surface such as sealed concrete, asphalt, clay or an artificial liner underlying the pile, to prevent subsurface soil and potential ground water contamination and to allow collection of run-off and leachate. The liner shall be designed of sufficient thickness and strength to withstand stresses imposed by pile handling vehicles and the pile itself;

(b) Run-off systems shall be installed, designed and maintained to handle a twenty-four hour, twenty-five year storm event;

(c) Waste piles having a capacity of greater than ten thousand cubic yards shall have either:

(i) A ground water monitoring system that complies with WAC 173-304-490; or

(ii) A leachate detection, collection and treatment system.

For purposes of this subsection, capacity refers to the total capacity of all putrescible or leachate-generating piles at one facility (i.e., two, five thousand cubic yard piles will subject the facility to the requirements of this subsection).

(d) Run-on prevention systems shall be designed and maintained to handle the maximum flow from a twenty-five year storm event; and

(e) A jurisdictional health department may require that the entire base or liner shall be inspected for wear and integrity and repaired or replaced by removing stored wastes or otherwise providing inspection access to the base or liner; the request shall be in writing and cite the reasons including valid ground water monitoring or leachate detection data leading the jurisdictional health department to request such an inspection, repair or replacement.

(4) Requirements for tire piles. Owners or operators shall:

(a) Control access to the tire pile by fencing;

(b) Limit the tire pile to a maximum of one-half acre in size;

(c) Limit the height of the tire pile to twenty feet;

(d) Provide for a thirty foot fire lane between tire piles; and

(e) Provide on-site fire control equipment.

## NEW SECTION

WAC 173-304-430 SURFACE IMPOUNDMENT STANDARDS. (1) Applicability.

(a) These standards are applicable to solid wastes that are liquids or sludges containing free liquids as defined in WAC 173-304-100 and applicable under WAC 173-304-015(2) and are stored or treated in surface impoundments;

(b) These standards are also applicable to sludges and septage stored or treated in surface impoundments; and

(c) These standards are not applicable to:

(i) Surface impoundments whose facilities and discharges are otherwise regulated under federal, state, or local water pollution permits; and

(ii) Retention or detention basins used to collect and store stormwater runoff.

(2) Requirements. All surface impoundments must be designed, constructed, and operated so as to:

(a) Meet the performance standards of WAC 173-304-460(2);

(b) Have an in-place or imported soil liner of at least two feet of  $1 \times 10^{-7}$  cm/sec permeability or an equivalent combination of any thickness greater than two feet and a greater permeability to protect the underlying aquifers or a thirty mil reinforced artificial liner placed on top of a structurally stable foundation to support the liners and solid waste and to prevent settlement that would destroy the liner; natural soils shall be recompacted to achieve an equivalent permeability. Owners or operators shall be allowed to use alternative designs, operating practices and locational characteristics which prevent migration of solid waste constituents or leachate into the ground or surface waters at least as effectively as the liners described in this subsection;

(c) Avoid washout including the use of an extended liner or dikes or restriction of flow in the one hundred year floodplain and to comply with local floodplain management ordinances and chapter 508-60 WAC, Administration of flood control zones;

(d) Have dikes designed with slopes so as to maintain the structural integrity under conditions of a leaking liner and capable of withstanding erosion from wave action;

(e) Have the freeboard equal to or greater than eighteen inches to avoid overtopping from wave action, overfilling, or precipitation;

(f) Have either a ground water monitoring system, or a leachate detection, collection and treatment system, for surface impoundments having a capacity of more than two million gallons unless the jurisdictional health department and the department require either for smaller surface impoundments. For purposes of this subsection, capacity refers to the total capacity of all surface impoundments on-site (i.e., two, one million gallon surface impoundments on one site will trigger these monitoring requirements);

(g) Be closed in a manner which removes all solid wastes including liners, etc. to another permitted facility and the site returned to its original or acceptable topography except that surface impoundments closed with the waste remaining in place shall meet the requirements of WAC 173-304-460(5) and 173-304-130;

(h) A jurisdictional health department may require that the liner be inspected for wear and integrity and repaired or replaced by removing stored solid wastes or otherwise inspecting the liner or base at any time. The request shall be in writing and cite the reasons including valid ground water monitoring or leachate detection data leading to such an inspection and repair;

(i) Surface impoundments containing septage will also be subject to the department's "criteria for sewage works design" used to review plans for septage surface impoundments; and

(j) Surface impoundments that have the potential to impound more than ten acre-feet of waste measured from the top of the dike and which would be released by

a failure of the containment dike shall be reviewed and approved by the dam safety section of the department.

#### NEW SECTION

**WAC 173-304-440 ENERGY RECOVERY AND INCINERATOR STANDARDS.** (1) Applicability. These standards apply to all facilities designed to burn more than twelve tons of solid waste per day, except for facilities burning woodwaste or gases recovered at a landfill.

(2) Requirements for energy recovery facilities and incinerators.

(a) Incinerators and energy recovery facilities storing putrescible wastes shall be confined to storage compartments specifically designed to store wastes temporarily in piles, surface impoundments, tanks or containers. The storage facilities shall meet the facility standards of WAC 173-304-400. Storage of wastes other than in the specifically designed storage compartments is prohibited. Equipment and space shall be provided in the storage and charging areas, and elsewhere as needed, to allow periodic cleaning as may be required in order to maintain the plant in a sanitary and clean condition;

(b) All residues from energy recovery facilities or incinerator facilities shall be used, handled or disposed of as solid or dangerous wastes according to these standards or the standards of the dangerous waste regulation, chapter 173-303 WAC;

(c) Each owner or operator of an energy recovery facility or incinerator facility shall comply with WAC 173-304-405. The plan of operation shall address alternative storage, and/or disposal plans for all breakdowns that would result in overfilling of the storage facility;

(d) Energy recovery facilities and incinerators must be designed, constructed and operated in a manner to comply with appropriate state and local air pollution control authority emission and operating requirements;

(e) Each owner or operator shall close their energy recovery facility or incinerator by removing all ash, solid wastes and other residues to a permitted facility;

(f) Each owner or operator of an energy recovery facility or incinerator shall be required to provide recycling facilities in a manner equivalent to WAC 173-304-460 (4)(f); and

(g) Owners or operators of energy recovery facilities or incinerators shall not knowingly dispose of, treat, store or otherwise handle dangerous waste unless the requirements of chapter 173-303 WAC are met.

#### NEW SECTION

**WAC 173-304-450 LANDSPREADING DISPOSAL STANDARDS.** (1) Applicability. These standards apply to facilities that engage in landspreading disposal of solid wastes. These standards do not apply to:

(a) Facilities utilizing sludge, woodwaste or other primarily organic sludges according to "The Municipal and Domestic Sludge Utilization Guidelines" WDOE 82-11, specified in WAC 173-304-300 (4) and (5);

(b) Agricultural solid wastes resulting from the operation of a farm including farm animal manure and agricultural residues; and

(c) Inert wastes and demolition wastes.

(2) Owners or operators of landspreading disposal facilities shall meet the minimum functional standards for performance of WAC 173-304-460(2) and the general facilities standards of WAC 173-304-405.

(3) Owners or operators of landspreading disposal facilities shall meet the locational standards of WAC 173-304-130.

(4) Minimum functional standard for design. Owners or operators of landspreading disposal facilities shall design landspreading facilities so as to:

(a) Provide interim waste storage facilities that meet the requirements of WAC 173-304-400 standards (i.e., for piles, surface impoundments, etc.);

(b) Collect and treat all run-off from a twenty-four hour, twenty-five year storm, and divert all run-on for the maximum flow of a maximum twenty-five year storm around the active area;

(c) Avoid standing water anywhere on the active area;

(d) Avoid slopes and other features that will lead to soil and waste erosion, unless contour plowing or other measures are taken to avoid erosion;

(e) Monitor ground water according to WAC 173-304-490; and

(f) Control access to site by fencing or other means and erect signs.

(5) Minimum functional standards for maintenance and operation. Owners or operators of landspreading disposal facilities shall maintain and operate the facilities so as to:

(a) Avoid any landspreading disposal of garbage or medical waste;

(b) Analyze solid wastes according to the requirements spelled out in "The Municipal and Domestic Sludge Utilization Guidelines" WDOE 82-11;

(c) Avoid applying wastes at rates greater than ten times agronomic rates using the proposed cover crop, or depths greater than would allow for discing the soil by tracked vehicles;

(d) Provide discing of soils during the growing season and after each application of waste to maintain aerobic soil conditions, minimize odors and lessen run-off;

(e) Avoid applying waste to any active area having standing water;

(f) Conform to the operating plan and the requirements of WAC 173-304-405;

(g) Avoid food chain crops during the active life of the facility and until demonstrated to be safe, after closure, according to the closure and post-closure plans filed with the plan of operation. Specific approval in writing from the jurisdictional health department is required for any landspreading disposal facility that is used to raise food crops after closure. Any new owner or operator of a closed landspreading disposal facility shall notify the jurisdictional health department within sixty days of the purchase; and

(h) Provide for a written contract between landowners, waste generators, waste haulers and waste operators requiring compliance with rules as a condition of the contract.

(6) Minimum functional standards for closure.

(a) All owners or operators of landspreading disposal facilities shall close in such a manner as to comply with WAC 173-304-405(6);

(b) All owners or operators of landspreading facilities shall also close such facilities in a manner that:

(i) Minimizes the need for further maintenance;

(ii) Controls, minimizes or eliminates, to the extent necessary, threats to human health and the environment, post-closure escape of solid waste, constituents, leachate, contaminated rainfall or waste decomposition products to the ground, surface water, ground water or the atmosphere;

(iii) Returns the land to the appearance and use of surrounding land areas to the degree possible; and

(iv) Allows for continued monitoring of all media (air, land and water) as long as necessary to protect human health and the environment during the post-closure period;

(c) Financial assurance. All owners or operators of landspreading disposal facilities shall have a written estimate, in current dollars, of the cost of closing the facility. The closure cost estimate must equal the cost of closure at the point in the operating life of the facility when the extent and manner of operation would make closure the most expensive, as indicated by the closure plan.

In addition, all facilities shall have a written post-closure estimate, in current dollars, the cost of post-closure monitoring and maintenance during the post-closure period.

#### NEW SECTION

WAC 173-304-460 LANDFILLING STANDARDS. (1) Applicability. These standards apply to facilities that dispose of solid waste in landfills except for:

(a) Inert wastes and demolition wastes landfills, that must meet WAC 173-304-461 standards; and

(b) Woodwaste landfills that must meet WAC 173-304-462 standards.

(2) Minimum functional standards for performance.

(a) Ground water. An owner or operator of a landfill shall not contaminate the ground water underlying the landfill, beyond the point of compliance. Contamination and point of compliance are defined in WAC 173-304-100.

(b) Air quality and toxic air emissions.

(i) An owner or operator of a landfill shall not allow explosive gases generated by the facility whose concentration exceeds:

(A) Twenty-five percent of the lower explosive limit for the gases in facility structures (excluding gas control or recovery system components);

(B) The lower explosive limit for the gases at the property boundary or beyond; and

(C) One hundred parts per million by volume of hydrocarbons (expressed as methane) in off-site structures.

(ii) An owner or operator of a landfill shall not cause a violation of any ambient air quality standard at the property boundary or emission standard from any emission of landfill gases, combustion or any other emission associated with a landfill.

(c) Surface waters. An owner or operator of a landfill shall not cause a violation of any receiving water quality standard or violate chapter 90.48 RCW from discharges of surface run-off, leachate or any other liquid associated with a landfill.

(3) Minimum functional standards for design.

(a) Minimizing liquids. All owners or operators of landfills shall minimize liquids admitted to active areas of landfills by:

(i) Covering according to WAC 173-304-460 (4)(d);

(ii) Prohibiting the disposal of noncontainerized liquids or sludges containing free liquids in landfills unless approved by the jurisdictional health department;

(iii) Designing the landfill to prevent all the run-on of surface waters and other liquids resulting from a maximum flow of a twenty-five year storm into the active area of the landfill;

(iv) Designing the landfill to collect the run-off of surface waters and other liquids resulting from a twenty-four hour, twenty-five year storm from the active area and the closed portions of a landfill;

(b) Leachate systems. All owners or operators of landfills shall:

(i) Install a leachate collection system sized according to water balance calculations or using other accepted engineering methods either of which shall be approved by the jurisdictional health department;

(ii) Install a leachate collection system so as to prevent no more than two feet of leachate developing at the topographical low point of the active area; and

(iii) Install a leachate treatment, or a pretreatment system if necessary in the case of discharge to a municipal waste water treatment plant, to meet the requirements for permitted discharge under chapter 90.48 RCW and the Federal Clean Water Act (PL 95-217).

(c) Liner designs. All owners or operators of landfills shall use liners of one of the following designs:

(i) Standard design. The liner shall be constructed of at least a four feet thick layer of recompacted clay or other material with a permeability of no more than  $1 \times 10^{-7}$  cm/sec and sloped no less than two percent; or

(ii) Alternative design. The design shall have two liners:

(A) An upper liner of at least fifty mils thickness made of synthetic material; and

(B) A lower liner of at least two feet thickness of recompacted clay or other material with a permeability of no more than  $1 \times 10^{-6}$  cm/sec and sloped no less than two percent; or

(iii) Equivalent design. The design shall use alternative methods, operating practices and locational characteristics which will minimize the migration of solid waste constituents or leachate into the ground or surface water at least as effectively as the liners of (c)(i) and (ii) of this subsection; or

(iv) Arid design. This design will apply to locations having less than twelve inches of precipitation annually, and, in lieu of (c)(i), (ii), and (iii) of this subsection, shall consist of vadose zone moisture monitoring, provided that:

(A) Waste material is no less than ten feet above the seasonal high level of ground water in the uppermost aquifer; and

(B) Any evidence of leachate or waste constituents detected in the vadose zone that violates or could be expected to violate the performance standard of WAC 173-304-460(2) shall cause the owner or operator to:

(I) Take corrective action, and either

(II) Close the facility according to these rules, or

(III) For all future expansions at that facility, meet the liner requirement of (c)(i) or (ii) of this subsection.

(v) Small landfill designs. For a landfill whose design and permit allow a total capacity at closure of two hundred thousand cubic yards or less, the need for a liner and leachate collection system shall be determined on a case-by-case basis by the jurisdictional health department in consultation with the department.

(d) Floodplains. All owners or operators of landfills that are located in a one hundred year floodplain shall:

(i) Comply with local floodplain management ordinances and chapter 508-60 WAC, Administration of flood control zones; and

(ii) Design the landfill so that the landfill entrance or exit roads or practices shall not restrict the flow of the base flood, reduce the temporary water storage capacity of the floodplain or result in washout of solid waste, so as to pose a hazard to human life, wildlife, land or water resources.

(e) Closure. All owners and operators shall design landfills so that at closure:

(i) At least two feet of  $1 \times 10^{-6}$  cm/sec or lower permeability soil or equivalent shall be placed upon the final lifts unless the landfill is located in an area having mean annual precipitation of less than twelve inches in which case at least two feet of  $1 \times 10^{-5}$  cm/sec or lower permeability soil or equivalent shall be placed upon the final lifts. Artificial liners may replace soil covers provided that a minimum of fifty mils thickness is used;

(ii) The grade of surface slopes shall not be less than two percent, nor the grade of side slopes more than thirty-three percent; and

(iii) Final cover of at least six inches of topsoil be placed over the soil cover and seeded with grass, other shallow rooted vegetation or other native vegetation.

(f) Gas control.

(i) All owners and operators shall design landfills, having a permitted capacity of greater than ten thousand cubic yards per year, so that methane and other gases are continuously collected, and

(A) Purified for sale;

(B) Flared; or

(C) Utilized for its energy value.

(ii) Collection and handling of landfill gases shall not be required if it can be shown that little or no landfill gases will be produced or that landfill gases will not support combustion; in such cases installation of vents shall be required.

(g) Other requirements. All owners and operators of landfills shall design landfills to:

(i) Be fenced at the property boundary or use other means to impede entry by the public and animals. A

lockable gate shall be required at the entry to the landfill;

(ii) Monitor ground water according to WAC 173-304-490 using a design approved by the local jurisdictional health department with the guidance of the department. The jurisdictional health department may also require monitoring of:

(A) Surface waters, including run-off;

(B) Leachate;

(C) Subsurface landfill gas movement and ambient air; and

(D) Noise.

(iii) Weigh all incoming waste on scales for landfills having a permitted capacity of greater than ten thousand cubic yards per year or provide an equivalent method of measuring waste tonnage capable of estimating total annual solid waste tonnage to within plus or minus five percent;

(iv) Provide for employee facilities including shelter, toilets, hand washing facilities and potable drinking water for landfills having the equivalent of three or more full-time employees;

(v) Erect a sign at the site entrance that identifies at least the name of site, if applicable, the hours during which the site is open for public use, unacceptable materials and an emergency telephone number. Other pertinent information may be required by the jurisdictional health department;

(vi) Provide on-site fire protection as determined by the local and state fire control jurisdiction;

(vii) Prevent potential rat and other vectors (such as insects, birds, and burrowing animals) harborage in buildings, facilities, and active areas;

(viii) Provide the unloading area(s) to be as small as possible, consistent with good traffic patterns and safe operation;

(ix) Provide approach and exit roads to be of all-weather construction, with traffic separation and traffic control on-site, and at the site entrance; and

(x) Provide communication between employees working at the landfill and management offices on-site and off-site (such as telephones) to handle emergencies.

(4) Minimum functional standards for maintenance and operation.

(a) Operating plans. All owners or operators of landfills shall maintain and operate the facility so as to conform to the approved plan of operation.

(b) Operating details. All owners or operators of landfills shall operate the facility so as to:

(i) Control road dust;

(ii) Perform no open burning unless permitted by the jurisdictional air pollution control agency or the department under the Washington clean air act, chapter 70.94 RCW. Garbage shall not be open burned.

(iii) Collect scattered litter as necessary to avoid a fire hazard or an aesthetic nuisance;

(iv) Prohibit scavenging;

(v) Conduct on-site reclamation in an orderly sanitary manner, and in a way that does not interfere with the disposal site operation;

(vi) Insure that at least two landfill personnel are on-site with one person at the active face when the site is

open to the public for landfills with a permitted capacity of greater than fifty thousand cubic yards per year;

(vii) Control insects, rodents and other vectors; and

(viii) Insure that reserve operational equipment shall be available to maintain and meet these standards.

(c) Boundary posts. All owners or operators of landfills shall clearly mark the active area boundaries authorized in the permit, with permanent posts or using equivalent method clearly visible for inspection purposes.

(d) Compaction and daily cover. All owners or operators of landfills shall:

(i) Thoroughly compact the solid waste before succeeding layers are added; and

(ii) Cover compacted waste containing garbage fully with at least six inches of compacted cover material after each day of operation. The jurisdictional health department may allow less frequent covering by considering:

(A) The characteristics of the solid waste;

(B) The climatic and geologic setting;

(C) The size of the facility; and

(D) The potential for nuisance conditions.

(e) Monitoring systems. All owners and operators of landfills shall maintain the monitoring system required in subsection (3)(g)(ii) of this section.

(f) Recycling required.

(i) All owners or operators of landfills at which the general public delivers household solid waste shall provide the opportunity for the general public to recycle cans, bottles, paper and other material for which a market exists and brought to the landfill site:

(A) During the normal hours of operation;

(B) In facilities convenient to the public (i.e., near entrance to the gate).

(ii) Owners or operators may demonstrate alternative means to providing an opportunity to the general public to recycle household solid waste.

(g) Disposal of dangerous waste prohibited. Owners or operators of landfills shall not knowingly dispose, treat, store, or otherwise handle dangerous waste unless the requirements of the dangerous waste regulation, chapter 173-303 WAC are met.

(5) Minimum functional standards for closure and post-closure.

(a) All owners or operators of landfills shall close landfills in such a manner as to comply with WAC 173-304-405(6).

(b) All owners or operators of landfills shall close landfills in a manner that:

(i) Minimizes the need for further maintenance;

(ii) Controls, minimizes or eliminates to the extent necessary threats to human health and the environment from post-closure escape of solid waste constituents, leachate, landfill gases, contaminated rainfall or waste decomposition products to the ground, surface water, ground water or the atmosphere;

(iii) Returns the land to the appearance and use of surrounding land areas to the degree possible; and

(iv) Allows for continued monitoring of all media (air, land and water) as long as necessary for the waste to stabilize and to protect human health and the environment.

(c) All owners or operators of landfills must have a written estimate, in current dollars, of the cost of closing the facility. The closure cost estimate must equal the cost of closure at the point in the operating life of the facility when the extent and manner of operation would make closure the most expensive; as indicated by the closure plan.

In addition, all facilities must have a written post-closure estimate, in current dollars, the cost of post-closure monitoring and maintenance during the post-closure period.

(6) Limited purpose landfill standards.

(a) Limited purpose landfills shall meet the following requirements:

(i) The general facility standards of WAC 173-304-405;

(ii) The performance standards of WAC 173-304-460(2);

(iii) The ground water monitoring standards of WAC 173-304-490;

(b) In addition, limited purpose landfills must meet all other standards of WAC 173-304-130 and 173-304-460 unless the owner or operator applies for relief from each of these requirements as part of his permit application and includes evidence or reasons why the nature of the waste, the disposal site and other factors can protect the environment and the public health.

#### NEW SECTION

WAC 173-304-461 INERT WASTE AND DEMOLITION WASTE LANDFILLING FACILITY REQUIREMENTS. (1) Applicability. These standards apply to facilities that landfill more than two thousand cubic yards of inert wastes and demolition wastes, as defined in WAC 173-304-100, including facilities that use inert waste and demolition waste as a component of fill. Inert wastes and demolition wastes used as road building materials are excluded from this section. These standards do not apply to asbestos containing waste regulated under the federal 40 CFR Part 61 rules and the dangerous waste regulation, chapter 173-303 WAC.

(2) Inert wastes and demolition waste landfilling facilities shall not be subject to the Locational standards for disposal sites, WAC 173-304-130 except for WAC 173-304-130 (2)(f), slope.

(3) Owners or operators of inert waste and demolition waste landfill shall maintain a record of the weights or volumes and types of waste disposed of at each site.

(4) Owners or operators of inert wastes and demolition landfills shall employ measures to prevent emission of fugitive dusts, when weather conditions or climate indicate that transport of dust off-site is liable to create a nuisance. Preventative measures include watering of roads and covering.

(5) Timbers, wood and other combustible waste shall be covered as needed during the summer months to avoid a fire hazard.

(6) Owners or operators of inert wastes and demolition landfills shall close the facility by leveling the wastes to the extent practicable and shall fill any voids posing a physical hazard for persons after closure and to

maintain an aesthetic appearance. A minimum of one foot of soil cover shall be used to close landfills.

(7) Owners or operators of inert waste and demolition waste landfills shall obtain a permit, as set forth in WAC 173-304-600 from the jurisdictional health department.

(8) Owners or operators of inert wastes and demolition landfills shall meet the requirements of WAC 173-304-405(7), Recording with the county auditor.

(9) Owners or operators of inert waste or demolition waste landfills shall not accept any other form of waste except inert waste and demolition waste.

(10) Owners or operators of inert waste and demolition waste landfills shall prevent unauthorized disposal during off-hours by controlling entry (i.e., lockable gate or barrier) when the facility is not being used.

#### NEW SECTION

WAC 173-304-462 WOODWASTE LANDFILLING FACILITY REQUIREMENTS. (1) Applicability. These requirements apply to facilities that landfill more than two thousand cubic yards of woodwaste including facilities that use woodwaste as a component of fill. Woodwaste is defined in WAC 173-304-100. These standards are not applicable to woodwaste landfills on forest lands regulated under the Forest Practices Act, chapter 76.09 RCW.

(2) Minimum functional standards.

(a) Woodwaste landfills are not subject to WAC 173-304-130 standards, Locational standards for disposal sites, except for WAC 173-304-130 (2)(e) surface water locational standards and WAC 173-304-130 (2)(b)(iii) down gradient drinking water supply wells. Woodwastes may be used as a component of fill within a shoreline and associated wetlands only if a demonstrated and proven technology to prevent ground and surface water contamination is used.

(b) Owners or operators of woodwaste landfills shall maintain a record of the weights or volumes of waste disposed of at each facility.

(c) Owners or operators of woodwaste landfills shall not accept any other wastes except woodwaste.

(d) Owners or operators of woodwaste landfills shall prevent run-on from a maximum twenty-five year storm.

(e) All wood waste landfills having a capacity of greater than ten thousand cubic yards at closure shall either:

(i) Have a ground water monitoring system that complies with WAC 173-304-490 and the woodwaste landfill meet the performance standards of WAC 173-304-460(2); or

(ii) Have a leachate collection and treatment system.

(f) Owners or operators of woodwaste landfills shall not deposit woodwaste in lifts to a height of more than ten feet per lift with at least one foot of cover material between lifts to avoid hot spots and fires in the summer and to avoid excessive build-up of leachate in the winter, and shall compact woodwaste as necessary to prevent voids.

(g) Owners or operators of woodwaste landfills shall prevent unauthorized disposal during off-hours by controlling entry (i.e., lockable gate or barrier), when the facility is not being used.

(h) Owners or operators of woodwaste landfills shall close the facility by leveling and compacting the wastes and applying a compacted soil cover of at least two feet thickness.

(i) Owners or operators of woodwaste landfills shall obtain a permit as set forth in WAC 173-304-600 from the jurisdictional health department.

#### NEW SECTION

WAC 173-304-463 PROBLEM WASTE LANDFILLS. (RESERVED)

#### NEW SECTION

WAC 173-304-470 OTHER METHODS OF SOLID WASTE HANDLING. (1) Applicability. This section applies to other methods of solid waste handling such as a material resource recovery system for municipal waste not specifically identified elsewhere in this regulation, nor excluded from this regulation.

(2) Requirements. Owners and operators of other methods of solid waste handling shall:

(a) Comply with the requirements in WAC 173-304-405;

(b) Obtain a permit under WAC 173-304-600 from the jurisdictional health department, by submitting an application containing information required in WAC 173-304-600 (3)(a), and such other information as may be required by the jurisdictional health department and the department, including:

(i) Preliminary engineering reports and plans and specifications; and

(ii) A closure plan.

#### NEW SECTION

WAC 173-304-490 GROUND WATER MONITORING REQUIREMENTS. (1) Applicability. These requirements apply to owners and operators of landfills, piles, landspreading disposal facilities, and surface impoundments that are required to perform ground water monitoring under WAC 173-304-400.

(2) Ground water monitoring requirements.

(a) The ground water monitoring system must consist of at least one background or upgradient well and three down gradient wells, installed at appropriate locations and depths to yield ground water samples from the upper most aquifer and all hydraulically connected aquifers below the active portion of the facility.

(i) Represent the quality of background water that has not been affected by leakage from the active area; and

(ii) Represent the quality of ground water passing the point of compliance. Additional wells may be required by the jurisdictional health department in complicated hydrogeological settings or to define the extent of contamination detected.

(b) All monitoring wells must be cased in a manner that maintains the integrity of the monitoring well bore

hole. This casing must allow collection of representative ground water samples. Wells must be constructed in such a manner as to prevent contamination of the samples, the sampled strata, and between aquifers and water bearing strata and in accordance with chapter 173-160 WAC, Minimum standards for construction and maintenance of water wells.

(c) The ground water monitoring program must include at a minimum, procedures and techniques for:

- (i) Decontamination of drilling and sampling equipment;
- (ii) Sample collection;
- (iii) Sample preservation and shipment;
- (iv) Analytical procedures and quality assurance;
- (v) Chain of custody control; and
- (vi) Procedures to ensure employee health and safety during well installation and monitoring.

(d) Sample constituents.

(i) All facilities shall test for the following parameters:

- (A) Temperature;
- (B) Conductivity;
- (C) pH;
- (D) Chloride;
- (E) Nitrate, nitrite, and ammonia as nitrogen;
- (F) Sulfate;
- (G) Dissolved iron;
- (H) Dissolved zinc and manganese;
- (I) Chemical oxygen demand;
- (J) Total organic carbon; and
- (K) Total coliform.

(ii) The jurisdictional health department in consultation with the department may specify additional or fewer constituents depending upon the nature of the waste; and

(iii) Test methods used to detect the parameters of (d)(i) of this subsection shall be EPA Publication Number SW-846, "Test Methods for Evaluating Solid Waste - Physical/Chemical Methods" except for total coliform which shall use the latest edition of "Standard Methods for the Examination of Water and Wastewater."

(e) The ground water monitoring program must include a determination of the ground water surface elevation each time ground water is sampled.

(f) The owner or operator shall use a statistical procedure for determining whether a significant change over background has occurred. The jurisdictional health department will approve such a procedure with the guidance of the department.

(g) The owner or operator must determine ground water quality at each monitoring well at the compliance point at least quarterly during the life of an active area (including the closure period) and the post-closure care period. The owner or operator must express the ground water quality at each monitoring well in a form necessary for the determination of statistically significant increases.

(h) The owner or operator must determine and report the ground water flow rate and direction in the uppermost aquifer at least annually.

(i) If the owner or operator determines that there is a statistically significant increase for parameters or constituents at any monitoring well at the compliance point, the owner or operator must:

(i) Notify the jurisdictional health department of this finding in writing within seven days of receipt of the sampling data. The notification must indicate what parameters or constituents have shown statistically significant increases;

(ii) Immediately resample the ground water in all monitoring wells and determine the concentration of all constituents listed in the definition of contamination in WAC 173-304-100 including additional constituents identified in the permit and whether there is a statistically significant increase such that the ground water performance standard has been exceeded, and notify the jurisdictional health department within fourteen days of receipt of the sampling data.

(j) The jurisdictional health department may require corrective action programs including facility closure if the performance standard of WAC 173-304-460 (2)(a) is exceeded and, in addition, may revoke any permit and require reapplication under WAC 173-304-600.

(3) Corrective action program. An owner or operator required to establish a corrective action program under this section must, at a minimum with the approval of the jurisdictional health officer:

(a) Implement a corrective action program that reduces contamination and if possible prevents constituents from exceeding their respective concentration limits at the compliance point by removing the constituents, treating them in place, or other remedial measures;

(b) Begin corrective action according to a written schedule after the ground water performance standard is exceeded;

(c) Terminate corrective action measures once the concentrations of constituents are reduced to levels below the limits under WAC 173-304-460 (2)(a).

#### NEW SECTION

##### WAC 173-304-600 PERMIT REQUIREMENTS FOR SOLID WASTE FACILITIES. (1) Applicability.

(a) All facilities which are subject to the standards of WAC 173-304-130, 173-304-300, and 173-304-400 are required to obtain permits. Permits are not required for single family residences and single family farms dumping or depositing solid waste resulting from their own activities on to or under the surface of land owned or leased by them when such action does not create a nuisance, violate statutes, ordinances, or regulations, including this regulation.

(b) Permits are not required for corrective actions at solid waste handling facilities performed by the state and/or in conjunction with the United States Environmental Protection Agency to implement the Comprehensive Environmental Response Compensation and Liability Act of 1980 (CERCLA), or corrective actions taken by others to comply with a state and/or federal cleanup order provided that:

(i) The action results in an overall improvement of the environmental impact of the site;

(ii) The action does not require or result in additional waste being delivered to the site or increase the amount of waste or contamination present at the site;

(iii) The facility standards of WAC 173-304-400 are met; and

(iv) The jurisdictional health department is informed of the actions to be taken and is given the opportunity to review and comment upon the proposed corrective action plans.

(c) Effective dates. The effective dates are as follows:

(i) The permit requirements of this section apply to all existing waste handling facilities eighteen months after the effective date of this regulation.

(ii) Between the effective date of this regulation and eighteen months thereafter, existing facilities will operate under the terms and conditions of existing permits valid on the effective date of this regulation. Jurisdictional health departments shall incorporate compliance schedules into valid existing permits; such compliance schedules shall insure that existing facilities meet the effective dates of WAC 173-304-400(3).

(iii) New and expanded waste handling facilities shall meet the requirements of this section on the effective date of this regulation.

(2) Procedures for permits.

(a) Any owner or operator subject to the permit requirements who intends to operate a facility must apply for a permit with the jurisdictional health department. Filing shall not be complete until two copies of the application have been signed by the owner and operator and received by the jurisdictional health department, and the applicant has filed an environmental checklist required under the state environmental policy act rules, chapter 197-11 WAC.

(b) Applications for a permit must contain the information set forth in subsection (3) of this section.

(c) Once the jurisdictional health department determines that an application for a permit is factually complete, it shall refer one copy to the appropriate regional office of the department for review and comment.

(d) The jurisdictional health department shall investigate every application to determine whether the facilities meet all applicable laws and regulations, conforms with the approved comprehensive solid waste handling plan and complies with all zoning requirements.

(e) The jurisdictional health department may establish reasonable fees for permits and renewal of permits. All permit fees collected by the health department shall be deposited in the county treasury in the account from which the health department's operating expenses are paid.

(f) The department shall report to the jurisdictional health department its findings on each permit application within forty-five days of receipt of a complete application or inform the jurisdictional health department as to the status of the application. Additionally, the department shall recommend for or against the issuance of each permit by the jurisdictional health department.

(g) When the jurisdictional health department has evaluated all pertinent information, it may issue a permit. Every completed solid waste permit application

shall be approved or disapproved within ninety days after its receipt by the jurisdictional health department or the applicant shall be informed as to the status of the application.

(h) Except for applications specified in subsection (3)(h) of this section every permit issued by a jurisdictional health department shall be on a format prescribed by the department and shall contain specific requirements necessary for the proper operation of the permitted site or facility including the requirement that final engineering plans and specifications be submitted for approval to the jurisdictional health department.

(i) All issued permits must be filed with the department no more than seven days after the date of issuance.

(j) The owner or operator of a facility shall apply for renewal of the facility's permit annually. The jurisdictional health department shall annually:

(i) Review the original application for compliance with these regulations and submit such additional information as spelled out in subsection (4) of this section;

(ii) Review information collected from inspections, complaints, or known changes in the operations;

(iii) Collect the renewal fee;

(iv) Renew the permit; and

(v) File the renewed permit with the department no more than seven days after the date of issuance. The department shall review and may appeal the renewal as set forth in RCW 70.95.185 and 70.95.190.

(3) Application contents for permits for new or expanded facilities.

(a) All permit applications except for inert waste, demolition waste, special purpose landfills, woodwaste landfill and recycling facilities applications, which are specified in (h) of this subsection, shall contain the following:

(i) A general description of the facility;

(ii) The types of waste to be handled at the facility;

(iii) The plan of operation required by WAC 173-304-405(2);

(iv) The form used to record weights or volumes required by WAC 173-304-405(3);

(v) An inspection schedule and inspection log required by WAC 173-304-405(5); and

(vi) Documentation to show that any domestic or industrial waste water treatment facility, such as a leachate treatment system, is being reviewed by the department under chapter 173-240 WAC.

(b) Application contents for permits for new or expanded landfill facilities. In addition to the requirements of (a) of this subsection, each landfill application for a permit must contain:

(i) A geohydrological assessment of the facility that addresses:

(A) Local/regional geology and hydrology, including faults, unstable slopes and subsidence areas on site;

(B) Evaluation of bedrock and soil types and properties;

(C) Depths to ground water and/or aquifer(s);

(D) Direction and flow rate of local ground water;

(E) Direction of regional ground water;

(F) Quantity, location and construction (where available) of private and public wells within a two thousand foot radius of site;

(G) Tabulation of all water rights for ground water and surface water within a two thousand foot radius of the site;

(H) Identification and description of all surface waters within a one-mile radius of the site;

(I) Background ground and surface water quality assessment, and for expanded facilities, identification of impacts of existing facilities of the applicant to date upon ground and surface waters from landfill leachate discharges;

(J) Calculation of a site water balance;

(K) Conceptual design of a ground water and surface water monitoring system, including proposed installation methods for these devices and where applicable a vadose zone monitoring plan;

(L) Land use in the area, including nearby residences; and

(M) Topography of the site and drainage patterns.

(ii) Preliminary engineering report/plans and specifications that address:

(A) How the facility will meet the locational standards of WAC 173-304-130;

(B) Relationship of facility to county solid waste comprehensive plan and the basis for calculating the facility's life;

(C) The design of bottom and side liners;

(D) Identification of borrow sources for daily and final cover, and soil liners;

(E) Interim/final leachate collection, treatment, and disposal;

(F) Landfill gas control and monitoring;

(G) Trench design, fill methods, elevation of final cover and bottom liner, and equipment requirements; and

(H) Closure/post-closure design, construction, maintenance, and land use.

(iii) An operation plan that addresses:

(A) Operation and maintenance of leachate collection, treatment, and disposal systems;

(B) Operation and maintenance of landfill gas control systems;

(C) Monitoring plans for ground water, surface water, and landfill gases to include sampling technique, frequency, handling, and analyses requirements;

(D) Safety and emergency accident/fire plans;

(E) Routine filling, grading, cover, and housekeeping;

(F) Record system to address records on weights (or volumes), number of vehicles and the types of waste received;

(G) Vector control plans; and

(H) Noise control.

(iv) Closure plan to address:

(A) Estimate of closure season/year;

(B) Capacity of site in volume and tonnage;

(C) Maintenance of active fill versus completed, final covered acreage;

(D) Estimated closure construction timing and notification procedures;

(E) Inspection by regulatory agencies.

(v) Post-closure plan to address:

(A) Estimated time period for post-closure activities;

(B) Site monitoring of landfill gas, ground water, and surface water;

(C) Deed clause changes, land use, and zoning restrictions;

(D) Maintenance activities to maintain cover and run-off systems; and

(E) Identification of final closure costs including cost calculations and the funding mechanism.

(c) Application contents for new or expanded transfer stations, drop box facilities, and baling and compaction systems requiring a permit. In addition to the requirements of (a) of this subsection, each applicable application for a permit must contain preliminary engineering report/plans and specifications that address:

(i) The proposed facility's zoning status;

(ii) The relationship to the county solid waste comprehensive plan and the area to be served by the facility; and

(iii) The facility design to address how the facility shall meet requirements of WAC 173-304-410, including closure.

(d) Application contents for new or expanded surface impoundments requiring a permit. In addition to the requirements of (a) of this subsection, each applicable application for a permit must contain:

(i) A geohydrological assessment of the facility that addresses all of the factors of (b)(i) of this subsection;

(ii) Preliminary engineering report/plans and specifications that address, where applicable:

(A) How the proposed facility will meet the locational standards of WAC 173-304-130;

(B) The relationship of facility to the county solid waste comprehensive plan;

(C) The design of liners and foundation to be incorporated in the facilities design including the design leachate of collection and treatment systems;

(D) The design of ground water monitoring;

(E) The design of dikes including calculations on dike stability analyses under conditions of liner failure;

(F) Other design details, including sludge cleanout and disposal, overfilling alarms and inlet design; and

(G) Closure/post-closure design, construction maintenance and land use.

(iii) An operation plan that addresses:

(A) Operation and maintenance of leachate collection system, or ground water monitoring;

(B) Operation and maintenance of overfilling equipment or details of filling and emptying techniques;

(C) Inspection of dikes and liners for integrity; and

(D) Safety and emergency plans.

(iv) A closure plan to address:

(A) Estimate of closure year and cost;

(B) Methods of removing wastes, liners and any contaminated soils, and location of final disposal;

(C) Closure timing and notification procedures; and

(D) Final inspection by regulatory agencies.

(e) Application contents for new or expanded piles requiring a permit. In addition to the requirements of (a) of this subsection, each application for a permit must contain:

(i) Preliminary engineering reports/plans and specifications that address:

(A) How the proposed facility will meet the locational standards of WAC 173-304-130;

(B) The relationship of the facility to the county solid waste comprehensive plan and zoning;

(C) The design of the liner or sealed surface upon which the liner rests, including an analysis of the liners ability to withstand the stress;

(D) The design of the run-on and run-off system;

(E) The design to avoid washout when the pile is located in a one hundred year floodplain; and

(F) Maximum elevation and boundaries of the waste pile.

(ii) An operation plan that addresses:

(A) Methods of adding or removing wastes from the pile and equipment used;

(B) Inspection of the liner for integrity; and

(C) Safety and emergency plans.

(iii) A closure plan to address:

(A) Estimate of closure year and cost;

(B) Methods of removing wastes, liners and any contaminated soils, and location of final disposal;

(C) Closure timing and notification procedures; and

(D) Final inspection by regulatory agencies.

(f) Application contents for new or expanded energy recovery and incinerator facilities requiring a permit. In addition to the requirements of (a) of this subsection, each application for a permit must contain:

(i) Preliminary engineering reports/plans and specifications that address:

(A) The relationship of the facility to the county solid waste comprehensive plan and zoning;

(B) The design of the storage and handling facilities on-site for incoming waste as well as fly ash, bottom ash and any other wastes produced by air or water pollution controls; and

(C) The design of the incinerator or thermal treater, including changing or feeding systems, combustion air systems, combustion or reaction chambers, including heat recovery systems, ash handling systems, and air pollution and water pollution control systems. Instrumentation and monitoring systems design shall also be included.

(ii) An operation plan that addresses:

(A) Cleaning of storage areas as required by WAC 173-304-440 (2)(a);

(B) Alternative storage plans for breakdowns as required in WAC 173-304-440 (2)(c);

(C) Inspection to insure compliance with state and local air pollution laws and to comply with WAC 173-304-405(5). The inspection log or summary must be submitted with the application; and

(D) How and where the fly ash, bottom ash and other solid wastes will be disposed of.

(iii) A closure plan to address:

(A) Estimate of closure year and cost;

(B) Methods of closure and methods of removing wastes, equipment, and location of final disposal;

(C) Closure timing and notification procedures; and

(D) Final inspection by regulatory agencies.

(g) Application contents for new or expanded landspreading disposal facilities requiring a permit. In addition to the requirements of (a) of this subsection, each application for a permit must contain:

(i) A geohydrological assessment of the facility that addresses all of the factors of (b)(i) of this subsection;

(ii) Preliminary engineering reports/plans and specifications that address:

(A) How the proposed facility will meet the locational standards of WAC 173-304-130;

(B) The relationship of the facility to the county solid waste comprehensive plan and the basis for calculating the facility's life;

(C) Waste analyses and methods to periodically sample and analyze solid waste;

(D) Design of interim waste storage facilities if such facilities are not otherwise permitted by the department;

(E) Design of run-on and run-off systems;

(F) A contour map of the active area showing contours to the nearest foot;

(G) A ground water and surface water monitoring program; and

(H) Access barriers such as fences, and warning signs.

(iii) An operation plan that addresses:

(A) Operation and maintenance of run-off and run-on systems;

(B) Methods of taking ground water samples and for maintaining ground water monitoring systems;

(C) Methods of applying wastes to meet the requirements of WAC 173-304-450 (2)(d):

(I) Estimated multiples of agronomic rates;

(II) Frequency of discing; and

(III) Avoidance of standing water.

(D) The written contract required between landowners, waste generators and waste operators.

(iv) Closure plan to address:

(A) Estimate of closure season/year;

(B) Capacity of site in volume and tonnage;

(C) Year-to-year maintenance of the active area versus completed, final covered acreage;

(D) Closure construction timing and notification procedures; and

(E) Final inspection by regulatory agencies.

(v) Post-closure plan to address:

(A) Estimated time period for post-closure activities;

(B) Site monitoring of ground water;

(C) Deed clause changes, land use, and zoning restrictions;

(D) Maintenance activities to maintain cover and run-off systems;

(E) Plans for food chain crops being grown on the active areas, after closure; and

(F) Identification of final closure costs including cost calculations and the funding mechanism.

(h) Application contents for new or expanded inert waste and demolition waste, special purpose landfill, woodwaste landfills, and recycling facilities.

Applications for permits subject to the standards of WAC 173-304-300, 173-304-460(6), 173-304-461, and 173-304-462 shall be on forms whose content shall be specified by the jurisdictional health department.

(4) Application contents for existing facilities renewing permits. All owners or operators of existing facilities shall renew permits or application forms specified in subsection (3) of this section. Previous information submitted to the jurisdictional health department may be referred to on the application forms. Changes in operating methods or other changes must be noted on the application in order to be authorized by permit.

(5) Inspections. As a minimum, annual inspections of all permitted solid waste facilities shall be performed by the jurisdictional health department. Any duly authorized officer, employee, or representative of the jurisdictional health officer or his designee having jurisdiction may enter and inspect any property, premises or place at any reasonable time for the purpose of determining compliance with this chapter, and relevant laws and regulations. Findings shall be noted and kept on file. A copy of the inspection report or annual summary shall be furnished to the site operator.

#### NEW SECTION

WAC 173-304-700 VARIANCES. (1) Any person who owns or operates a solid waste facility may apply to the jurisdictional health officer for a variance from any section of this regulation. The application shall be accompanied by such information as the jurisdictional health department may require. The jurisdictional health department may grant such variance, but only after due notice or a public hearing if requested, if it finds that:

(a) The solid waste handling practices or location do not endanger public health, safety or the environment; and

(b) Compliance with the regulation from which variance is sought would produce hardship without equal or greater benefits to the public.

(2) No variance shall be granted pursuant to this section until the jurisdictional health department has considered the relative interests of the applicant, other owners of property likely to be affected by the handling practices and the general public.

(3) Any variance or renewal shall be granted within the requirements of subsection (1) of this section and for time period and conditions consistent with the reasons therefor, and within the following limitations:

(a) If the variance is granted on the ground that there is no practicable means known or available for the adequate prevention, abatement, or control of pollution involved, it shall be only until the necessary means for prevention, abatement or control become known and available and subject to the taking of any substitute or alternative measures that the jurisdictional health department may prescribe;

(b) The jurisdictional health department may grant a variance conditioned by a time table if:

(i) Compliance with the regulation will require spreading of costs over a considerable time period; and

(ii) The time table is for a period that is needed to comply with the regulation.

(4) Any variance granted pursuant to this section may be renewed on terms and conditions and for periods

which would be appropriate on initial granting of a variance. No renewal thereof shall be granted, unless following a public hearing on the complaint or due notice, the jurisdictional health department finds the renewal is justified. No renewal shall be granted except on application. Any such application shall be made at least sixty days prior to the expiration of the variance. Immediately upon receipt of an application for renewal, the jurisdictional health department shall give public notice of such application in accordance with rules and regulations of the jurisdictional health department.

(5) An application for a variance, or for the renewal thereof, submitted to the jurisdictional health department shall be approved or disapproved by the jurisdictional health department within ninety days of receipt unless the applicant and the jurisdictional health department agree to a continuance.

(6) No variance shall be granted by a jurisdictional health department except with the approval and written concurrence of the department prior to action on the variance by the jurisdictional health department.

(7) Variances granted by a jurisdictional health department will be accepted as variances under this regulation.

(8) Public notice shall be given by mailing a notice of the variance application to persons who have written to the jurisdictional health department asking to be notified of all variance requests.

#### NEW SECTION

WAC 173-304-9901 MAXIMUM CONTAMINANT LEVELS FOR GROUND WATER. Maximum contaminant levels for ground water shall be those specified in chapter 248-54 WAC, as the primary drinking water standards. Analytical methods for these contaminants may be found in the code of federal regulations 40 CFR Part 141. (These contaminant levels are to be considered interim levels for the purpose of regulating solid waste handling facilities and shall be used until such time as the department establishes ground water quality standards for all types of activities impacting ground water.)

#### **WSR 85-22-014**

##### **ADOPTED RULES**

#### **DEPARTMENT OF GENERAL ADMINISTRATION**

##### **(Division of Banking)**

[Order 65—Filed October 29, 1985]

I, L. O. Malmberg, director of the Division of Banking, Department of General Administration, do promulgate and adopt at Olympia, Washington, the annexed rules relating to industrial loan companies, amending WAC 50-20-055 concerning computation of simple interest.

This action is taken pursuant to Notice No. WSR 85-19-088 filed with the code reviser on September 18, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Division of Banking, Department of General Administration, as authorized in RCW 31.04.150(2).

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

APPROVED AND ADOPTED October 22, 1985.

By L. O. Malmberg  
Acting Supervisor

AMENDATORY SECTION (Amending Order 48, filed 12/1/82)

WAC 50-20-055 (~~ALTERNATE~~) SIMPLE INTEREST ((CHARGES)) DEFINED. (1) (~~An industrial loan company may contract for and receive charges on a loan of money at an annual percentage rate not in excess of the rate which would produce at the scheduled maturity date of the loan the same total of charges including interest, the two percent initial charge deducted in advance and monthly service charge, as would be received on a loan with an equal net cash advance secured by an installment investment certificate made pursuant to RCW 31.04.090 at the maximum rates permitted, all calculations being based upon the assumption that the loan and purchase of the investment certificate are paid in accordance with their terms:~~

~~In such case, charges))~~ For purposes of RCW 31.04.090, simple interest shall be computed by applying the annual ~~((percentage))~~ simple interest rate to the unpaid balances of the ~~((cash advance))~~ principal of the loan outstanding for the time outstanding. Each payment shall be applied first to accumulated ~~((charges))~~ interest and the remainder of the payment shall be applied to the unpaid balance of the ~~((cash advance))~~ principal until paid in full.

~~((Charges shall))~~ Interest may not be payable in advance nor compounded; however, if part or all of the consideration for a new loan contract is the unpaid balance of a prior loan, then the original ((cash advance)) principal payable under such new loan contract may include, on a simple interest loan any unpaid interest or other charges which have accrued (the unpaid balance of ((the cash advance of)) a discounted loan shall be the balance due after giving effect to any required refund or credit of interest charged). For the purpose of computing ((charges on this alternative basis, the charges for each elapsed)) interest, a day shall be 1/365th of ((the annual rate)) a year. The term ((net cash advance)) "principal" as used herein means the sum of the "amount financed" and any "prepaid finance charge" disclosed to the borrower pursuant to the federal Truth-in-Lending Act.

(2) The provisions of RCW 31.04.090 as they relate to investment certificates are not applicable to loans upon which interest is computed and charged on this basis.

WSR 85-22-015  
PROPOSED RULES  
OFFICE OF THE GOVERNOR  
[Filed October 30, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Office of the Governor intends to adopt, amend, or repeal rules concerning this notice proposes to add new chapter 240-10, entitled "state employee combined charitable contributions program," to the Washington Administrative Code (WAC). The sections of this new WAC chapter do the following: Establish the Washington State Employee Combined Fund Drive Committee and the manner by which the committee shall function; outline the purposes of the voluntary employee contributions program; define terms associated with the committee and voluntary employee contributions program; establish basic standards and criteria all voluntary charitable agencies are required to comply with; establish additional requirements for eligible federations commonly referred to as "umbrella organizations," such as United Way of Thurston County; and establish qualifications for local campaign managers;

that the agency will at 8:00 a.m., Tuesday, December 17, 1985, in the Department of Personnel Board Room, 600 South Franklin, Olympia, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 23, 1985.

The authority under which these rules are proposed is RCW 41.04.035, 41.04.036 and 41.04.230.

The specific statute these rules are intended to implement is RCW 41.04.035, 41.04.036 and 41.04.230.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 13, 1985.

The agency reserves the right to modify the text of these proposed rules before the hearing or in response to written or oral comments received before or during the hearing.

The agency may need to change the date for hearing or adoption on short notice. To ascertain that the hearing or adoption will take place as stated in this notice, an interested person may contact the person named below.

Correspondence relating to this notice and the proposed rules should be addressed to:

Mr. Collum C. Liska  
Senior Policy Coordinator  
Accounting and Fiscal Services Division  
Office of Financial Management  
4th Floor, Insurance Building  
Mailstop AQ-44  
Olympia, Washington 98504  
(206) 753-8538  
scan 234-8538

Dated: October 29, 1985

By: Terry Sebring  
Legal Counsel

## STATEMENT OF PURPOSE

Title and Number of Rule Section(s) or Chapter(s): Chapter 240-10 WAC, State employee combined charitable contributions program, consisting of the adoption of the following new sections: WAC 240-10-010 Committee established; 240-10-020 Purposes; 240-10-030 Definitions; 240-10-040 Basic standards and criteria for agency membership applicable to all agencies; 240-10-050 Required characteristics of eligible federations (umbrella organizations); and 240-10-060 Qualifications for local campaign manager.

Statutory Authority: RCW 41.04.035, 41.04.036 and 41.04.230.

Specific Statute that the Rule is Intended to Implement: RCW 41.04.035, 41.04.036 and 41.04.230.

Summary of the Rules: The rules propose adding new chapter 240-10, entitled "state employee combined charitable contributions program," to the Washington Administrative Code (WAC). The sections of this new WAC chapter do the following: Establish the Washington State Employee Combined Fund Drive Committee and the manner by which the committee shall function; outline the purposes for the voluntary employee contributions program; define terms associated with the committee and voluntary employee contributions program; establish basic standards and criteria all voluntary charitable agencies are required to comply with; establish additional requirements for eligible federations commonly referred to as "umbrella organizations," such as, United Way of Thurston County; and establish qualifications for local campaign managers.

This proposed permanent WAC is exactly the same as the emergency WAC filed on August 9, 1985, with the code reviser's office as WSR 85-17-002.

Reasons Supporting the Proposed Rules: The promulgation of these proposed rules will enable all charitable organizations seeking financial support from state employees to know the exact standards and criteria by which their applications for such support will be judged. It will also inform them of who, namely the Washington State Employees Fund Drive Committee, is responsible for conducting an annual state employee combined fund drive campaign.

Involved Agency Personnel Responsible for Drafting: Mr. Collum C. Liska, Senior Policy Coordinator, Accounting and Fiscal Services Division, Office of Financial Management, 4th Floor, Insurance Building, Mailstop AQ-44, Olympia, Washington 98504, phone (206) 753-8538; Implementation and Enforcement: Ms. Gayle Rothrock, Chair, Washington State Employee Combined Fund Drive Committee, c/o Environmental Hearings Office, Mailstop PY-21, Olympia, Washington 98504, phone (206) 459-6327.

Name of Involved Agency Proposing the Rules: Office of the Governor.

Agency Comments: None.

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

Other Information: None.

Small Business Economic Impact Statement: Not attached since these proposed rules are not applicable to the Regulatory Fairness Act.

Chapter 240-10 WAC  
STATE EMPLOYEE COMBINED CHARITABLE CONTRIBUTIONS PROGRAM

## WAC

240-10-010	Committee established.
240-10-020	Purposes.
240-10-030	Definitions.
240-10-040	Basic standards and criteria for agency membership applicable to all agencies.
240-10-050	Required characteristics of eligible federations (umbrella organizations).
240-10-060	Qualifications for local campaign manager.

NEW SECTION

WAC 240-10-010 COMMITTEE ESTABLISHED. (1) In accordance with RCW 41.04.035, 41.04.036 and 41.04.230 and in order to implement Executive Orders EO 84-13 and EO 84-15 a committee is established to conduct a single, annual, consolidated effort to secure funds for distribution to agencies engaged in charitable and public health, welfare and service purposes.

(2) The committee shall be known as the Washington state employee combined fund drive committee.

(3) The committee shall be composed of not more than eight state employees appointed by the governor for three year terms, except that the terms of those first appointed shall be staggered with two persons appointed for one year, three persons appointed for two years, and three persons appointed for three years, as determined by the governor. The members shall be selected from the following groups:

- (a) One member from an employee organization;
- (b) One member from the legislative branch;
- (c) One member from the judicial branch;
- (d) Three members from state agencies;
- (e) Two members from higher education.

(4) The committee shall elect a chairperson annually, and such other officers as may be needed.

(5) Members of the committee shall serve without additional salary, but shall be reimbursed by their employing agencies for travel, lodging and meals in accordance with state law and regulations.

(6) The committee shall be a policy committee which shall organize and effect one solicitation effort each year.

(7) The committee shall establish standards and criteria for participation in the fund drive. (WAC 240-10-040 and 240-10-050).

(8) The committee shall annually print and distribute an application form which agencies shall use to apply for participation in the fund drive.

(9) The committee shall evaluate each application, based on its criteria, and determine which agencies engaged in charitable and public health, welfare and service purposes shall participate in one annual combined effort to secure funds from state employees through payroll deduction or other payment method.

(10) The committee may establish departmental combined fund drive coordinators, local combined fund drive coordinators, local campaign steering committees and local campaign managers to assist in the fund drive.

(11) The department of personnel shall provide the administrative support for the operation of the committee.

(12) All costs such as printing of brochures, preparation of slide presentations, and other promotional costs shall be the responsibility of those organizations designated to participate in the distribution of all funds collected. In circumstances where promotional costs cannot be associated with an individual charitable service organization, the costs shall be shared in a percentage relating to the total funds distributed.

NEW SECTION

WAC 240-10-020 PURPOSES. (1) The following rules are promulgated to implement a payroll deduction plan for the efficient, long-term collection of voluntary employee contributions to qualifying charitable, human health and welfare organizations. By establishing a uniform policy toward charitable fund raising efforts among state

employees, the state hopes to encourage generosity in voluntary financial support for the charitable services of the qualified organizations.

(2) The intent of these regulations is to:

(a) Lessen the burdens of government and of local communities in meeting the needs of human health and welfare;

(b) Provide a convenient channel through which state employees may contribute to the efforts of the qualifying voluntary health and welfare organizations providing services in the community or region where the employees live and work and overseas;

(c) Minimize both the disruption of the state work place and the costs to taxpayers that multiple charitable fund drives have caused; and

(d) Ensure that recipient agencies are fiscally responsible in the uses of the moneys so raised.

#### NEW SECTION

WAC 240-10-030 DEFINITIONS. (1) Committee - The Washington state employee combined fund drive committee described in WAC 240-10-010.

(2) State employee combined fund drive campaign - An arrangement by which the committee provides one or more other participating organizations with the opportunity to receive funds contributed to them in the annual campaign, based on their compliance with the regulations herein.

(3) Participating organization - A health and welfare agency whose application has been accepted by the committee.

(4) Annual campaign - The once-a-year period of organized solicitation of state employees conducted annually in the month of October to obtain voluntary contributions from state employees for charitable commitments to be allocated during the ensuing year of contributions.

(5) Year of contributions - The annual calendar year for collection of the voluntary payroll deductions for charitable contributions authorized by state employees pursuant to these regulations. The normal, full annual calendar year shall begin with January and end with the ensuing December.

(6) Health and welfare agency - The terms "voluntary agency," "voluntary health and welfare agency," "voluntary charitable agency," and "voluntary charitable health and welfare agency" mean an organization that is organized and operated for the purpose of rendering, or of materially or financially supporting the rendering of, one or more of the following services directly to, and for the direct benefit of, human beings:

(a) Delivery of health care to ill or infirm individuals;

(b) Education and training of personnel for the delivery of health care to ill or infirm individuals;

(c) Health research for the benefit of ill or infirm individuals;

(d) Delivery of education, training, and care to physically and mentally handicapped individuals;

(e) Treatment, care, rehabilitation, and counseling of juvenile delinquents, criminals, released convicts, persons who abuse drugs or alcohol, persons who are victims of intra-family violence or abuse, persons who are otherwise in need of social adjustment and rehabilitation, and the families of such persons;

(f) Relief of victims of crime, war, casualty, famine, natural disasters, and other catastrophes and emergencies;

(g) Neighborhood and community-wide services that directly assist needy, poor, and indigent individuals, including provision of emergency relief and shelter, recreation, transportation, the preparation and delivery of meals, educational opportunities, and job training;

(h) Protection of families that, on account of economic or other need, poverty, indigence, or emergency, are in long-term or short-term need of family, child-care, and maternity services, child and marriage counseling, foster care, and guidance or assistance in the management and maintenance of the home and household;

(i) Relief of needy, poor, and indigent infants and children, and of orphans, including the provision of adoption services;

(j) Relief of needy, poor, and indigent adults and of the elderly.

(7) Local presence - Demonstration of direct and substantial presence in the local campaign community:

(a) The availability of services, such as examinations, treatments, inoculations, preventive care, counseling, training, scholarship assistance, transportation, feeding, institutionalization, shelter, and clothing to persons working or residing in the local campaign community.

(b) The presence within the local campaign community, or within reasonable commuting distance thereof, of a facility at which services may be obtained, such as an office, clinic, mobile unit, field agency, or direct provider, or specific demonstrable effects of research, such as

personnel or facilities engaged therein or specific local applications thereof.

(c) The availability to persons working or residing in the local campaign community of communication with the voluntary charitable agency by means of home visits, transportation, or telephone calls, provided by the voluntary agency at no charge to the recipient or beneficiary of the service.

(8) Overseas - Areas outside of the District of Columbia and the fifty states of the United States.

#### NEW SECTION

WAC 240-10-040 BASIC STANDARDS AND CRITERIA FOR AGENCY MEMBERSHIP APPLICABLE TO ALL AGENCIES. (1) Basic standards.

(a) Federal exemption. Each charitable organization must submit a copy of the internal revenue service determination letter indicating that it is an exempt organization under internal revenue code section 501(c)(3). An advance ruling on its exempt status shall meet this requirement.

(b) Registration and reporting. Each charitable organization shall have registered as a charitable organization with the secretary of state under the provisions of chapter 19.09 RCW (charitable solicitations) and with the attorney general under the provisions of chapter 11.110 RCW (charitable trusts) unless specifically exempt from registration by state law, and shall have filed all required reports within any established time limits.

(c) Integrity of operations. Each charitable organization must have at least a minimal history of service and demonstrate a real capability to serve. Funds contributed to charitable organizations by state employees must be used for their announced purposes. There shall be no payment of commissions for fund-raising, no mailing of commercial merchandise, and no paid general telephone solicitors.

(d) Finances. The charitable organization must use standards of accounting and a financial system based on generally accepted accounting principles which includes accounting procedures that would be acceptable to an independent certified public accountant. The committee may require an independent audit by a certified public accountant. The charitable organization must conduct its fiscal operations in accordance with a detailed annual program budget which is prepared and approved at the beginning of each fiscal year by the board of directors. Prior authorizations by the board of directors shall be required for any significant variation from the approved budget. The committee may require that the charitable organization prepare and make available to the general public an annual financial report.

(e) Nondiscrimination. The charitable organization shall have a policy and procedure of nondiscrimination in regard to race, color, religion, national origin, handicap, age, or sex applicable to persons served by the charitable organization.

(f) Annual reports. The charitable organization shall prepare an annual report available to the general public which includes a full description of the charitable organization's activities including types of solicitation for contributions, the names of its chief administrative personnel, and a full disclosure of the source and use of contributions.

(g) Agency organization. The charitable organization must maintain an active local volunteer board of directors, serving without compensation through regular meetings and exercising satisfactory administrative controls in accordance with the agency's articles of incorporation, by-laws, and, preferably, standards adopted by its national or state affiliate: PROVIDED, That the "local volunteer board" is exempted for those voluntary charitable health and welfare agencies whose services are rendered exclusively or in substantial preponderance overseas, and which meet all the criteria set forth except for the requirement of direct and substantial presence in the local campaign community.

(h) Fund-raising costs. Each organization shall disclose to the committee the estimated percentages of the money collected which will be applied to the cost of solicitation and to the charitable purpose. The information thus provided will be disclosed to state employees during the campaign.

(i) Application deadline. Completed applications must be received before the closing date established annually by the committee.

(2) Criteria.

(a) Service programs. Each charitable agency must have a substantial local presence in a Washington state community with a history of providing programs aimed toward direct services, research, and education in an effort to meet human health, welfare, or social service needs within a Washington state community: PROVIDED, That voluntary

charitable health and welfare agencies whose services are rendered exclusively or in substantial preponderance overseas, and that meet all the criteria set forth except for the requirement of direct and substantial presence in the local campaign community, shall be eligible for agency membership; and each must be able to comply with integrity and other applicable standards that such services are indeed provided.

(b) Participation in eligible federations.

(i) No charitable organization may participate in more than one eligible federation (umbrella organization) in a county.

(ii) No charitable organization may participate both individually and as a member of an eligible federation (umbrella organization) within a county.

#### NEW SECTION

WAC 240-10-050 REQUIRED CHARACTERISTICS OF ELIGIBLE FEDERATIONS (UMBRELLA ORGANIZATIONS). In addition to meeting the requirements set out in WAC 240-10-040, each federated organization (umbrella organization) must demonstrate the following:

(1) Scope. It is representative of its constituent parts. While it may not accept responsibility for the exact nature of program objectives and administrative and financial procedures of its affiliates, it must be in a position to affirm that the operations and fund-raising of its affiliates comply with the standards and criteria set out in WAC 240-10-040.

(2) It has good will and acceptability within this state, including ability to demonstrate a well recognized service to or in behalf of citizens of this state: PROVIDED, That voluntary charitable health and welfare agencies whose services are rendered exclusively or in substantial preponderance overseas, and that meet all the criteria set forth except for the requirement of direct and substantial presence in the local campaign community, shall be eligible for agency membership.

(3) It has sufficient volunteers or staff, or both, to contribute to the organization and conduct of the Washington state employee combined fund drive and has at least six months of prior operation within this state.

(4) It has registered and been approved under chapter 19.09 RCW (charitable solicitations).

(5) It has at least five organizational members.

(6) It adheres to high standards in services, management and public accountability as required by the standards and criteria set out in WAC 240-10-040.

#### NEW SECTION

WAC 240-10-060 QUALIFICATIONS FOR LOCAL CAMPAIGN MANAGER. In selecting a local campaign manager, the local steering committee must assess the following qualities of an applicant to determine the applicant's capability to manage a successful charitable campaign:

(1) The local manager shall demonstrate the administrative and financial capability to manage and operate a fund-raising campaign with integrity and in an efficient manner yielding contributions comparable to those made by state employees in the past.

(2) The local manager shall demonstrate that a broad base of community support has been established within the state and demonstrate continuing positive relationships with a significant number of the state's charitable organizations.

(3) The local manager shall demonstrate the ability to effectively promote and publicize a charitable fund-raising campaign among the state employee work force.

(4) The local manager shall demonstrate the ability to give guidance to, train, and supervise volunteer solicitors and other state employee volunteers in the campaign.

(5) The local manager shall demonstrate the ability to publish and distribute informational literature and other material relative to the programs of participating agencies in a fair and equitable manner.

(6) The local manager shall demonstrate a history of integrity, and a direct and substantial presence in the local (or regional) community.

(7) The local manager shall demonstrate the intent to cooperate fully with the local steering committee and with state officials.

#### WSR 85-22-016

##### ADOPTED RULES

#### DEPARTMENT OF LICENSING

#### (Board of Osteopathic Medicine and Surgery)

[Order PL 562—Filed October 30, 1985]

Be it resolved by the Board of Osteopathic Medicine and Surgery, acting at Olympia, Washington, that it does adopt the annexed rules relating to prohibited publicity and advertising, WAC 308-138-300.

This action is taken pursuant to Notice No. WSR 85-19-090 filed with the code reviser on September 18, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 18.57.005 and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 29, 1985.

By Judy Mayo  
Executive Secretary

#### AMENDATORY SECTION

WAC 308-138-300 PROHIBITED PUBLICITY AND ADVERTISING. An osteopathic physician shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as an osteopathic physician which:

- (1) Is false, fraudulent, deceptive or misleading;
- (2) Uses testimonials;
- (3) Guarantees any treatment or result;
- (4) Makes claims of professional superiority;
- (5) States or includes prices for professional services except as provided for in WAC 308-138-310;
- (6) Fails to identify the physician as an osteopathic physician as described in RCW 18.57.140;
- (7) Otherwise exceeds the limits of WAC 308-138-310.

#### WSR 85-22-017

##### PROPOSED RULES

#### DEPARTMENT OF

#### SOCIAL AND HEALTH SERVICES

##### (Institutions)

[Filed October 30, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning children's involuntary treatment, new chapter 275-54 WAC;

that the agency will at 2:00 p.m., Wednesday, December 11, 1985, in the Auditorium, Office Building

#2, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is section 25, chapter 354, Laws of 1985.

The specific statute these rules are intended to implement is chapter 354, Laws of 1985.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
Division of Administration and Personnel  
Department of Social and Health Services  
Mailstop OB 14  
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact Administrative Regulations Section, at State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by November 27, 1985. The meeting site is in a location which is barrier free.

Dated: October 29, 1985

By: David A. Hogan, Director  
Division of Administration and Personnel

#### STATEMENT OF PURPOSE

Re: New chapter 275-54 WAC.

**Purpose of the Rule:** To provide procedures governing the voluntary admission or involuntary commitment of mentally ill juveniles.

**These Rules are Necessary:** To comply with the requirements of chapter 354, Laws of 1985 (ESSB 3099).

**Statutory Authority:** Section 25, chapter 354, Laws of 1985 (children's involuntary treatment).

**Summary of the Rule:** Details the requirements and procedures governing the voluntary admission and involuntary commitment of mentally ill minors to mental health evaluation and treatment facilities. In accordance with state statutory requirements, the rule stipulates the conditions under which a minor, 13 years of age or older may be involuntarily detained, committed to an evaluation and treatment facility for up to 14 days, and if meeting criteria, further committed for up to 180 days for long-term treatment. In addition, the rule details the requirements for certification by the state of evaluation and treatment facilities serving involuntarily committed minors, the standards governing parent participation in the cost of care for a committed minor, and the procedures governing placement of minors under 180 day commitment.

**Person Responsible for Drafting, Implementation and Enforcement of the Rules:** Henry Tomes, Ph.D., Assistant Director - Community, Mental Health Division, mailstop OB 42-F, phone 234-5414 scan.

These rules are not necessary as a result of federal law, federal court decision, or state court decision.

#### Chapter 275-54 WAC CHILDREN'S INVOLUNTARY TREATMENT

##### NEW SECTION

WAC 275-54-010 **PURPOSE.** Adopted pursuant to and in accordance with Chapter 354, Laws of 1985. These regulations are adopted to provide operational procedures to ensure minors in need of mental health care receive appropriate care and treatment, and to enable treatment decisions to be made in response to clinical needs and in accordance with sound professional judgment while also recognizing parents' rights to participate in treatment decisions for their minor children, and to protect minors against needless hospitalization and deprivations of liberty.

##### NEW SECTION

WAC 275-54-020 **DEFINITIONS.** (1) "Child psychiatrist" means a person having a license as a physician and surgeon in this state, having had graduate training in child psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and who is board eligible or board certified in child psychiatry.

(2) "Children's mental health specialist" means a mental health professional who has completed a minimum of one hundred actual hours, not quarter or semester hours, of specialized training devoted to the study of child development and the treatment of children and who has the equivalent of one year of full-time experience in the treatment of children under the supervision of a children's mental health specialist.

(3) "Commitment" means a determination by a judge or court commissioner, made after a commitment hearing, that the minor is in need of inpatient diagnosis, evaluation, or treatment or the minor is in need of less restrictive alternative treatment.

(4) "County-designated mental health professional" means a mental health professional designated by one or more counties to perform the functions of a county-designated mental health professional described in this chapter.

(5) "Department" means the department of social and health services.

(6) "Evaluation and treatment facility" means a public or private facility or unit certified by the department to provide emergency, inpatient, residential, or outpatient mental health evaluation and treatment services for minors. A physically separate and separately operated portion of a state hospital may be designated as an evaluation and treatment facility for minors. A facility which is part of or operated by the department or federal agency does not require certification. No correctional institution or facility, juvenile court detention facility, or jail may be an evaluation and treatment facility within the meaning of this chapter.

(7) "Evaluation and treatment program" means the total system of services and facilities coordinated and approved by a county or combination of counties for the evaluation and treatment of minors under this chapter.

(8) "Gravely disabled minor" means a minor who, as a result of a mental disorder, is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health or safety, or manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is not receiving such care as is essential for his or her health or safety.

(9) "Inpatient treatment" means twenty-four-hour-per-day mental health care provided within a general hospital, psychiatric hospital, or residential treatment facility certified by the department as an evaluation and treatment facility for minors.

(10) "Involuntary patient" means a person presenting, as a result of a mental disorder, a likelihood of serious harm or is gravely disabled, and is initially detained and/or court-committed for evaluation and treatment.

(11) "Less restrictive alternative" or "less restrictive setting" means outpatient treatment provided to a minor not residing in a facility providing inpatient treatment as defined in this chapter.

(12) "Likelihood of serious harm" means either:

(a) A substantial risk physical harm will be inflicted by an individual upon his or her own person, as evidenced by threats or attempts to commit suicide or inflict physical harm on oneself;

(b) A substantial risk physical harm will be inflicted by an individual upon another, as evidenced by behavior having caused such harm or

placing another person or persons in reasonable fear of sustaining such harm; or

(c) A substantial risk physical harm will be inflicted by an individual upon the property of others, as evidenced by behavior having caused substantial loss or damage to the property of others.

(13) "Mental disorder" means any organic, mental, or emotional impairment having substantial adverse effects on an individual's cognitive or volitional functions. The presence of alcohol abuse, drug abuse, juvenile criminal history, antisocial behavior, or mental retardation alone is insufficient to justify a finding of "mental disorder" within the meaning of this section.

(14) "Mental health professional" means a person regularly involved in mental health evaluation and treatment, and qualifying as one of the following:

(a) A psychiatrist, psychologist, psychiatric nurse, or social worker.

(b) A person with a masters degree or further advanced degree in counseling or one of the social sciences from an accredited college or university. Such person shall have, in addition, at least two years of experience in direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional.

(c) A licensed physician permitted to practice medicine or osteopathy in the state of Washington.

(d) A person otherwise qualified to perform the duties of a mental health professional but does not meet the requirements listed in subsection (14)(a), (b), or (c) of this section, where an exception to such requirements has been granted by the director upon submission of a written request by the county involved, such request to document the following:

(i) The extent to which the county has made an effort to provide and has the capability of providing a mental health professional;

(ii) The amount and type of employment experience the applicant possesses. Such an applicant shall have had at least three years' experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional, as defined under subsection (14)(a), (b), or (c) of this section;

(iii) The overall needs of the mental health program in the particular county involved; and

(iv) Such factors as shall be brought to the attention of the director by the county involved.

(15) "Minor" means any person under the age of eighteen years.

(16) "Outpatient treatment" means any of the nonresidential services mandated under chapter 71.24 RCW and provided by licensed services providers as identified by RCW 71.24.025(3).

(17) "Parent" means:

(a) A biological or adoptive parent having legal custody of the child, including either parent if custody is shared under a joint custody agreement; or

(b) A person or agency judicially appointed as legal guardian or custodian of the child.

(18) "Professional person in charge" means a physician or other mental health professional empowered by an evaluation and treatment facility with authority to make admission and discharge decisions on behalf of that facility.

(19) "Psychiatric nurse" means a registered nurse having a bachelor's degree from an accredited college or university, and having had, in addition, at least two years' experience in the direct treatment of mentally ill or emotionally disturbed persons, such experience gained under the supervision of a mental health professional. "Psychiatric nurse" shall also mean any other registered nurse having three years of such experience.

(20) "Psychiatrist" means a person having a license as a physician in this state having completed residency training in psychiatry in a program approved by the American Medical Association or the American Osteopathic Association, and is board eligible or board certified in psychiatry.

(21) "Psychologist" means a person licensed as a psychologist under chapter 18.83 RCW.

(22) "Responsible other" means the minor, the minor's parent or estate, or any other person legally responsible for support of the minor.

(23) "Secretary" means the secretary of the department or secretary's designee.

(24) "Social worker" means a person with a masters or further advanced degree from an accredited school of social work or a degree from a graduate school deemed equivalent under rules and regulations adopted by the secretary.

(25) "Start of initial detention" means the time of arrival of the minor at the first evaluation and treatment facility offering inpatient treatment if the minor is being involuntarily detained at the time. With regard to voluntary patients, "start of initial detention" means the time at which the minor gives notice of intent to leave under the provisions of this chapter.

#### NEW SECTION

WAC 275-54-030 APPLICATION FOR ADMISSION—VOLUNTARY MINOR. (1) Outpatient – Any minor thirteen years or older may request and receive outpatient treatment without the consent of the minor's parents. Parental authorization is required for outpatient treatment of a minor under the age of thirteen.

(2) Inpatient – When in the judgment of the professional person in charge of an evaluation and treatment facility it is not feasible to treat a minor in a less restrictive setting and the minor is in need of inpatient treatment because of a mental disorder, and the facility provides the type of evaluation and treatment services needed by the minor, the minor may be voluntarily admitted to an evaluation and treatment facility in accordance with the following requirements:

(a) A minor under thirteen years of age may only be admitted on the application of the minor's parents.

(b) A minor thirteen years or older may be voluntarily admitted by application of the parent. Such application must be accompanied by the written consent, knowingly and voluntarily given, of the minor.

(c) A minor thirteen years or older may, with concurrence of the professional person in charge of the evaluation and treatment facility, admit himself or herself without parental consent to the evaluation and treatment facility. Notice must be given by the facility to the minor's parents in accordance with the following requirements:

(i) Notice shall be in the form most likely to reach the parent within twenty-four hours of the minor's voluntary admission for involuntary treatment.

(ii) The notice must contain the location and telephone number of the facility providing such treatment and the name of the professional person on the staff of the facility providing that treatment who is designated to discuss the minor's need for inpatient treatment with the parent.

(iii) The minor shall be released to the parent, at the parent's request, unless the facility files a petition with the court setting forth the basis for the facility's belief that the minor is in need of involuntary treatment and that release would constitute a threat to the minor's health or safety.

(iv) The minor's need for continued inpatient treatment shall be reviewed and documented at least each one hundred eighty days.

(v) Written renewal of voluntary consent must be obtained from the applicant and the minor thirteen years or older no less than once every twelve months.

(d) A notice by a voluntary minor of intent to leave shall result in the following:

(i) Any minor under the age of thirteen must be discharged immediately upon written request of the parent.

(ii) Any minor thirteen years or older may give notice of intent to leave at any time. The notice need not follow any specific form so long as it is written and the intent of the minor can be discerned.

(iii) The staff member receiving notice shall date it immediately, record its existence in the minor's clinical record, and send copies of it to the minor's attorney, if any, the county-designated mental health professional, and the parent.

(iv) In the case of a minor thirteen years or older, the professional person in charge of the evaluation and treatment facility shall discharge that minor from the facility within twenty-four hours upon receipt of the minor's notice of intent to leave, unless the county-designated mental health professional serves on the minor within twelve hours of the minor's notice of intent to leave a copy of a petition for initial detention, a notice of initial detention, and a statement of rights. The county-designated mental health professional shall file the original petition for initial detention with the court on the next judicial day following the minor's notice of intent to leave.

#### NEW SECTION

WAC 275-54-040 EMERGENCY DETENTION. (1) When a minor, thirteen years of age or older, is brought to an evaluation and treatment facility or emergency room for immediate mental health services, the professional person in charge of the facility shall:

(a) Evaluate the minor's mental condition to determine whether the minor suffers from a mental disorder and is in immediate need of inpatient treatment.

(b) Determine if the minor is willing to consent to voluntary admission.

(2) If the minor is unwilling to consent to voluntary admission and the professional person in charge believes the minor meets the criteria for initial detention, the facility may detain or arrange for the detention of the minor for up to twelve hours in order to enable the county-designated mental health professional to evaluate the minor and commence initial detention proceedings.

#### NEW SECTION

**WAC 275-54-050 INVESTIGATION AND INVOLUNTARY DETENTION.** When a county-designated mental health professional receives information that a minor thirteen years or older, as a result of mental disorder presents a likelihood of serious harm or is gravely disabled, the mental health professional shall:

(1) Investigate the specific facts and the credibility of the person or persons providing the information.

(2) Determine whether or not voluntary admission for inpatient treatment is possible.

(3) In the event inpatient involuntary treatment is necessary, the county-designated mental health professional may take or cause the minor to be taken into custody and transported to an evaluation and treatment facility providing inpatient treatment.

(4) Within twelve hours of the minor's arrival at that facility, the minor shall be served with a copy of the petition for initial detention, notice of initial detention, and a statement of rights.

(5) On the next judicial day following the initial detention, the county-designated mental health professional shall file with the court the original petition for initial detention, the notice of initial detention, and the statement or rights along with an affidavit of service, and shall commence service of the petition for initial detention on the minor's parents and minor's attorney.

(6) At the time of initial detention the county-designated mental health professional shall advise the minor both orally and in writing that a commitment hearing shall be held within seventy-two hours (three judicial days) of the minor's provisional acceptance to the facility. Within twelve hours of the admission, the facility shall advise the minor of his or her rights, including the fact the minor has the right to communicate immediately with an attorney and the minor has a right to have an attorney appointed to represent him or her before and at the hearing if the minor is indigent.

(7) The evaluation and treatment facility must immediately accept on a provisional basis the petition and the minor and within twenty-four hours must conduct an initial evaluation of the minor's condition and either admit or release the minor. If the minor is not approved for admission, the facility shall make such recommendations and referrals for further care and treatment of the minor as necessary.

(8) If the minor is approved for inpatient admission, the minor shall be examined and evaluated by a children's mental health specialist within twenty-four hours of admission to determine the child's mental condition and by a physician to determine the child's physical condition. Reasonable measures shall be taken to ensure medical treatment is provided for any condition requiring immediate medical attention.

(9) The admitting facility shall take reasonable steps to notify immediately the minor's parents of the admission. The minor has the right to associate or receive communications from parents or others unless the professional person in charge determines such communication would be seriously detrimental to the minor's condition or treatment and so indicates in the minor's clinical records and notifies the minor's parents of this determination. In no event may the minor be denied the opportunity to consult an attorney.

(10) The minor's property shall be protected in accordance with the following:

(a) Articles brought to the facility shall be inventoried and articles not kept by the patient shall be housed by the facility giving due regard to reasonable precautions necessary to safeguard such property.

(b) The peace officer or mental health professional escorting the patient to the facility shall take reasonable precautions to safeguard the property of the patient in the immediate vicinity of the point of apprehension.

(c) Reasonable precautions shall be taken to safeguard belongings not in the immediate vicinity of the patient by the escorting officer or mental health professional, and/or facility when notice of possible danger thereto is received. Further, reasonable precautions shall be

taken to lock and otherwise secure the domicile of the patient as soon as possible after the patient's initial detention.

(11) The facility may detain the minor for evaluation and treatment for a period not to exceed seventy-two hours (three judicial days) from the time of provisional acceptance. The seventy-two-hour period shall exclude Saturdays, Sundays, or holidays. The initial detention period shall not exceed seventy-two hours except when the minor has made a good-faith application for voluntary treatment or a petition for fourteen-day commitment is filed.

#### NEW SECTION

**WAC 275-54-060 FOURTEEN-DAY COMMITMENT PETITION.** (1) The professional person in charge of an evaluation and treatment facility may petition to have a minor committed for fourteen days of diagnosis, evaluation, and treatment. Following the initial seventy-two-hour detention, a petition shall be filed with the superior court in the county where the minor is residing or being detained.

(2) This petition shall be signed either by two physicians or by one physician and a mental health professional examining the minor, and it shall contain the following:

(a) The name and address of the petitioner.

(b) The name of the minor alleged to meet the criteria for fourteen-day commitment.

(c) The name, telephone number, and address if known of every person believed by the petitioner to be legally responsible for the minor.

(d) A statement and the supporting facts for this statement that the petitioner has examined the minor and finds the minor's condition meeting required criteria for fourteen-day commitment.

(e) A statement the minor has been advised of the need for but has been unwilling or unable to consent to voluntary treatment.

(f) A statement recommending the appropriate facility or facilities for this commitment.

(g) A statement concerning whether a less-restrictive alternative is available or is in the best interest of the minor.

(3) A copy of the petition shall be personally delivered to the minor and a copy shall be sent to the minor's attorney and the minor's parents.

#### NEW SECTION

**WAC 275-54-070 FOURTEEN-DAY COMMITMENT HEARING.** (1) A fourteen-day commitment hearing shall be held within seventy-two hours (three judicial days) from the minor's provisional acceptance. Seventy-two hours does not include Saturdays, Sundays, or legal holidays. The hearing shall be conducted at the superior court, or an appropriate place at the facility, in the county where the minor is being detained, by a judge, court commissioner, or licensed attorney designated by the superior court as hearings officer.

(a) At such hearing the court must find by preponderance of the evidence the minor has a mental disorder, presents a likelihood of serious harm or is gravely disabled, is in need of inpatient treatment of the type provided by the recommended facility, the minor is unwilling or unable in good faith to consent to voluntary treatment, and release would constitute a threat to the minor's health or safety.

(b) Rules of evidence shall not apply in fourteen-day commitment hearings.

(c) The judicial officer may exercise discretion regarding the admission or exclusion of evidence.

(d) This hearing shall be held within seventy-two hours (three judicial days) unless a continuance is requested by the minor or the minor's attorney, such continuance is not to exceed ten days.

(e) Evidence in support of the petition shall be presented by the county prosecutor.

(f) The minor shall be present at the hearing unless the minor, with the assistance of the minor's attorney, the right to be present at the hearing is waived.

(g) If the parents are opposed to the petition, they may be represented at the hearing and shall be entitled to a court-appointed counsel if they are indigent. Parents may apply to the court for separate counsel if they cannot afford counsel.

(2) At the commitment hearing, the minor shall have the following rights:

(a) To be represented by an attorney.

(b) Present evidence on his or her behalf.

(c) To question persons testifying in support of the petition.

(d) If the minor has received medication within twenty-four hours of the hearing, the court shall be informed of that fact and the probable effects of the medication.

(3) If the court determines the minor does not meet the criteria for a fourteen-day commitment, the minor shall be released.

(4) A minor having been committed for fourteen days shall be released at the end of that period unless a petition for a one hundred eighty-day commitment is pending before the court.

#### NEW SECTION

**WAC 275-54-080 ONE HUNDRED EIGHTY-DAY PETITION AND HEARING.** (1) At any time during the minor's fourteen-day commitment, the professional person in charge may petition the court for an additional one hundred eighty-day period of treatment. If this professional person is in charge of a facility other than a state-operated facility, then the evidence in support of the petition shall be presented by the county prosecutor. If the professional person in charge is employed by the state-operated facility, the evidence shall be presented by the attorney general.

(2) The petition for one hundred eighty-day commitment shall contain the following:

(a) The name and address of the petitioner or petitioners.

(b) The name of the minor alleged to meet the criteria for one hundred eighty-day commitment.

(c) A statement the petitioner is the professional person in charge of the facility responsible for the treatment of the minor.

(d) The date of the fourteen-day commitment order.

(e) A summary of the facts supporting the petition.

(f) Affidavits which describe in detail the behavior of the detained minor which supports the petition and shall state whether a less-restrictive alternative to inpatient treatment is in the best interest of the minor shall be signed by two examining physicians, one of whom shall be a child psychiatrist, or by one examining physician and one children's mental health specialist.

(3) The petition shall be filed with the clerk of the court at least three days before the expiration of the fourteen-day commitment period.

(4) The petitioner shall serve a copy of the petition on the minor and notify the minor's attorney and the minor's parent within twenty-four hours of filing, and at least twenty-four hours prior to the hearing.

(5) At the time of the filing, the court shall set a hearing date which is to be within seven days of filing of the petition.

(6) The court may continue the hearing for not more than ten days upon the written request of the minor or the minor's attorney. The minor or the parents shall be afforded the same rights as in a fourteen-day commitment hearing. Treatment of the minor shall continue pending the proceeding.

(7) The court must find by clear, cogent, and convincing evidence the minor is suffering from a mental disorder and presents a likelihood of serious harm or is gravely disabled and is in need of further treatment that only can be provided in a one hundred eighty-day commitment.

(8) If the court finds the minor meets the criteria for continued commitment, and a less-restrictive alternative is not appropriate or available, the court may order the minor committed for further inpatient treatment to:

(a) A private treatment and evaluation facility if the minor's parents have assumed responsibility for payment of such treatment;

(b) The custody of the secretary if placement in a state-supported program is required.

(9) If the court finds a less-restrictive alternative is in the best interest of the minor, the court shall order less-restrictive alternative treatment upon conditions as necessary.

(10) If the minor does not meet the criteria for continued commitment, the minor shall be released.

(11) Successive one hundred eighty-day commitments are permissible on the same grounds under the same procedures as the original one hundred eighty-day commitment. Such petitions shall be filed at least five days prior to the expiration of the previous one hundred eighty-day commitment order.

#### NEW SECTION

**WAC 275-54-090 DETENTION AND COMMITMENT AFTER EIGHTEENTH BIRTHDAY.** No minor may be detained or

committed under chapter 354, Laws of 1985 after his or her eighteenth birthday unless commitment procedures under chapter 71.05 RCW have been initiated: **PROVIDED**, That a minor may be detained after his or her eighteenth birthday for the purpose of completing the fourteen-day diagnosis, evaluation, and treatment.

#### NEW SECTION

**WAC 275-54-100 TRANSFER FROM JUVENILE CORRECTIONAL INSTITUTIONS.** (1) Any person committed to or confined in any juvenile correctional institution and determined to be in need of observation, diagnosis, or treatment in an inpatient evaluation and treatment facility may be transferred or moved to such facility by the secretary or the secretary's designee for a period of up to fourteen days, **PROVIDED**, That:

(a) The secretary notifies the original committing court of the transfer.

(b) The inpatient evaluation and treatment facility is in agreement with the transfer.

(c) Signed parental consent to treatment in the evaluation and treatment facility is provided at the time of admission to the facility.

(2) No minor transferred under the provisions of this section may be detained in an inpatient evaluation and treatment facility for more than fourteen days unless the minor is admitted as a voluntary patient or is committed for one hundred eighty-day treatment in accordance with provisions of WAC 275-54-030 and 275-54-080, or ninety-day treatment under chapter 71.05 RCW if eighteen years of age or older.

(3) Underlying jurisdiction of minors transferred, admitted, or committed under this section remains with the state correctional institutions.

(4) If a voluntarily admitted minor or minor committed under this section is no longer in need of the treatment provided by the facility or no longer meets the criteria for one hundred eighty-day commitment, the minor shall be returned to the state correctional institution to serve the remaining time of the underlying dispositional order or sentence.

(5) Time spent by the minor at the evaluation and treatment facility shall be credited toward the minor's juvenile court sentence.

#### NEW SECTION

**WAC 275-54-110 CONDITIONAL RELEASE OR EARLY DISCHARGE.** (1) The professional person in charge of the inpatient facility may authorize the minor's release under such conditions as appropriate. Conditional release may be revoked pursuant to WAC 275-54-150 if release conditions are not met or the minor's functioning substantially deteriorates.

(2) Minors may be discharged prior to the expiration of the commitment period if the treating physician or the professional person in charge concludes the minor no longer meets commitment criteria.

(3) Whenever the minor is conditionally released or discharged prior to the expiration of the commitment, the professional person in charge shall within three days of the conditional release or discharge notify the court and the placement committee, in the case of one hundred eighty-day commitment, in writing of the release.

#### NEW SECTION

**WAC 275-54-120 RELEASE OF MINORS TO THE CUSTODY OF PARENTS.** (1) The facility shall release the minor to the custody of the minor's parent or other responsible person authorized by the parent to take custody of the minor. If the parent refuses to accept custody of the released minor, or to designate and authorize another responsible person to take custody of the minor on their behalf, the minor shall be referred and released to the appropriate juvenile authority for necessary dependency action. The facility shall furnish transportation for the minor to the minor's residence or other appropriate place.

(2) If the minor is released to someone other than the minor's parent, the facility shall make every effort to notify the minor's parents of the release as soon as possible.

(3) No indigent minor may be released to a less-restrictive alternative or discharged from inpatient treatment without suitable clothing. As funds are available from the department, these may be used to provide necessary funds for the immediate welfare of the indigent minor upon discharge. The superintendent of the state hospital in the releasing facility's catchment area should be contacted for prior approval of such funds for these needs.

NEW SECTION

WAC 275-54-130 ELOPEMENT OF MINORS. In the event of a minor's elopement from an evaluation and treatment facility, the professional person in charge shall immediately notify parents and appropriate law enforcement agencies.

NEW SECTION

WAC 275-54-140 LONG-TERM PLACEMENT—DESIGNATED PLACEMENT COMMITTEE. (1) The secretary's placement authority shall be exercised through a designated placement committee established in accordance with chapter 354, Laws of 1985.

(2) The mental health division shall select and appoint membership of the placement committee, at least one of whom shall be a child psychiatrist representing one of the state-funded, long-term evaluation and treatment facilities for minors.

(3) The committee's responsibilities shall include:

(a) The committee shall authorize and effect placement of any minor committed to the secretary for one hundred eighty-day inpatient treatment in the most appropriate state-funded, long-term evaluation and treatment facility. Placement criteria shall include:

- (i) The treatment needs of the minor;
- (ii) The most appropriate facility able to respond to the minor's treatment needs;
- (iii) The geographic proximity of the facility to the minor's family and home community;
- (iv) The immediate availability of bed space;
- (v) The probable impact of the minor's placement on other residents.

(b) The committee shall approve or deny requests from the state-funded facilities for transfer of a minor between facilities.

(c) Develop, maintain, and update policies and procedures to carry out the provisions of this section. Such policies and procedures shall be reviewed and approved by the mental health division.

(d) Receive and monitor reports and make such appropriate recommendations to the mental health division as may be necessary concerning needed individual patient or program corrective action. Such reports shall include:

- (i) Individual patient status reports, at a minimum providing information concerning the minor's individual treatment plan and progress, recommendations for future treatment, anticipated discharge date, and possible less-restrictive treatment.
- (ii) Incident reports covering such events as will be required by the admission committee's policies and procedures.
- (iii) Individual patient discharge summaries.
- (iv) Program utilization information as identified in the admission committee's policies and procedures.

(4) The responsibilities of the professional person in charge of the long-term state-funded inpatient evaluation and treatment facilities shall include:

(a) Establish policies, procedures, and practices assuring compliance with the provisions of this WAC.

(b) Provide the array and quality of evaluation and treatment services needed to respond to the needs of the minor in accordance with the provisions of WAC 275-54-200.

(c) Notify the court, the placement committee, and all responsible others of any major change in the minor's status and make such notification within three days of the date of any change in legal status, conditional release, or discharge.

(d) Provide the placement committee within thirty days of admission and at least one hundred eighty days thereafter with a report setting forth such facts as the committee requires, including the minor's individual treatment plan and progress, recommendations for future treatment, recommendations regarding less-restrictive treatment, and anticipated discharge date.

(e) Provide the placement committee with incident reports, discharges, program utilization information, and such other reports and information as may be specified in the placement committee policies and procedures.

(5) The placement committee shall provide the facility at the time of the minor's placement with formal written notification of placement. Such notification shall include delegation to the professional person in charge of the facility of the secretary's responsibility for the care and custody of the minor and authorization to request the assistance of law enforcement agencies to return the minor in case of elopement.

(6) Any minor committed to the secretary shall remain at the treatment facility where the minor was held at the time of the commitment

hearing. The department's placement committee will be notified within twenty-four hours of the commitment to the secretary by the facility holding the minor.

(7) The committee will advise the treating facility as to the committee's requirements for information about the minor that will allow the committee to make a decision concerning placement of that minor.

NEW SECTION

WAC 275-54-150 REVOCATION OF A LESS-RESTRICTIVE ALTERNATIVE TREATMENT OR CONDITIONAL RELEASE. (1) If a minor is failing to adhere to the conditions of the court-ordered less-restrictive alternative treatment or the stipulations of a conditional release or if substantial deterioration of a minor's functioning has occurred, the county-designated mental health professional or the secretary may order the minor be taken into custody and transported to an inpatient evaluation and treatment facility.

(2) An order of apprehension and detention shall be filed by the county-designated mental health professional or the secretary, and it shall be served upon the minor who shall then be informed of the right to a hearing and to representation by an attorney. The minor's parent and attorney shall be notified of the detention within two days of return.

(3) The county-designated mental health professional or secretary may modify or rescind the order of apprehension and detention at any time prior to the hearing.

(4) A petition for revocation of a less-restrictive alternative treatment shall be filed by the county-designated mental health professional or the secretary with the same court that ordered such placement.

(5) A petition for revocation of a conditional release may be filed in either the county originally ordering inpatient treatment or in the county where the minor is presently residing. In either case, upon motion for good cause, the hearing may be transferred to the county where the minor resides or where the alleged violations occurred. The minor may waive the hearing and be returned to inpatient treatment or to less-restrictive alternative placement or conditional release on the same or modified grounds.

(6) The petition for revocation of less-restrictive alternative treatment or conditional release shall describe the behavior of the minor indicating violation of the conditions or deterioration of routine functioning and dispositional recommendations.

(7) The hearing shall be held within seven days of the minor's return and shall determine the following:

(a) Whether the minor adhered to the conditions of the less-restrictive placement or conditional release.

(b) Whether the minor's routine functioning has substantially deteriorated.

(c) Whether the conditions of less-restrictive placement or conditional release should be modified or if the minor should be returned to inpatient treatment.

(8) If the court decides the minor is to be returned to inpatient treatment, the secretary's placement responsibility as set forth in WAC 275-54-140 shall apply.

NEW SECTION

WAC 275-54-160 REQUIREMENTS FOR CERTIFYING EVALUATION AND TREATMENT COMPONENTS FOR MINORS. (1) Each county or combination of counties shall develop and coordinate an evaluation and treatment program consistent with chapter 354, Laws of 1985 and chapter 71.24 RCW. Such program shall include, but is not limited to components of outpatient services, emergency services, and short-term inpatient services. The county may directly provide such a program in its entirety, or may provide one or more components of such a program directly, or may through contract or written agreement with an agency or agencies, provide the remaining component or components required, or may through contract or agreement arrange with an agency or agencies to provide such a program in its entirety. Component or components obtained on this basis from an agency or agencies shall be subject to all applicable provisions of these rules and of chapter 354, Laws of 1985. The county will maintain coordination responsibility over the program.

Any contract or agreement between county and agencies, or between two or more agencies, shall be required to comply with the standards for evaluation and treatment components and shall indicate the department will consider those standards in the department's site visit and certification procedure as directed by WAC 275-54-210.

(2) In addition to the responsibilities specified, the following shall be required of the county or of such individual designated by the county as administrator of the evaluation and treatment program:

(a) To identify, recommend to the department for certification, and coordinate the various facilities and components of the evaluation and treatment program.

(b) To assist the department in ensuring facilities and components are in compliance with all applicable rules and regulations set forth in chapter 354, Laws of 1985 and this chapter.

(3) Any agency desiring certification of a component or components in order to become an evaluation and treatment facility shall make application for such to the county-designated administrator of the evaluation and treatment program.

(4) The department is responsible for certifying each component of an agency desiring to become an evaluation and treatment facility. Upon formal request of the county-designated administrator of the evaluation and treatment program, the department shall:

(a) Inspect and evaluate the applicant agency's component or components for certification in accordance with the provisions of WAC 275-54-210.

(b) On-site visits for the purposes of certification will, where possible, include the county-designated administrator of the evaluation and treatment program as part of the site visit team.

(5) The department is responsible for making periodic inspections of a certified component. Such inspections may be in addition to any conducted by the county-designated administrator of the evaluation and treatment program.

(6) All facilities shall be recognized elements of the county's mental health plan. The plan shall list the agencies for which certification is requested, the components to be provided by each, the method whereby components will be coordinated among the several agencies when more than one agency provides evaluation and treatment services, and the method whereby the services of the facility will be coordinated with other elements of the county mental health program.

#### NEW SECTION

#### WAC 275-54-170 CERTIFICATION STANDARDS FOR EVALUATION AND TREATMENT PROGRAM FOR MINORS.

(1) The following general requirements shall apply to any agency desiring certification as a component or components of the evaluation and treatment program:

(a) The spectrum of evaluation and treatment services provided by the agency shall include at least one of the following:

- (i) Outpatient.
- (ii) Emergency.
- (iii) Inpatient.

(b) The agency may directly provide one or more of the components specified in subsection (1)(a) of this section, or may indirectly provide one or more through contractual arrangement or agreements with other agencies. Such arrangements shall be set forth in WAC 275-54-160.

(c) The agency shall maintain a written statement describing the organizational structure, objectives, and the philosophy of the therapeutic program, such statement to include contractual affiliates (if any).

(d) The agency shall document and otherwise ensure that:

(i) Care for patients is provided in a therapeutic environment.

(ii) Patient rights as described in WAC 275-54-290 is incorporated into this environment.

(iii) The use of the least restrictive treatment alternative is considered for each patient and such consideration is documented in each patient's clinical record.

(iv) Continuity of care, coordination, and integration of services is provided.

(v) Immediate transfer from the outpatient component to the inpatient or emergency component of the agency or of the evaluation and treatment program is provided for a patient when a change in the patient's condition necessitates such transfer. In the case of the involuntary patient, such transfer shall be made pursuant to WAC 275-54-150. Patients within any component can and will be transferred without unreasonable delay to any other component, and the patient's necessary clinical information will be made available to persons responsible for the patient's treatment within any other component. In the event of a referral, the original agency will maintain responsibility for follow-up of the patient until such time as the receiving agency may assume primary service responsibility.

(vi) Referral services and assistance in obtaining supportive services appropriate to treatment including, but not limited to, community support services, vocational rehabilitation, and legal services, are provided to each patient.

(e) The agency desiring certification of the agency's component or components shall make application for such certification pursuant to WAC 275-54-160.

(2) In addition to the requirements specified for each in WAC 275-54-180, 275-54-190, and 275-54-200, the following general requirements shall apply to all facilities:

(a) Admissions. Admission to the inpatient component shall not be denied except under the following circumstances:

(i) There is a determination the person does not present a likelihood of serious harm, or an imminent likelihood of serious harm, or the person is not gravely disabled, and does not require inpatient care.

(ii) The person requires specialized medical care and support services of a type not provided by the facility.

(iii) A greater degree of control is required than can be provided by the facility.

(iv) No treatment space is available and is so documented.

(v) A less restrictive alternative provided by another facility is more appropriate and available.

(vi) For situations arising pursuant to subsection (2)(a)(ii) through (iv) of this section in the case of a seventy-two-hour detention or fourteen-day commitment, the county-designated mental health professional shall make arrangements for the most appropriate placement available. In the case of one hundred eighty-day commitment, the admissions committee shall make such arrangements.

(b) In general, adults and minors shall be provided services separate from one another, wherever possible. Joint use by adults and minors of a facility's inpatient services is permitted only if the minor's clinical record contains documentation that:

(i) The anticipated effects of such joint use on the minor have been considered by the professional staff, and

(ii) A professional judgment has been made that such joint use will not be deleterious to the minor. No minor shall be placed on an adult inpatient unit unless no other alternative is available, or an emergency exists, and documentation has been made pursuant to subsection (2) of this section.

(c) Admission evaluations. Within twenty-four hours of initial detention, to include Saturday, Sunday, and holidays, evaluations shall be conducted to determine the nature of the disorder, the treatment necessary, and whether or not detention is required. Such evaluations shall include at least a:

(i) Medical evaluation by a licensed physician.

(ii) Psychosocial evaluation by a mental health professional to include at least an assessment of family dynamics, interaction with other persons, educational, developmental, legal, and other social service needs of the minor.

(d) Treatment plan and clinical record. All components shall:

(i) Maintain, for each patient, a plan of treatment, and a plan for discharge including a plan for follow-up where appropriate. The treatment plan shall address the needs identified in the admission evaluation of the minor. Such treatment and discharge plans shall be entered in the patient's clinical record and shall be revised periodically as appropriate.

(ii) Maintain, for each patient, a clinical record containing sufficient information to justify the diagnosis, delineate the individual treatment plan, and document the course of treatment. The responsibility of the agency is to safeguard the record against loss, defacement, tampering, or use by unauthorized persons.

(e) Evaluation and treatment services provided to minors shall be provided by:

(i) A child mental health specialist, as defined by WAC 275-54-020(2), or

(ii) A mental health professional, as defined by WAC 275-54-020(14) directly supervised by a child mental health specialist, or

(iii) A mental health specialist receiving at least one hour per week of clinical consultation from a child mental health specialist for each involuntarily detained minor provided direct client services during the week.

(f) Treatment. The evaluation and treatment program shall:

(i) Provide family therapy as needed.

(ii) Have available, as needed, professional personnel including, but not limited to, a licensed physician and a mental health professional skilled in crisis intervention.

(iii) Ensure each patient has access to necessary medical treatment and support services and access to emergency life-sustaining treatment and medication.

(iv) Have psychiatric consultation available to other physicians or mental health professionals when treatment is not provided by or under the supervision of a psychiatrist.

(g) Use of restraints and seclusion. The use of medication, physical restraints, or locked seclusion rooms in response to assaultive, self-destructive, or unruly patient behavior shall occur only to the extent necessary to ensure the safety of patients and staff, and subject to the following conditions:

(i) In the event of an emergency use of restraints or seclusion, a licensed physician must be immediately notified and shall authorize the restraints or seclusion.

(ii) No patient may be restrained or secluded for a period in excess of four hours without having been examined by a mental health professional. Such patient must be directly observed every thirty minutes and the observation recorded in the patient's clinical record.

(iii) If restraint or seclusion exceeds twenty-four hours, patient shall be examined by a licensed physician. The facts determined by his or her examination and any resultant decision to continue restraint or seclusion over twenty-four hours shall be recorded in the patient's clinical record over the signature of the authorizing physician. This procedure must be repeated for each subsequent twenty-four hour period of restraint or seclusion.

(h) Periodic evaluation. Each involuntary patient shall be evaluated periodically for release from commitment, and such evaluation will be documented in each involuntary patient's clinical record.

(i) Training. All components shall develop an inservice training plan and provide regular training to all personnel having responsibility for any aspect of patient care. Documentation of the type and amount of training received by staff members shall be maintained. Such training shall include information about:

(i) The availability and utilization of less restrictive alternatives.

(ii) Approved methods of patient care.

(iii) Managing assaultive and/or self-destructive behavior.

(iv) Related services, including, but not limited to, transportation, law enforcement, courts, prosecutors, caseworkers, family support systems, advocacy, pharmacotherapy, and hospitals.

(v) The provisions and requirements of this chapter and chapter 354, Laws of 1985 and standards and guidelines promulgated by the department.

(vi) Other appropriate subject matter.

(j) Administration. All components shall:

(i) Maintain written procedures for managing assaultive and/or self-destructive patient behavior, and assure staff has access to and are familiar with these procedures.

(ii) Maintain adequate fiscal accounting records.

(iii) Prepare and submit such reports as are required by the secretary.

(iv) Maintain a procedure for collection of fees and third-party payments.

(3) Whenever a component is also subject to licensure under other federal or state statutes or regulations, the more limiting or more specific standard shall apply.

#### NEW SECTION

**WAC 275-54-180 OUTPATIENT COMPONENT.** (1) The outpatient component is defined as a setting where evaluation and treatment services are provided on a regular basis to patients not in residence in the component. These services are intended to stabilize, sustain, and facilitate recovery of the individual within his or her living setting. Services may include, but are not limited to, day treatment and community support services provided directly by a licensed physician licensed pursuant to chapter 18.57 or 18.71 RCW, a psychologist licensed pursuant to chapter 18.83 RCW, a psychiatric nurse licensed pursuant to chapter 18.88 RCW, or by an agency licensed pursuant to chapter 71.24 RCW and chapter 275-54 WAC.

(2) In addition to the general requirements stated in WAC 275-54-170, the following requirements shall apply to all outpatient components:

(a) Such component shall provide a therapeutic program including, but not limited to, generally accepted treatment modalities such as:

(i) Individual.

(ii) Group.

(iii) Family/marital.

(iv) Pharmacotherapy.

(b) Such component shall provide treatment to each patient under the supervision of a mental health professional.

(c) Each patient must be seen at least weekly by assigned staff during the period of involuntary treatment. A mental health professional must review each outpatient case at least weekly to ensure updating of the treatment plan and such review must be recorded in the patient's clinical record. The frequency of patient contact and case review may be modified if in the opinion of a mental health professional such is warranted and the reasons for so doing are recorded in the patient's clinical record.

(d) Such component must have access to consultation by a psychiatrist or a physician with at least one year's experience in the direct treatment of mentally ill or emotionally disturbed persons, such access to be a minimum of one hour per week for each forty hours of direct client services provided by nonmedical staff.

(e) Such component shall include medical consultation with the involuntary patient to assess and prescribe psychotropic medication to meet the needs of the patient. Such consultation shall occur at least weekly during the fourteen-day period, and monthly during the ninety-day period and the one hundred eighty-day period of involuntary treatment unless determined otherwise by the attending physician and the reasons for so doing are recorded in the patient's clinical record.

(f) Whenever possible, medication should be made available to the patient at a reduced rate through a state medication purchase contract or through the state hospital pharmacy.

#### NEW SECTION

**WAC 275-54-190 EMERGENCY COMPONENT.** (1) The emergency component is defined as a hospital emergency room or another setting where prompt therapeutic intervention occurs. The term "emergency" refers to a set of circumstances (physiological, psychological, and/or social) posing an imminent threat to the safety and/or well-being of the patient or others.

(2) In addition to the general requirements stated in WAC 275-54-170, the following requirements shall apply to all emergency components:

(a) Such component shall have the ability to respond promptly to individual crisis situations and to arrange for admission to an inpatient component on a twenty-four-hour-per-day, seven-day-per-week basis.

(b) Such component shall have the capability to detain persons dangerous to self, dangerous to others, or gravely disabled.

(c) Such component shall have immediate access to life support systems and emergency medical services. A mental health professional and/or licensed physician shall be available for consultation and communication with the patient and the component staff on a twenty-four-hour-per-day, seven-day-per-week basis.

#### NEW SECTION

**WAC 275-54-200 INPATIENT COMPONENT.** (1) The inpatient component is a hospital or residential setting where an array of treatment services is provided on a twenty-four-hour-per-day basis for patients on seventy-two-hour detentions, or fourteen-day commitments, or one hundred eighty-day commitments.

(2) In addition to the general requirements stated in WAC 275-54-170, the following requirements shall apply to all inpatient components:

(a) The inpatient component shall meet the standards required for state licensing as a psychiatric hospital, general medical hospital, skilled nursing facility, intermediate care facility, or residential treatment facility.

(b) Such component shall have the capability to admit the patient on a twenty-four-hour-per-day, seven-day-per-week basis.

(c) Such component shall have the capability to detain persons dangerous to self, others, or gravely disabled, and shall provide or have access to at least one seclusion room meeting the requirements of WAC 248-18-001 now or as hereafter amended.

(d) Such component shall provide a therapeutic program including, but not limited to, generally accepted treatment modalities such as:

(i) Individual.

(ii) Group.

(iii) Family/marital.

(iv) Pharmacotherapy.

(v) Therapeutic community.

(e) Such component shall provide treatment to each patient under the supervision of the professional person in charge.

(f) A mental health professional must have contact with each involuntary patient daily for the purpose of observation, evaluation, and the provision of continuity of treatment.

(g) Such component shall have access to a mental health professional and a licensed physician for consultation and communication with the patient and the component staff on a twenty-four-hour-per-day, seven-day-per-week basis.

(h) Such component shall periodically evaluate each involuntary patient for conditional release, and such evaluation shall be documented in each involuntary patient's clinical record.

#### NEW SECTION

WAC 275-54-210 CERTIFICATION PROCEDURE—WAIVERS—PROVISIONAL CERTIFICATION—RENEWAL OF CERTIFICATION. (1) In order to certify an agency's component or components, the department shall:

(a) Receive a formal request from the county-designated administrator of the evaluation and treatment program; and

(b) Conduct a site visit of the component or components including an inspection and examination of any records, procedures, materials, areas, programs, staff, and patients necessary to determine compliance with WAC 275-54-170, and the appropriate sections of WAC 275-54-180 through 275-54-220.

(2) The department shall issue full certification to a component only if the component is in full compliance with the applicable sections of this chapter.

(3) Variances from a rule may be granted by the department in the form of a waiver, pursuant to the provisions of WAC 275-55-371.

(4) Provisional certification may be granted by the director to a component or components which are in substantial compliance with the applicable sections of this chapter. Such provisional certification shall specify the number and type of deficiencies temporarily allowed and the length of provisional status.

(5) Renewal of certification is required at least every other year, and may require a complete site visit of the component or components as specified in subsection (1)(b) of this section.

#### NEW SECTION

WAC 275-54-220 DECERTIFICATION. The department may decertify any component in accordance with the provisions of RCW 71.05.540 (4) and (5), guidelines promulgated and procedures for investigation of complaints set forth by the director.

#### NEW SECTION

WAC 275-54-230 APPEAL PROCEDURE. (1) Any agency whose component or components have been denied certification or have been decertified by the department may appeal such a decision.

(2) Such appeal shall:

(a) Be made in writing;

(b) Specify the date of the decision being appealed;

(c) Specify clearly the issue to be reviewed;

(d) Be signed by and include the address of the agency;

(e) Be made within thirty days of notification of the decision being appealed.

(3) An appeal on decisions should be made in accordance with the Administrative Procedure Act, chapter 34.04 RCW.

#### NEW SECTION

WAC 275-54-240 INVOLUNTARY EVALUATION AND TREATMENT COSTS—SEVENTY-TWO HOUR DETENTIONS/FOURTEEN-DAY COMMITMENTS. (1) Responsibility of involuntary patient.

(a) Any person, or his or her estate, or his or her spouse, or the parents of a minor becoming an involuntary patient pursuant to chapter 354, Laws of 1985 shall be responsible for the cost of such evaluation and treatment. Payment of such costs by the involuntary patient, or on behalf of the involuntary patient by third-party payors, or other legally responsible persons or entities shall be made to:

(i) The state in instances where evaluation and treatment is provided in a facility maintained and operated by the department, pursuant to RCW 71.02.411.

(ii) The local agency in instances where evaluation and treatment is provided by the agency and the agency is not a facility maintained and operated by the department.

(b) In instances where inability to pay or substantial hardship is determined for an involuntary patient pursuant to this section, any unpaid costs for evaluation and treatment provided to such involuntary patient by a nondepartment agency shall be borne by the department, subject to the provisions of WAC 275-54-240 (2) and (3).

(2) Collection by agency.

(a) Definitions. For the purposes of this section:

(i) "Involuntary patient" is as defined by WAC 275-54-XXX.

(ii) "Title XIX" means Title XIX of the Social Security Act.

(iii) "CSO" means community services office of the department.

(b) Collection of costs for evaluation and treatment provided an involuntary patient by an agency not operated and maintained by the department shall be the responsibility of the agency. Such agency shall make reasonable efforts to make such collection pursuant to the agency's own regulations and policies. Such effort shall also include, but is not limited to, billing all appropriate resources of the involuntary patient and the patient's family, third-party payors, and other legally responsible persons and entities.

(c) Any involuntary patient not having private insurance to cover his or her costs, not already eligible for Title XIX or other state or federal assistance for his or her costs, or not otherwise paying for his or her evaluation and treatment costs, shall be referred by the agency providing the inpatient component to a local CSO for determination of eligibility for Title XIX benefits. If such patient is determined so eligible by the CSO, the agency shall bill according to the instructions set forth by the department.

(d) In the case of any involuntary patient not eligible for Title XIX benefits, the agency providing the inpatient component shall determine the amount, if any, the patient should participate in the treatment costs. Such participation shall be in accordance with department instructions as set forth in the applicable mental health division issuance. Physicians, community mental health centers, and other agencies not providing inpatient care are not required to make this patient participation calculation.

(e) The agency may bill the department for the balance of costs not collectable by actions taken in accordance with subsections (2), (3), and (4) of this section and not recoverable by any other means or from any other sources. Such billing shall be subject to the following:

(i) Reimbursement is sought through the appropriate county as defined by WAC 275-54-240(3). All bills shall be verified by the county or the county's designee before forwarding by the county to the department for payment.

(ii) Certification is made by the agency that every reasonable effort has been made to collect payment from all appropriate resources of the involuntary patient and the patient's family, third-party payors, and other legally responsible persons and entities prior to submitting a claim through the county. This would include, where appropriate, referral to a CSO for Medicaid eligibility determination.

(iii) Any collections made prior to such billing shall be shown and deducted from such billing. Any collections made subsequent to such billings shall be submitted to the department.

(f) In the event an involuntary patient is determined by the agency or by the local CSO (in instances where such patient had been referred for eligibility determination) to be fully capable of paying for his or her evaluation and treatment services, and such patient refuses to do so, the agency shall have primary responsibility for collection of costs and shall not expect the department to reimburse the agency for any uncollected balance, except as stated in the applicable mental health division issuance.

(g) The agency shall maintain appropriate records and other supporting material necessary to document billings and collection of costs for evaluation and treatment provided any involuntary patient, and shall permit authorized representatives of the county and/or the department to make such review of the records of the agency as may be deemed necessary to satisfy audit purposes. Such review shall be restricted to records for involuntary patients only.

(3) Responsibility of the county.

(a) All requests for reimbursement shall be made through the county of detention which shall review and approve requests pursuant to the following:

(i) The person being billed for was in fact an involuntary patient for the period of evaluation and treatment specified.

(ii) The date of initial detention is indicated.

(iii) Date of the seventy-two hour (probable cause) hearing is indicated.

(iv) Date of conversion to voluntary patient status is shown (if appropriate).

- (v) Date of release, transfer, or discharge is shown.
- (vi) Days allowed by an approved extension request are shown (if appropriate).
- (vii) The "patient participation" calculation is shown on inpatient facility invoices or the patient is shown to be eligible for Medicaid or LCP-MI.
- (viii) If insurance coverage is indicated, such coverage collections have been deducted.
- (b) All reimbursement payments for evaluation and treatment costs for involuntary patients shall be made directly to the service-providing agency.
- (c) No payments will be made to agencies not certified pursuant to WAC 275-54-170, and not a part of a county's evaluation and treatment program pursuant to WAC 275-54-160, except in the case of licensed physicians.
- (d) The counties shall maintain appropriate records and other supporting material necessary to document related administrative costs and shall submit such reports as the department shall request and shall permit authorized representatives of the department to make such review of records as may be deemed necessary to satisfy audit purposes.
- (4) Responsibility of the department.
  - (a) In instances where an involuntary patient is unable to pay any or all of the costs of evaluation and treatment from all of the personal, family when legally responsible, or third-party payor resources available to him or her as required by WAC 275-54-240(1), or if payment would result in substantial hardship upon such patient or his or her family, the department shall be responsible for paying any uncollected balance of such costs, as set forth in the applicable mental health division issuance, except costs for which the CSO has determined the patient should continue to be liable.
  - (b) The department shall reimburse the counties for increased administrative costs, if any, resulting from implementation of the provisions of the Involuntary Treatment Act. Additional costs to the counties shall be reimbursed in accordance with the following rules, subject to the availability of state and federal funds.
  - (c) For all increased involuntary commitment administrative costs, the department shall award an amount to the counties to pay such costs pursuant to RCW 71.05.550. "Increased costs" as used here shall mean costs exceeding the level financed by the county for calendar year 1984, resulting from implementation of the provisions of the Involuntary Treatment Act, and subsequent amendments.
  - (d) Involuntary commitment administrative costs are for services not listed under the Title XIX modality schedule. Such costs include:
    - (i) All travel and transportation expenses, whether for staff or involuntary patients;
    - (ii) All investigative costs not otherwise recoverable as a Title XIX listed service;
    - (iii) Expenses for hearings, testimony, legal services, courts, and prosecutors; and
    - (iv) The percentage of total staff time of the county mental health coordinator and agency administrative staff allocated to and expended in the involuntary commitment process.
  - (e) State funds shall in no case be used to replace local funds from any source used to finance administrative costs for involuntary commitment procedures conducted prior to January 1, 1985.
  - (f) For the evaluation and treatment provided each and every involuntary patient by a qualifying agency, the department shall reimburse the agencies in the amount of the actual expenditures incurred pursuant to this chapter and applicable departmental instructions. Such reimbursement by the department shall not exceed the Title XIX rate and shall not be allowed for any costs already reimbursed by other means. Such reimbursement by the department shall cover the following involuntary evaluation and treatment statuses only:
    - (i) Emergency component services for individuals where a petition for initial detention is filed under WAC 275-54-050 within twelve hours of admission to that component.
    - (ii) Initial detention period including Saturdays, Sundays, holidays, and up to three judicial days.
    - (iii) Fourteen-day period, including any involuntary outpatient treatment or less restrictive placement recommended by agency staff for the remainder of this period. Reimbursement beyond this fourteen-day period shall require approval from the department consistent with the applicable mental health division issuance.
    - (iv) Conditional release effected pursuant to the applicable provisions of this chapter and chapter 354, Laws of 1985. Reimbursement shall be restricted to the initial seventeen-day period.

(v) Conversion to voluntary status. Reimbursement shall be restricted to inpatient or outpatient services provided during the initial seven-day period, regardless of the day within that period the involuntary patient converts to voluntary status.

(g) The department may withhold department reimbursement in whole or in part from any county or agency in the event of a failure to comply with the provisions of this chapter.

#### NEW SECTION

WAC 275-54-250 INVOLUNTARY EVALUATION AND TREATMENT COSTS—ONE HUNDRED EIGHTY-DAY COMMITMENTS. (1) Responsibility of involuntary patient.

(a) Any minor becoming an involuntary patient on a one hundred eighty-day commitment and placed in a state supported long-term inpatient facility by the placement committee pursuant to chapter 354, Laws of 1985, or his or her estate, or his or her parents shall be responsible for the cost of such evaluation and treatment based upon a determination by the inpatient facility of ability to pay.

(b) Payment of such costs by the involuntary patient, or on behalf of the involuntary patient by third-party payors, or other legally responsible persons or entities shall be made to:

(i) The state in instances where evaluation and treatment is provided in a facility maintained and operated by the department, pursuant to RCW 71.02.411.

(ii) The local agency in instances where evaluation and treatment is provided by the agency and the agency is supported by, but not operated by the department.

(2) Collection by agency.

(a) Definitions.

(i) "Involuntary patient" is as defined by WAC 275-54-020(10).

(ii) "Title XIX" means Title XIX of the Social Security Act.

(iii) "CSO" means community services office of the department.

(b) Collection of costs for evaluation and treatment provided an involuntary patient by an agency not operated and maintained by the department shall be the responsibility of the agency. Such agencies shall make reasonable efforts to make such collection pursuant to the agency's own regulations and policies. Such efforts shall also include, but are not limited to, billing all appropriate resources of the involuntary patient, the patient's family, third-party payors, and other legally responsible persons and entities.

(c) Any involuntary patient who is a minor not having private insurance to cover his or her costs, not already eligible for Title XIX or other state or federal assistance for his or her costs, or not otherwise paying for their evaluation and treatment costs, shall be referred by the agency providing the inpatient component to a local CSO for determination of eligibility for Title XIX benefits. If such patient is determined so eligible by the CSO, the agency shall bill according to the instructions set forth by the department.

(d) The agency providing the long-term inpatient care shall determine the amount, if any, the patient, or his or her parents, or any responsible others should contribute to the cost of treatment. Such contributions shall be determined in accordance with the following:

(i) The agency shall have established financial screening criteria, policy, procedures, and format, and a sliding fee schedule or formula used to determine ability to contribute to the cost of inpatient care.

(ii) The financial screening criteria and the sliding fee schedule or formula shall take into consideration available income, family size, and allowable deductions.

(iii) Allowable deductions shall include unusual and exceptional circumstances and other pertinent factors as defined in WAC 275-16-075 and 275-16-085.

(iv) The agency shall establish a formal appeal policy and process allowing responsible others to appeal any financial contribution decision to the individual and agency administrative entity responsible for such decisions.

(3) Responsibility of department.

(a) The agency may bill the department for the balance of costs not collectible by actions taken in accordance with this subsection, for the care and treatment of minors on a one hundred eighty-day commitment and placed in the state-supported inpatient facility by the admissions committee.

(b) Such billing and reimbursement shall be in accordance with the instructions set forth in the department's contract for the provision of these services with the state-funded inpatient facility.

NEW SECTION

WAC 275-54-260 INVOLUNTARY TREATMENT PROGRAM ADMINISTRATIVE COSTS—SEVENTY-TWO HOUR/FOURTEEN-DAY COMMITMENT. The mental health division will establish a maintenance of effort level for each county by January 1, 1986.

NEW SECTION

WAC 275-54-270 INVOLUNTARY TREATMENT PROGRAM TRANSPORTATION COSTS. (1) Seventy-two hour/fourteen-day commitment.

(a) The minor or his or her parents shall be responsible for any transportation costs incurred in transporting a minor to an evaluation and treatment facility for seventy-two hour detention, fourteen-day commitment, or initial one hundred eighty-day commitment to the custody of the secretary. Such responsibility shall be based upon a determination of ability to pay as prescribed in WAC 275-54-240. Transportation costs not collectible by actions taken in compliance with WAC 275-54-240 shall be paid for in accordance with the provisions of that section.

(b) Transportation shall be provided to involuntarily committed minors under chapter 354, Laws of 1985 by the most appropriate, safest, and most cost-effective means available. Transporting by ambulance shall be used only in those circumstances dictated by medical necessity.

(2) One hundred eighty-day commitment.

(a) The cost of transportation for minors following placement in a state-funded, long-term evaluation and treatment facility shall be the responsibility of the minor or his or her parents based upon a determination of ability to pay as prescribed in WAC 275-54-250.

(b) If a minor is released from a long-term evaluation and treatment facility and no other transportation is available, that facility shall furnish transportation to the minor's residence or other appropriate place.

(c) Transportation costs not collectible by actions taken in accordance with WAC 275-54-250 shall be reimbursed by the department according to that section.

NEW SECTION

WAC 275-54-280 INVOLUNTARY TREATMENT PROGRAM—LEGAL COSTS. (1) Responsible others shall bear the costs of attorneys appointed for the minor or his or her parent if financially able according to standards set by the court of the county in which the proceeding is held.

(2) If all responsible others are indigent as determined by these standards, the costs of the legal services shall be borne by the county in which the proceeding is held.

NEW SECTION

WAC 275-54-290 PATIENT RIGHTS. Absent a risk to self or others, minors treated under this chapter have the following rights, which shall be prominently posted in the evaluation and treatment facility:

(1) To wear their own clothes and to keep and use personal possessions;

(2) To keep and be allowed to spend a reasonable sum of their own money for canteen expenses and small purchases;

(3) To have individual storage space for private use;

(4) To have visitors at reasonable times;

(5) To have reasonable access to a telephone, both to make and receive confidential calls;

(6) To have ready access to letter-writing materials, including stamps, and to send and receive uncensored correspondence through the mail;

(7) To discuss treatment plans and decisions with mental health professionals;

(8) To have the right to adequate care and individualized treatment;

(9) Not to consent to the performance of electroconvulsive treatment or surgery, except emergency life-saving surgery, upon him or her, and not to have electroconvulsive treatment or nonemergency surgery in such circumstance unless ordered by the court pursuant to a judicial hearing in which the minor is present and represented by counsel, and the court shall appoint a psychiatrist, psychologist, or physician designated by the minor or the minor's counsel to testify on behalf of the minor. The minor's parent may exercise this right on the minor's behalf, and must be informed of any impending treatment;

(10) Not to have psychosurgery performed on him or her under any circumstances.

NEW SECTION

WAC 275-54-300 CONFIDENTIALITY. The fact of admission and all information obtained through treatment under this chapter is confidential. Confidential information may be disclosed only:

(1) In communications between mental health professionals to meet the requirements of this chapter, in the provision of services to the minor, or in making appropriate referrals;

(2) In the course of guardianship or dependency proceedings;

(3) To persons with medical responsibility for the minor's care;

(4) To the minor, the minor's parent, and the minor's attorney, subject to RCW 13.50.100;

(5) When the minor or the minor's parent designates in writing the persons to whom information or records may be released;

(6) To the extent necessary to make a claim for financial aid, insurance, or medical assistance to which the minor may be entitled or for the collection of fees or costs due to providers for services rendered under this chapter;

(7) To the courts as necessary to the administration of this chapter;

(8) To law enforcement officers or public health officers as necessary to carry out the responsibilities of their office. However, only the fact and date of admission, and the date of discharge, the name and address of the treatment provider, if any, and the last known address shall be disclosed upon request;

(9) To law enforcement officers, public health officers, appropriate relatives, and other governmental law enforcement agencies, if a minor has escaped from custody, disappeared from an evaluation and treatment facility, violated conditions of a less-restrictive treatment order, or failed to return from an authorized leave, and then only such information as may be necessary to provide for public safety or to assist in the apprehension of the minor. The officers are obligated to keep the information confidential in accordance with this chapter;

(10) To the secretary for assistance in data collection and program evaluation or research, provided the secretary adopts rules for the conduct of such evaluation and research. The rules shall include, but need not be limited to, the requirement that all evaluators and researchers sign an oath of confidentiality substantially as follows:

"As a condition of conducting evaluation or research concerning persons who have received services from (fill in the facility, agency, or person) I, ....., agree not to divulge, publish, or otherwise make known to unauthorized persons or the public any information obtained in the course of such evaluation or research regarding minors who have received services in a manner such that the minor is identifiable.

I recognize unauthorized release of confidential information may subject me to civil liability under state law.

/s/....."

(11) To appropriate law enforcement agencies and to a person, when the identity of the person is known to the public or private agency, whose health and safety has been threatened, or who is known to have been repeatedly harassed, by the patient. The person may designate a representative to receive the disclosure. The disclosure shall be made by the professional person in charge of the public or private agency or his or her designee and shall include the dates of admission, discharge, authorized or unauthorized absence from the agency's facility, and only such other information pertinent to the threat or harassment. The decision to disclose or not shall not result in civil liability for the agency or the agency's employees so long as the decision was reached in good faith and without gross negligence;

(12) To a minor's next-of-kin, attorney, guardian, or conservator, if any, the information that the minor is presently in the facility or that the minor is seriously physically ill and a statement evaluating the mental and physical condition of the minor as well as a statement of the probable duration of the minor's confinement;

(13) Upon the death of a minor, to the minor's next-of-kin;

(14) To a facility where the minor resides or will reside. This section shall not be construed to prohibit the compilation and publication of statistical data for use by government or researchers under standards, including standards to assure maintenance of confidentiality, set forth by the secretary. The fact of admission and all information obtained pursuant to this chapter are not admissible as evidence in any legal proceeding outside this chapter, except guardianship or dependency, without the written consent of the minor or the minor's parent;

(15) When disclosure of information on records is made, the date and circumstances, the name or names of the person or agencies to

whom such disclosure was made, the relationship to the minor, if any, and the information disclosed shall be entered in the minor's clinical record.

#### NEW SECTION

WAC 275-54-310 CONFIDENTIALITY OF COURT PROCEEDING RECORDS. The records and files maintained in any court proceeding are confidential and available only to the minor, the minor's parents, and the minor's attorney. The court may order release or use of these records if the court finds appropriate safeguards for strict confidentiality will be maintained.

**WSR 85-22-018**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**  
[Filed October 30, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning Adult family homes—Minimum licensing requirements, new chapter 388-76 WAC;

that the agency will at 10:00 a.m., Wednesday, December 11, 1985, in the Auditorium, Office Building #2, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is RCW 74.08.044.

The specific statute these rules are intended to implement is RCW 74.08.044.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
Division of Administration and Personnel  
Department of Social and Health Services  
Mailstop OB 14  
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact Administrative Regulations Section, at State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by November 27, 1985. The meeting site is in a location which is barrier free.

Dated: October 29, 1985

By: David A. Hogan, Director  
Division of Administration and Personnel

#### STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.

Re: Adopt new chapter 388-76 WAC, Minimum licensing requirements for adult family homes.

Purpose of this New Chapter: To set forth rules for licensing adult family homes separately from rules for

licensing children's foster homes as described in chapter 388-73 WAC.

These Rules are Necessary: The legal status, needs, and resources available for adults and for children differ significantly. Further, the separation of Division of Children's Services from the Division of Community Services emphasizes a practical need for separate rules for program implementation and efficiency.

These rules will not affect any caseload size.

Statutory Authority: Chapter 74.15 RCW and RCW 74.08.044.

Summary of Rule Change: Set forth minimum licensing requirements for adult family homes in Washington state separately from minimum licensing requirements for children foster homes in Washington state.

Person Responsible for the Drafting, Implementation and Enforcement of the Rules: Joyce Robertson, Supervisor, Bureau of Aging and Adult Services, OB 43-G, phone 234-1247 scan or 753-1247.

These rules are not necessary as a result of federal law, federal court decision or state court decision.

Chapter WAC 388-76 WAC  
**ADULT FAMILY HOMES MINIMUM LICENSING REQUIREMENTS**

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

#### NEW SECTION

WAC 388-76-010 AUTHORITY. The following rules are adopted pursuant to chapter 74.15 RCW and RCW 74.08.044.

#### NEW SECTION

WAC 388-76-020 ADULT FAMILY HOMES. The rules in this chapter apply entirely to licensing adult family homes and replace and supersede any rules on licensing adult family homes which may be found in chapter 388-73 WAC.

#### NEW SECTION

WAC 388-76-030 DEFINITIONS. Those terms in chapter 74.15 RCW shall have the same meaning when used in this chapter except as otherwise provided herein.

(1) "Abuse" means the injury, sexual use, or sexual mistreatment of an individual resident by any person under circumstances indicating the health, welfare, and safety of the resident is harmed thereby.

(a) "Physical abuse" means damaging or potentially damaging non-accidental acts or incidents which may result in bodily injury or death.

(b) "Emotional abuse" means verbal or nonverbal actions constituting harassment.

(2) "Adult family home" means the regular family abode of a person or persons licensed to provide therein full-time family care and supervision for from one to no more than four adults who are in need of personal and special care and who are not related to the person or persons providing care.

(3) "Adult in need of personal and special care" means a person age eighteen or over who, because of developmental disability, age, or physical or mental infirmity, requires some degree of supervision or health care beyond the level of board and room only.

(4) "Ambulatory resident" means a resident physically and mentally capable of walking unaided or is capable of independent mobility with the use of a cane, crutches, a walkerette, a walker, a wheelchair, or artificial limb. It shall mean an individual able to walk or traverse a normal path to safety unaided by another individual. This definition shall not be interpreted to include an individual needing the assistance of another individual in order to get into and out of bed, to transfer to a chair or toilet, or to move from place to place.

(5) "Capacity" means the maximum number of persons permitted to be under care at a given time.

(6) "Developmentally disabled adult" means a person age eighteen or over who has been determined to be developmentally disabled by the department as defined in RCW 71.20.016.

(7) "Family care" means twenty-four-hour protective supervision and care given to an adult in need of personal and special care who has the standing of a member of the family, but not by birth, adoption, or marriage.

(8) "Infirmary" means a disability limiting normal activity but not causing an individual to require total inpatient medical or nursing care. An infirmary may be based on conditions including, but not limited to, physical handicap, mental illness, developmental disability, chemical addiction, or habituation or mental confusion, disability, or disturbance.

(9) "Neglect" means negligent treatment or maltreatment; an act or omission evincing a disregard of consequences of such a magnitude as to constitute a clear and present danger to a resident's health, welfare, and/or safety.

(10) "Other persons regularly on the premises" means relief caretakers, family members, and other relatives and friends of the sponsor who have regular unmonitored access to the residents in care.

(11) "Premises" means the abode, other buildings, and adjoining grounds over which the adult family home sponsor has direct control.

(12) "Relative" or "related" means parent, grandparents, brother, sister, uncle, aunt, and/or first cousin by birth, marriage, or adoption.

(13) "Resident" means an adult in need of personal and special care in an adult family home who is not related to the adult family home sponsor.

(14) "Sponsor or sponsors" means a person or persons licensed to personally provide full-time family care in the person or person's own home.

(15) "To sponsor" means to act as a sponsor.

#### NEW SECTION

**WAC 388-76-040 APPLICATION FOR LICENSE INVESTIGATION.** (1) Persons applying for an adult family home license under this chapter shall do so on forms and comply with procedures prescribed by the department. The application shall be made by and in the name of the person or persons who shall be the adult family home sponsor.

(2) The applicant shall submit such additional information as the department deems necessary for proper administration of this chapter. The department shall undertake such corollary investigations of applicant sponsors, relief caregivers, and members of sponsors' households as required, including accessing of criminal histories and law enforcement files.

(3) The department shall make an on-site inspection of the adult family home and premises of an applicant sponsor prior to disposition of an adult family home application.

#### NEW SECTION

**WAC 388-76-050 LICENSING OF STATE EMPLOYEES.** Department staff or any member of his or her household involved directly or in an administrative or supervisory capacity in the adult family home licensing process, or in placement of persons in a licensed adult family home, or in authorizing payment for such persons is prohibited from obtaining an adult family home license.

#### NEW SECTION

**WAC 388-76-060 LIMITATIONS ON LICENSES.** Licenses shall not be issued to an applicant for both children and adults in the same family home. Exceptions may be made only if it is clearly evident care of one category does not interfere with the quality of care to be provided to the other category of clients. In such circumstances, the total number of persons in care in both categories shall not exceed the number permitted by the most stringent capacity limitation of an adult family home.

#### NEW SECTION

**WAC 388-76-070 GENERAL QUALIFICATIONS OF SPONSOR, PERSONS ON THE PREMISES.** An adult family home sponsor shall be at least twenty-one years of age and reside in the adult family home. The sponsor and other persons regularly on the premises

shall be persons of good character. The sponsor shall demonstrate he or she and other persons regularly on the premises have the understanding, language skills, physical health, emotional stability, personality, and professional skills suited to meet the physical, mental, emotional, and social needs of persons under care. The sponsor and other persons regularly on the premises shall not have been convicted of abuse and/or any crime involving physical harm to another person nor be a perpetrator of substantiated abuse.

#### NEW SECTION

**WAC 388-76-090 LICENSURE—DENIAL, SUSPENSION, OR REVOCATION.** (1) Disqualified applicants. Before granting a license and as a condition for continuance of a license, the department shall consider separately and jointly the ability of each applicant to sponsor an adult family home in accordance with the law and this chapter. If any one be deemed disqualified by the department in accordance with this chapter, the license may be denied, suspended, revoked, or not renewed.

(a) Any individual engaging in illegal use of drugs or excessive use of alcohol shall be disqualified.

(b) Any individual released from prison, or convicted of a felony, or any crime involving physical harm to another, or identified as a perpetrator of substantiated abuse pursuant to chapter 26.44 RCW within seven years of the date of application for the license shall be disqualified if such conviction or identification is reasonably related to the competency of the person to exercise responsibilities for home management, supervision, and full-time family care and the department determines, after investigation, that such person has not been sufficiently rehabilitated subsequent to such conviction or identification to warrant public trust.

(c) Individuals who, in this state or elsewhere, have for cause been denied a license to operate a facility for the care of children, developmentally disabled or aged adults, or a hospital, or a nursing home, or a boarding home, or have had a license to operate such a facility suspended or revoked shall be disqualified: PROVIDED HOWEVER, That when such person demonstrates to the department and affirmatively establishes by clear, cogent, and convincing evidence his or her ability to operate an adult family home under this chapter, the department may waive this provision and license such an individual.

(2) An adult family home license shall be denied, suspended, revoked, or not renewed for failure to comply with the provisions of chapter 74.15 RCW, and rules contained in this chapter or for any of the following reasons:

(a) Obtaining or attempting to obtain a license by fraudulent means or misrepresentation;

(b) Committing, permitting, aiding, or abetting the commission of any illegal act on the premises;

(c) Committing, permitting, aiding, or abetting assault, abuse, neglect, exploitation, cruelty or indifferent care to residents;

(d) Failure to provide adequate supervision to residents;

(e) Allowing persons unqualified by training, experience, or temperament to care for residents;

(f) Misappropriation of the property of residents;

(g) Failure or inability to exercise fiscal responsibility and accountability in respect to operation of the adult family home;

(h) Refusal to admit authorized representatives of the department, local fire protection authority, or state fire marshal to inspect the premises; and

(i) Refusal to permit authorized representatives of the department to have access to the records relating to the operation of the adult family home or to permit authorized representatives to interview residents.

#### NEW SECTION

**WAC 388-76-100 LICENSE FEES.** At the time of the application for or renewal of a license, the licensee shall pay such license fee as may have been established by the department under RCW 43.20A.055.

#### NEW SECTION

**WAC 388-76-110 DISCRIMINATION PROHIBITED.** The sponsor shall comply with federal and state statutory and regulatory requirements regarding nondiscrimination.

**NEW SECTION**

**WAC 388-76-130 PERSONS SUBJECT TO LICENSING.** Persons are subject to licensing who provide or intend to provide twenty-four-hour family care in their own home for adults in need of personal and special care who are not their relatives in the following numbers:

- (1) One through four developmentally disabled adults; or
- (2) One through four state assistance recipients; or
- (3) Three through four persons not developmentally disabled or recipients of state assistance.

**NEW SECTION**

**WAC 388-76-140 PERSONS NOT SUBJECT TO LICENSING.** In addition to those persons exempt from the licensing requirements as provided in chapter 74.15 RCW, the following persons are not required to be licensed:

- (1) Persons caring for an adult in need of personal and special care in that adult's own home whether related or not; and
- (2) Persons providing family care in their own home for one or two nondevelopmentally disabled adults not related to them and for whom the department has not authorized care (chapter 74.15 RCW; RCW 18.20.020; RCW 74.08.044).

**NEW SECTION**

**WAC 388-76-160 CAPACITY.** (1) An adult family home shall be licensed for no more than four adults. There shall be no more than four adults unrelated to the sponsor requiring full-time care on the premises at one time.

(2) No licensed adult family home may provide care for more than two persons suffering mental or physical handicaps of such severity as to require nursing care, and then only if the sponsor is qualified by training and/or experience to provide proper care and the person's treatment is under the supervision of a physician.

**NEW SECTION**

**WAC 388-76-170 SPONSORS' RESOURCES.** The sponsor or sponsors shall have sufficient resources to maintain their own family and home without the payments made for the persons in care. If both sponsors in a two-sponsor home or the single sponsor in a one-sponsor home are employed outside the home, the department must give written approval for placement there. Approval will be based on justification that the sponsor will be able to provide adequate twenty-four-hour care to the residents.

**NEW SECTION**

**WAC 388-76-180 SPONSOR ABSENCE FROM HOME.** (1) The sponsor or sponsors shall have a department-approved plan for provision of care for residents during any absence of the sponsor from the home.

(2) The sponsor or sponsors shall not place residents in another home temporarily or otherwise without the approval of the department and guardian or responsible relative of the person under care (RCW 74.15.030).

**NEW SECTION**

**WAC 388-76-190 EFFECT OF LOCAL ORDINANCES.** Licenses are issued or denied on the basis of applicant's compliance with the department's minimum licensing requirements. The enforcement of local ordinances such as zoning regulations and local building codes is the responsibility of appropriate local officials (RCW 74.15.030).

**NEW SECTION**

**WAC 388-76-200 FIRE SAFETY.** (1) Every room used by persons under care, unless provided with two separate doors or one door leading directly to the outside, shall have a window opening freely and of sufficient size and free of obstructions so as to be readily available for emergency escape or rescue.

(2) Every occupied area shall have access to at least one exit not passing through rooms or spaces subject to being locked or blocked from the opposite side.

(3) No space shall be used for residential purposes accessible only by ladder, folding stairs, or a trap door.

(4) Every bathroom door lock shall be designed to permit the opening of the locked door from the outside in an emergency.

(5) Every closet door latch shall be such that the door can be opened from the inside.

(6) No stove or heater shall be so located as to block escape in case of malfunctioning and ensuing fire.

(7) Flammable, combustible, or poisonous material shall be stored away from exits and in areas not accessible to persons under care.

(8) Open flame devices, cooking appliances, and other similar products capable of igniting clothing shall not be left unattended or used in such a manner which could result in accidental ignition of clothing.

(9) Portable space heaters are prohibited.

(10) An adult family home shall have in effect and available to all relief caretakers a written plan for the protection of all persons in the event of fire and for their evacuation to areas of refuge when necessary. All persons in care shall be instructed in emergency evacuation procedures. Drills shall be conducted during the first week of each new admission and at bimonthly intervals thereafter to test equipment and practice procedure. A log of dates and times of fire drills shall be maintained by the sponsor.

(11) There shall be readily available an approved, operating 2A-rated fire extinguisher. Except for facilities licensed prior to June 3, 1983, an approved five pound or larger all purpose A.B.C. fire extinguisher will be acceptable. (Where local fire authorities require installation of a different type or size of fire extinguisher, the requirement of the local authority shall prevail.)

(12) An approved automatic smoke detector in working order shall be located in proximity to the area or areas where persons under care sleep. At a minimum, there will be one smoke detector in working order on each floor of a multilevel home.

(13) Smoke detectors and fire extinguishers shall be continuously maintained in proper working order.

(14) If questions arise concerning fire danger, the local fire protection authority shall be consulted and its recommendations followed.

(15) An adult family home located in a rural area where there is no public fire district shall affiliate with whatever fire safety organization is available.

**NEW SECTION**

**WAC 388-76-220 CORPORAL PUNISHMENT AND PHYSICAL RESTRAINTS.** Corporal punishment and physical restraints are prohibited.

**NEW SECTION**

**WAC 388-76-240 RESIDENT'S RECORDS AND INFORMATION.** Records and information concerning each person in care shall be maintained in such a manner as to preserve confidentiality. Records giving the following information on each person under care shall be maintained at the licensed adult family home:

(1) Identifying information, including name, birthdate, and dates of admission, absences, and discharge.

(2) Names, addresses, and telephone numbers of next-of-kin or other persons to be contacted in case of emergency.

(3) Health assessment at time of placement and subsequent revisions.

(4) Written consent (or court order) for providing medical care and emergency surgery, except as such care is otherwise authorized by law.

(5) Daily care plan including treatments, medications, observations, examinations, and physician's orders.

(6) Upon admission, an inventory of personal belongings. Inventory changes will be recorded and dated with a copy to resident and guardian or responsible relative, if any.

(7) Names, addresses, and telephone numbers of persons taking a person under care temporarily out of the adult family home.

(8) A summary upon discharge by the person responsible for the total plan of care, instructions given to the person providing continuing care, and a record of any referrals directed toward continuity of care.

(9) Appropriate information if the adult has died including the time and date of death, apparent cause of death, appropriate notification of the physician and relevant others (including the coroner if necessary), and the disposition of the body and personal effects.

NEW SECTION

WAC 388-76-250 REPORTING OF ILLNESS, DEATH, INJURY, EPIDEMIC, OR ADULT ABUSE. The sponsor shall report to the persons indicated the following events.

(1) To the department, next-of-kin, and interested friend or relative identified in the care plan any serious injury, trauma, or death of a person under care as soon as possible but no later than twenty-four hours after occurrence.

(2) To the local public health officer any occurrence of food poisoning or communicable disease as required by the state board of health.

(3) To the department evidence of abuse or neglect immediately by phone or in person with a written follow-up report within five days.

NEW SECTION

WAC 388-76-260 REPORTING CHANGES IN CIRCUMSTANCES. Adult family home sponsors shall report to the department changes in circumstances which might constitute grounds for reclassification of the home as to category of license, continued eligibility for license, or major changes in the license including the following:

(1) Changes in sponsor's address or location and phone number (license is valid only for address indicated on the license).

(2) Changes in the maximum number and range of care of persons licensee wishes to serve as compared to specifications in the license.

(3) The death, retirement, or incapacity of a licensee. (A license is valid only for the person named on the license.)

(4) Marriage or divorce of a sponsor or other change in household composition and relief caregiver affecting eligibility for license or number of persons that may be served.

(5) Occurrence of a fire on licensed premises within twenty-four hours.

(6) Major structural changes or damage to premises from any causes, and plans for major remodeling.

NEW SECTION

WAC 388-76-280 TRANSPORTATION. When a sponsor provides transportation for residents:

(1) The vehicle shall be in safe operating condition. The driver shall have a current driver's license.

(2) Sponsor or other driver shall carry auto insurance including liability and medical coverage.

(3) Seat belts or other appropriate safety devices shall be provided for and used by all passengers. The number of passengers shall not exceed the vehicle's seating capacity. Buses approved by the state patrol shall not be required to be equipped with seat belts.

NEW SECTION

WAC 388-76-290 CLOTHING. Sponsors are responsible to arrange for clothing for the persons under care. Clothing shall be neat, seasonable, and of such quality and design as to foster self-respect.

NEW SECTION

WAC 388-76-300 PERSONAL HYGIENE. Sponsors are responsible to provide or arrange for items needed for good grooming and personal hygiene for persons under care.

NEW SECTION

WAC 388-76-310 TRAINING. Sponsors are responsible for keeping themselves informed of the policies and the rules contained in this chapter. Completion of approved training for sponsors shall be required prior to licensure in the absence of documentation assuring the sponsor is qualified to provide care.

NEW SECTION

WAC 388-76-320 SITE. An adult family home shall be located on a well-drained site free from hazardous conditions, excessive noise, dust, smoke or odors, and be accessible to other facilities necessary to carry out the program.

NEW SECTION

WAC 388-76-325 TELEPHONE. There shall be at least one operating nonpay telephone on the premises accessible to residents for emergency incoming or outgoing use at all times.

NEW SECTION

WAC 388-76-330 SAFETY AND MAINTENANCE. (1) The premises and equipment shall be maintained in a clean and sanitary condition, free of hazards, and in good repair. Steps shall be provided with handrails as determined necessary by the department. Emergency lighting devices, such as flashlights, in working order shall be available and easily accessible to caretakers and residents.

(2) Sponsors shall be able to gain rapid access to any bedroom, toilet room, shower room, bathroom, or other room occupied by residents should emergency need arise.

NEW SECTION

WAC 388-76-340 WATER SAFETY. (1) Residents shall not be permitted to use swimming or other pools or hot tubs or spas, etc., on the premises without supervision.

(2) Swimming and other pools shall be inaccessible to persons in care when not in use.

(3) Hot tubs, spas, etc., shall be inaccessible when not in use.

NEW SECTION

WAC 388-76-350 FIREARMS. Firearms, if any, shall be kept in locked storage accessible only to authorized persons.

NEW SECTION

WAC 388-76-360 STORAGE. (1) Suitable space shall be provided and used for the storage of clothing and personal possessions of residents and for supplies, records and files, and bedding used in adult family home management.

(2) Cleaning supplies, toxic substances, poisons, aerosols, and items bearing warning labels shall be stored so as to be inaccessible to persons with limited mental capacity.

NEW SECTION

WAC 388-76-370 BEDROOMS. (1) Hallways, kitchens, living rooms, dining rooms, and unfinished basements shall not be used as bedrooms. Every bedroom shall be an outside room permitting entrance of natural light.

(2) Windows designated for escape and/or ventilation shall open and close freely. Window screens must be of such design that escape is not hindered and are adequate to prevent entrance of flies and other insects.

(3) Separate sleeping quarters shall be furnished for each sex.

(4) Multiple occupancy bedrooms shall provide not less than seventy square feet per occupant of floor area exclusive of closets. There shall be not less than thirty-six inches laterally between beds. Single occupancy bedrooms shall provide at least eighty square feet of floor space. There shall be no more than two residents to a bedroom.

(5) For each resident there shall be a bed at least thirty-six inches wide with a clean, firm mattress, pillow, sheets, blankets, and pillowcases. Pillows shall be covered with waterproof material or be of a washable type. Waterproof mattress covers shall be provided for incontinent persons.

(6) The upper bunk of doubledeck beds are prohibited for use by residents.

(7) Bedding shall be clean; sheets and pillowcases shall be laundered weekly.

(8) Residents may not share a bedroom with persons under eighteen years of age unless approved by the department.

(9) Residents may not share a bedroom with the sponsor or any member of the sponsor's family.

(10) Only rooms having unrestricted direct access to hallways, corridors, living rooms, day rooms, or common use areas shall be used as bedrooms.

(11) Only ambulatory residents and/or residents able to negotiate the adult family home fire escape system from other than ground floor level shall be assigned to other than ground floor level bedrooms.

**NEW SECTION**

WAC 388-76-380 **KITCHEN FACILITIES.** Adult family homes shall have facilities for the proper storage, preparation, and service of food.

**NEW SECTION**

WAC 388-76-390 **LAUNDRY.** The adult family home shall store soiled linen and clean linen separately. Unless laundry is sent out, or bedding and/or clothing are provided and laundered by responsible relatives or interested others, the adult family home shall have adequate operational laundry and drying equipment.

**NEW SECTION**

WAC 388-76-400 **TOILETS, LAVATORIES, AND BATHING FACILITIES.** (1) There shall be at least one indoor flush-type toilet, one bathing facility, and one lavatory with hot and cold or tempered running water not to exceed one hundred twenty degrees Fahrenheit.

(2) Toilet and bathing facilities shall provide for privacy for persons of the opposite sex.

(3) There shall be a lavatory in each room containing a toilet or in an adjacent common-use area.

(4) All bathing facilities shall have a conveniently located grab bar unless other safety measures, such as nonskid pads, are approved by the department.

(5) Soap and individual towels or disposable towels or other hand-drying devices shall be easily accessible.

**NEW SECTION**

WAC 388-76-410 **LIGHTING.** All areas shall be appropriately lighted by natural or artificial means when in use. Light fixtures shall be located to provide for the comfort and safety of the persons under care. Lighting intensities shall be at least fifteen foot candles for all rooms and areas used for care, except for food service areas, which shall be thirty foot candles.

**NEW SECTION**

WAC 388-76-420 **PEST CONTROL.** The premises shall be kept free from rodents, flies, cockroaches, and other insects.

**NEW SECTION**

WAC 388-76-430 **SEWAGE AND LIQUID WASTES.** Sewage and liquid wastes shall be discharged into a public sewer system or into an independent sewage system approved by the local health authority or department. Discharge of sewage or liquid wastes directly on the ground, into bodies of water, or directly into ground water is prohibited.

**NEW SECTION**

WAC 388-76-440 **WATER SUPPLY.** A private water supply must be approved by the local health authority or department. Nonpotable water on the premises shall be labeled to avoid use.

**NEW SECTION**

WAC 388-76-450 **TEMPERATURE.** Temperature within the adult family home shall be maintained at not less than sixty-eight degrees Fahrenheit during waking hours, and at not less than sixty degrees Fahrenheit during sleeping hours. Use of portable space heaters is prohibited.

**NEW SECTION**

WAC 388-76-460 **VENTILATION.** The facility shall be ventilated to assure health and comfort of the persons under care.

**NEW SECTION**

WAC 388-76-465 **RESIDENT RIGHTS—SERVICES TO BE PROVIDED.** (1) Insofar as a general or specific nuisance or a danger to the individuals or others is not created, each resident shall have, in addition to any rights not specifically withheld by law, the following rights:

(a) To be informed or to have an agent, designated by the resident, informed of his or her rights and the policies of the adult family home

at the time of admission. A written copy of rights and policies shall be provided to each resident or designated agent.

(b) To be treated in a manner that respects his or her individual identity and human dignity and fosters constructive self-esteem.

(c) To be notified thirty days in advance if he or she requires transfer for medical or nursing care or for his or her welfare or that of other residents, except as prohibited by Titles XVIII, XIX or XX of the Social Security Act, unless an emergency condition requires immediate transfer, or there is failure to comply with written policy of the adult family home or to ensure orderly transfer or discharge. The notice of transfer or discharge and discharge planning shall be documented in the resident's record.

(d) To associate and communicate privately with persons of his or her choice; to send and receive uncensored correspondence through the mail; to have reasonable access to a telephone both to make and to receive personal calls.

(e) To manage personal financial affairs unless such person has been adjudicated to be incompetent in a court proceeding directed to that particular issue or pursuant to law.

(f) To retain and use personal clothing and possessions unless to do so would infringe upon the rights of other residents.

(g) To refuse to perform services for the facility unless these services are included in a plan of care.

(h) To be assured privacy for visits with relatives or guests.

(i) To voice grievances and recommend changes in policies and services to the sponsor and/or to outside representatives of his or her choice free from restraint, interference, coercion, discrimination, or reprisal.

(j) To be informed of phone numbers and addresses of the licensing agency or appropriate advocacy group or groups.

(k) To meet with and participate in activities of social, religious, and community groups at his or her discretion.

(l) To be free from physical, chemical, and psychological restraints unless authorized by law.

(m) To be free from exploitation, assault, abuse, and neglect.

(n) To have information contained in resident health records kept confidential with access only to authorized personnel and the department.

(o) To be given timely notice of changes in admission or retention policy and procedure.

(2) Each resident shall have at least one comfortable pillow and adequate, clean bedding. Clean sheets, a pillow case, towels and washcloths shall be provided as needed and at least each week.

(3) A resident shall be regularly observed for changes in physical, mental, and emotional functioning. When observations reveal the resident has need for services unavailable in the adult family home, the sponsor or designee shall arrange for the transfer of the resident.

(4) Care services shall be conducted so as to attain or maintain each resident's highest degree of functioning possible and compatible with individual safety and welfare. The following services shall be provided when a resident requires such services:

(a) General health supervision, which means provision of the following services in accordance with a resident's particular needs including:

(i) To encourage a resident to self-administer medically prescribed drugs and treatment;

(ii) To encourage a resident to follow any medically prescribed modified diet, rest, or activity regimen;

(iii) To encourage and assist a resident to keep appointments for health care services, e.g., physicians, dentists, home health care services or clinics;

(iv) Encourage and assist a resident to see his or her health care practitioner if the resident manifests signs and symptoms of an illness or abnormality for which medical diagnosis and treatment seem indicated.

(b) Reminding and/or guidance, supervision, or assistance to a resident in:

(i) Personal hygienic care, dressing, grooming, and other activities;

(ii) Maintenance of functional aids or equipment, such as glasses, hearing aids, canes, crutches, walker, or wheelchair;

(iii) Maintenance of clothing and other personal effects;

(iv) Maintenance of personal living quarters in a manner conducive to safety and comfort.

(c) Encouraging, guiding, or assisting a resident to participate in social, recreational, diversional, vocational, church, or other activities within the family home and the community in accordance with his or her interests, tolerance, and abilities.

(5) Whenever a resident is believed to be ill or injured, the health care practitioner or other individual designated by the resident shall be notified immediately.

#### NEW SECTION

WAC 388-76-470 HEALTH CARE PLAN. All adult family homes providing direct care shall maintain current written medical policies and procedures including first aid, care of minor illnesses, action to be taken in event of medical emergencies, and general health practices.

#### NEW SECTION

WAC 388-76-480 FIRST AID. (1) An adult family home sponsor shall have current basic first aid training and cardiopulmonary resuscitation training. Verification of completion dates shall be maintained by the adult family home sponsor.

(2) First aid supplies, as needed to conform with first aid policies and procedures, and a first aid manual shall be readily available.

(3) There shall be written medical emergency policies and procedures readily available in the adult family home.

#### NEW SECTION

WAC 388-76-490 MEDICATIONS CONTROLLED BY THE SPONSOR. (1) All medications shall be kept in an orderly fashion in locked storage or otherwise made inaccessible to unauthorized persons and shall be refrigerated when so required.

(2) External medications shall be stored separately (separate compartments) from internal medications.

(3) Medications must be stored in the medication's original container.

(4) Medications shall be disbursed only on the written consent of the competent resident or other person having authority by court order to approve medical care.

(5) Only the sponsor or responsible designee shall deliver, disburse, or have access to medications except for self-administered medications as provided for in WAC 388-76-500.

(6) Prescription and nonprescription medications shall be disbursed only as specified on the prescription label or as otherwise authorized by a physician or other person legally authorized to prescribe medication.

"As needed" medications shall be approved by a physician or registered nurse prior to disbursement.

(7) A record shall be kept of all medications disbursed.

(8) Unused medications shall be properly disposed of.

#### NEW SECTION

WAC 388-76-500 SELF-ADMINISTRATION OF MEDICATIONS. Self-administration of medications by a resident shall be in accordance with the following:

(1) The resident shall be at least capable of administering his or her own medications properly with minimal guidance and assistance. If a resident requires minimal guidance or assistance, it shall be appropriately provided.

(2) A resident's medications shall be kept so the medications are not available to other residents.

(3) There shall be written policies and procedures for sponsors providing minimal guidance and assistance to residents with medications, when a resident requires such guidance and assistance.

#### NEW SECTION

WAC 388-76-520 INFECTION CONTROL, COMMUNICABLE DISEASE. (1) Persons with a communicable disease in an infectious stage shall not provide care or supervision in an adult family home.

(2) Each sponsor and other adult persons having regular contact with residents shall have a tuberculin skin test, by the Mantoux method, upon employment or licensing unless medically contraindicated.

(a) Persons whose TB skin test is positive (ten millimeters or more induration) shall have a chest x-ray within ninety days following the skin test.

(b) Routine periodic retesting or x-ray (biennial or otherwise) after the entry testing is not required.

(c) An entry test shall not be required of persons whose TB skin test has been documented as negative (less than ten millimeters) within the

last two years nor shall routine periodic retesting or x-ray (biennial or otherwise) be required of such persons.

(2) A record of skin test results, x-rays, or exemptions to such will be kept in the adult family home.

#### NEW SECTION

WAC 388-76-530 FOOD SERVICES. (1) Food served by each adult family home shall be planned to meet the needs of residents, taking into consideration the residents' ages, developmental levels, individual preferences, individual metabolic differences, cultural background, and any handicapping condition. To promote a socializing environment during mealtimes, residents shall sit with the sponsor and eat from the same menu unless special diet and resident preference precludes it.

(2) The use of raw milk is prohibited.

(3) Nutrient concentrates, supplements, and modified diets (therapeutic and allergy diets) shall be served only on the written approval of a health care practitioner. The sponsor shall obtain from the resident, responsible relative, or physician a written list of any foods the resident cannot have. The list, with the resident's name, must be on file and the food not served to the resident.

(4) Food shall be served in accordance with the 1980 recommended dietary allowances of the Food and Nutrition Board, National Research Council, adjusted for age, sex, physical abilities, and activity of each person.

(5) A minimum of three meals in each twenty-four-hour period shall be provided. Deviation may be made from this minimum when a written request has been made to and approved in writing by the department. The time interval between the evening meal and breakfast shall be not more than fourteen hours.

(6) Residents may participate in food preparation provided food preparation is a part of a department-approved plan. Incompetent persons shall be supervised when in the kitchen.

**WSR 85-22-019**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**  
[Filed October 30, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning Food stamps—Energy allowance, amending WAC 388-54-737;

that the agency will at 10:00 a.m., Wednesday, December 11, 1985, in the Auditorium, Office Building #2, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is RCW 74.04.510.

The specific statute these rules are intended to implement is RCW 74.04.510.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
Division of Administration and Personnel  
Department of Social and Health Services  
Mailstop OB 14  
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact Administrative Regulations Section, at State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by November 27, 1985. The meeting site is in a location which is barrier free.

Dated: October 29, 1985  
 By: David A. Hogan, Director  
 Division of Administration and Personnel

**STATEMENT OF PURPOSE**

This statement is filed pursuant to RCW 34.04.045. Amending WAC 388-54-737(1) and removing WAC 388-54-737 (2) and (3).

Purpose of the Rule Change: To update the energy allowance portion of public assistance payment standards. Households in board and room arrangements or supplied shelter will be eligible for income exemption. WAC 388-54-737(3) is deleted since it is found in WAC 388-54-740 and 388-54-695.

Reason These Rules are Necessary: To meet the provision of the 49th legislature.

Statutory Authority: RCW 74.04.510.

Rule Change is Necessary: To increase the energy allowance portion of public assistance grants.

Person Responsible for the Drafting, Implementation and Enforcement of the Rule Change: Roy Uppendahl, Program Manager 2, Division of Income Assistance - Food Stamp Section, mailstop OB 31J, 753-4382.

This rule is necessary as a result of federal law, 7 CFR 273.9(c)(11).

AMENDATORY SECTION (Amending Order 2072, filed 2/1/84)

WAC 388-54-737 INCOME—ENERGY ALLOWANCE. ((+)) The following energy allowance included in AFDC, continuing general assistance, and refugee assistance standards is excluded as food stamp income:

Household Size	Monthly Energy Allowance
1	\$( <del>27</del> ) <u>30</u>
2	( <del>32</del> ) <u>39</u>
3	( <del>37</del> ) <u>46</u>
4	( <del>42</del> ) <u>56</u>
5	( <del>47</del> ) <u>63</u>
6	( <del>52</del> ) <u>72</u>
7	( <del>57</del> ) <u>84</u>
8 or more	( <del>62</del> ) <u>92</u>

((2)) An energy allowance is not included in assistance standards for households receiving:

- (a) Board and room payments;
- (b) Supplied shelter; or
- (c) Supplemental Security Income (SSI).

((3)) Energy allowance payments treated as vendor payments shall not be counted as income or deducted as a utility deduction for the household:))

**WSR 85-22-020**  
**ADOPTED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**

[Order 2297—Filed October 30, 1985]

I, David A. Hogan, director of the Division of Administration and Personnel, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd WAC 388-37-032 Continuing general assistance—Determination of incapacity.

Amd WAC 388-37-037 Continuing general assistance—Refusal to accept available and required medical treatment.

This action is taken pursuant to Notice No. WSR 85-19-033 filed with the code reviser on September 12, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

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

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

APPROVED AND ADOPTED October 29, 1985.

By David A. Hogan, Director  
 Division of Administration and Personnel

AMENDATORY SECTION (Amending Order 2152, filed 9/17/84)

WAC 388-37-032 CONTINUING GENERAL ASSISTANCE—DETERMINATION OF INCAPACITY. (1) Eligibility due to incapacity shall be determined by the department in accordance with the criteria set forth in this chapter.

(2) The department shall:

(a) Consider medical and other related evidence of the incapacitating condition and make a decision confirming or denying the existence of eligibility due to incapacity within forty-five days of the date of application, except in circumstances beyond the control of the agency such as failure or delay in securing necessary information or documentation on the part of the applicant, the examining physician or other source of documentation.

(b) Request additional information when necessary.

(c) Determine probable duration of incapacity. The probable duration shall be related to the prognosis for the condition as predicted by the medical evidence but shall not exceed twelve months without a redetermination of incapacity.

(d) Require available medical treatment which can reasonably be expected to render the client able to work. The department shall provide written notification of these treatment requirements at the time of initial approval and at each redetermination.

(e) Recommend available medical services, provided under the state-financed medical care services program as defined in WAC 388-86-120.

(3) Eligibility cannot be established if an applicant fails to cooperate in obtaining information documenting incapacity. Continued failure to so cooperate during the ten-day period following the mailing of a letter to the applicant's last known address specifically citing the required cooperation shall be grounds for denial of the application for assistance (see WAC 388-38-265).

(4) Redetermination of eligibility for general assistance due to incapacity is based on current medical evidence and other available relevant medical information. If incapacity is not substantiated, then continued eligibility is denied.

(5) Cost of necessary medical reports to determine incapacity shall be paid by the department. Payment for such reports shall not be made to DSHS agencies.

**AMENDATORY SECTION** (Amending Order 2152, filed 9/17/84)

**WAC 388-37-037 CONTINUING GENERAL ASSISTANCE—REFUSAL TO ACCEPT AVAILABLE AND REQUIRED MEDICAL TREATMENT.**

(1) A continuing general assistance applicant or recipient who refuses without good cause to accept available required medical treatment, which can reasonably be expected to render him or her able to work shall be ineligible. The decision that the client has refused such treatment without good cause is based on the best objective judgment of the department.

(2) "Available medical treatment" shall mean and include medical, surgical, alcoholism, drug or mental health services, or any combination thereof.

(3) "Reasonably be expected to render him or her able to work" shall mean that in the opinion of the department, the required treatment will restore or substantially improve the individual's ability to work for pay in a regular and predictable manner.

(4) Any recipient who disagrees with these treatment requirements may request a fair hearing. Once a request is initiated, the department shall take no adverse action as a result of failure to comply with the treatment at issue pending a decision.

(5) For the purposes of this section, an applicant or recipient has good cause to refuse required medical treatment when such refusal is based upon one or more of the following conditions:

(a) The individual is genuinely fearful of undergoing required treatment. Such fear may appear to be unrealistic or irrational; however, fear exists in such a degree that treatment would be adversely affected;

(b) The individual could lose a faculty, or the remaining use of faculty he or she now has, and refuses to accept the risk;

(c) Because of his or her definitely stated religious scruples, the individual will not accept required medical treatment.

(d) The individual is temporarily unable to participate in required medical treatment, due to an intervening incapacity. The temporary inability to participate must be documented by medical evidence. The requirement to participate is again imposed as soon as the person is able to participate.

(c) The individual was not properly notified of the treatment required and/or the consequences for failure to comply with these requirements.

(f) The treatment required by previous written notification is subsequently determined to have been inappropriate or unavailable.

~~((5))~~ (6) Refusal to follow through with available required medical treatment without good cause shall result in termination until the person agrees to cooperate in accepting such treatment and subject to the following maximum periods of ineligibility after reapplication:

(a) First refusal – one week;

(b) Second refusal within six months – one month;

(c) Third and subsequent refusals within one year – two months.

**WSR 85-22-021**

**ADOPTED RULES**

**DEPARTMENT OF**

**SOCIAL AND HEALTH SERVICES**

**(Public Assistance)**

[Order 2298—Filed October 30, 1985]

I, David A. Hogan, director of the Division of Administration and Personnel, do promulgate and adopt at Olympia, Washington, the annexed rules relating to Chore services—Limitations on program, amending WAC 388-15-215.

This action is taken pursuant to Notice No. WSR 85-19-003 filed with the code reviser on September 5, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

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

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

APPROVED AND ADOPTED October 29, 1985.

By David A. Hogan, Director  
Division of Administration and Personnel

**AMENDATORY SECTION** (Amending Order 2165, filed 10/31/84)

**WAC 388-15-215 LIMITATIONS ON PROGRAM.** (1) The chore services program is not a teaching or companionship program and cannot be used for the purpose of delivering skilled nursing care or developing social, behavioral, recreational, communication or other type skill. Companionship means being with a person in his or her home for the purpose of preventing loneliness or to accompany him or her outside the home, except on basic errands or medical appointments or activities of daily living for attendant care clients.

(2) Chore services cannot be provided in a group home, licensed boarding home, congregate care facility,

intermediate care facility, skilled nursing facility, hospital, or other institution, adult family home or child foster home. Shared living arrangements are not considered group homes.

(3) Chore services are provided for the person needing and authorized to receive the service, not for other household members unless the services are part of the total chore services plan which includes the household members as eligible service clients.

(4) Chore services are not provided when community resources or family, neighbors, friends, or volunteers are available and willing to provide the service without charge.

(5) Chore services may not be authorized an applicant/recipient who is eligible to receive community options program entry system funding or other duplicative services payment, provided the person's benefit would not be less under this stipulation.

(6) Department paid chore services are not provided hourly care clients when they are not in the home, for example, because of hospitalization. In an emergency, however, limited services may be provided to enable the client to return home.

(7) Department paid chore services are not provided attendant care clients when they are not in the home, for example, because of hospitalization. If necessary, however, up to seven days ~~((of))~~ during the service ~~((a))~~ month may be provided to enable the client to return home.

(8) All approvals for additional hours and higher payment rates are reevaluated ~~((by the department after a period of up to one year))~~ periodically, as determined by the department. These reevaluations are continued, denied, or altered to correspond with the client's present chore services need. The client shall receive notice of his or her right to contest reevaluations which are denied or approved at a lower rate of payment or fewer service hours than initially approved.

(9) Chore services cannot be used for child care for working parent(s).

(10) In family care, the chore services provider may not act as a parent substitute or make major decisions affecting the children.

(11) ~~((A maximum of one hundred eighty-eight thousand eight hundred fourteen hours per month can be authorized in the hourly chore services program. Each community services office is allocated by the regional office a monthly lid of chore services hours for the hourly chore services program))~~ Chore services may only be authorized up to the amount allocated to the regions and division of developmental disabilities in accordance with RCW 74.08.541. Eligible clients or applicants can receive service if ((hours are)) authorization is within the amount available ((at the community services office)). Clients or applicants ((in the community services office)) are provided service based on their assessed need and level of income within the chore services expenditure lid.

## WSR 85-22-022

### ADOPTED RULES

#### HIGHER EDUCATION PERSONNEL BOARD

[Order 141—Filed October 30, 1985—Eff. December 1, 1985]

Be it resolved by the Higher Education Personnel Board, acting at the Western Washington University, Bellingham, Washington, that it does adopt the annexed rules relating to Employee performance evaluation—Appeal, amending WAC 251-20-050.

This action is taken pursuant to Notice No. WSR 85-14-046 filed with the code reviser on June 28, 1985. These rules shall take effect at a later date, such date being December 1, 1985.

This rule is promulgated under the general rule-making authority of the Higher Education Personnel Board as authorized in RCW 28B.16.100.

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

APPROVED AND ADOPTED October 18, 1985.

By John A. Spitz  
Director

AMENDATORY SECTION (Amending Order 119, filed 7/31/84)

WAC 251-20-050 EMPLOYEE PERFORMANCE EVALUATION—APPEAL. An appeal against action under this chapter shall be restricted ~~((as follows: (t)))~~ to allegations of irregularities in the use of the approved form and/or the procedures outlined in WAC 251-20-010, 251-20-020, 251-20-030, and 251-20-040, as provided in WAC 251-12-075.

~~((2) To a reduction in salary resulting from withholding of a periodic increment as provided in WAC 251-12-080.))~~

## WSR 85-22-023

### ADOPTED RULES

#### HIGHER EDUCATION PERSONNEL BOARD

[Order 142—Filed October 30, 1985—Eff. December 1, 1985]

Be it resolved by the Higher Education Personnel Board, acting at the Western Washington University, Bellingham, Washington, that it does adopt the annexed rules relating to Vacation leave—Cash payment, amending WAC 251-22-090.

This action is taken pursuant to Notice No. WSR 85-17-042 filed with the code reviser on August 16, 1985. These rules shall take effect at a later date, such date being December 1, 1985.

This rule is promulgated under the general rule-making authority of the Higher Education Personnel Board as authorized in RCW 28B.16.100.

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

APPROVED AND ADOPTED October 18, 1985.

By John A. Spitz  
Director

**AMENDATORY SECTION** (Amending Order 134, filed 7/31/85, effective 9/1/85)

WAC 251-22-090 VACATION LEAVE—CASH PAYMENT. Classified employees who have completed six continuous months of employment and who separate from service by resignation, layoff, dismissal, retirement or death are entitled to a lump sum cash payment for all unused vacation leave. In the case of voluntary resignation, an employee may be required to provide fourteen calendar days' notice to qualify for such lump sum cash payment. Vacation leave payable under WAC 251-22-080 and this section shall be computed and paid as prescribed by the office of financial management. No contributions are to be made to the department of retirement systems for lump sum payment of excess vacation leave accumulated as prescribed in WAC 251-22-080(2), nor shall such payment be reported to the department of retirement systems as compensation.

**WSR 85-22-024**

**EMERGENCY RULES**

**DEPARTMENT OF FISHERIES**

[Order 85-172—Filed October 30, 1985]

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

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is spawning escapement levels have not been met, and salmon milling at the outlet pipe are in need of protection.

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

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

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

APPROVED AND ADOPTED October 30, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

**NEW SECTION**

WAC 220-57-23500A ELOCHOMAN RIVER—CLOSED AREAS. *Notwithstanding the provisions of WAC 220-57-235, effective immediately until further notice, it is unlawful to fish for or possess foodfish taken for personal use from those waters of the Elochoman River between points 50 feet above and 100 feet below the outlet pipe from the most downstream Elochoman Salmon Hatchery rearing pond and extending 30 feet out from the south bank of the river.*

**WSR 85-22-025**

**EMERGENCY RULES**

**DEPARTMENT OF FISHERIES**

[Order 85-173—Filed October 30, 1985]

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

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

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

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

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

APPROVED AND ADOPTED October 30, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

**REPEALER**

*The following section of the Washington Administrative Code is repealed effective 6:00 p.m. November 1, 1985:*

WAC 220-40-02100F WILLAPA HARBOR GILL NET SEASON. (85-161)

**WSR 85-22-026**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**  
 [Filed October 31, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning Durable medical equipment—Prosthetic devices, amending WAC 388-86-100 and new section WAC 388-87-110.

It is the intention of the secretary to adopt these rules on an emergency basis on November 1, 1985;

that the agency will at 10:00 a.m., Wednesday, December 11, 1985, in the Auditorium, Office Building #2, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is RCW 74.08.090.

The specific statute these rules are intended to implement is chapter 74.09 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
 Division of Administration and Personnel  
 Department of Social and Health Services  
 Mailstop OB 14  
 Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact Administrative Regulations Section, at State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by November 27, 1985. The meeting site is in a location which is barrier free.

Dated: October 30, 1985

By: David A. Hogan, Director

Division of Administration and Personnel

#### STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.

Re: Amending WAC 388-86-100.

Purpose of the Rule Change: To clarify current policy on coverage of durable medical equipment and prosthetic devices, and on services included in determining payment rates in order to more effectively control expenditures.

Reason These Rules are Necessary: There are current changes in policy and the lack of regulations on payment rates.

Statutory Authority: RCW 74.08.090.

Summary of the Rule Change: Requirements for authorization of durable medical equipment and prosthetic devices have been modified by the following changes.

Removes the requirements of: Reduce length of hospitalization; aid in the rehabilitation of an employable person; and results in financial savings to the department. Adds the requirements of: Must be medically necessary; the division must be the payor of last resort; not included in any other payment methodologies; and for nursing home recipients must be for a permanent disability. Lists equipment, devices and supplies that require prior approval. New section WAC 388-87-110 states current policy as to services included in determining payment rates.

Person Responsible for the Drafting, Implementation and Enforcement of the Rule: Jim Sparks, Program Manager, Division of Medical Assistance, phone 753-7316, mailstop HB-41.

These rules are not necessary as a result of a change in federal law, federal court decision or state court decision.

#### AMENDATORY SECTION (Amending Order 1868, filed 8/18/82)

WAC 388-86-100 DURABLE MEDICAL EQUIPMENT—PROSTHETIC DEVICES. (1) The ((department shall)) division of medical assistance may authorize the purchase and/or rental of ((durable)) medically necessary medical equipment, prosthetic devices, and other disposable/nonreusable medical ((equipment only when such items will)) supplies when the division is the payor of last resort and when the item requested:

- (a) ((Reduce the length of hospitalization;
- (b) Aid the rehabilitation of an employable person;
- (c)) Is not included with other reimbursement methodologies such as, but not limited to, diagnosis related group (DRG) for hospital inpatients, or a nursing homes per diem reimbursement; and
- (b) Will enable ((the person)) a recipient to return to or continue to live in his/her own home(;;);
- ((d)) (c) Will be used ((full-time)) exclusively by a nursing home ((patient who will benefit materially from its use;
- (c) Result in financial saving to the department.

(2) Prior approval by the medical director of the division of medical assistance is required for purchase of medical equipment or prosthetic devices costing one thousand dollars or more, except as described in subsection (4) of this section:

- (3) Prior approval by the local medical consultant is required for:
- (a) Purchase of medical equipment or prosthetic devices costing less than one thousand dollars, except as described in subsections (4) and (5) of this section;
- (b) All rentals and repairs of medical equipment:

(4) No approval is required for the purchase of external braces involving the neck, trunk and extremities; nor pressure garments, support hose, canes, or wood crutches:

(5) Other nonreusable items costing less than one hundred fifty dollars do not require approval if provision of the appliance will expedite a recipient's release from a hospital:

(6) A recipient who has Medicare part B benefits must utilize this resource for the purchase or rental of any items provided by Medicare. Payment of Medicare coinsurance and deductibles will be made by the department for purchase of all Medicare items)) recipient for whom it is requested, for a permanent disability.

((7)) (2) Medical equipment and supplies purchased or reissued by the ((department)) division of medical assistance become the property of the recipient for whom they are purchased/reissued.

(3) The division of medical assistance will authorize the purchase and/or repair of only one wheelchair, manual or power-drive, per recipient. However, another wheelchair will be considered when:

(a) The request would be less costly as opposed to repairing and/or modifying the wheelchair the recipient already has; or

(b) The recipient's primary wheelchair is stolen and requires replacement to meet his/her medical need; or

(c) A medical need is determined.

(4) Durable medical equipment, prosthetic devices and disposable/nonreusable supplies that require approval prior to delivery of service include: Prosthetic limbs; orthotics for the upper and lower extremity; impression casting; orthopedic shoes and braces for orthopedic shoes;

osteogenesis stimulator—noninvasive; communication devices other than a Larnex; transcutaneous nerve stimulators; walk aids with a seat—wheels and brakes; drop—arm commodes; wheeled shower chairs; blood pressure kits; blood glucose monitors; air and gel cushions; fracture frames; wheelchairs; wheelchair repair parts and accessories; hospital beds; diapers and labor charges.

#### NEW SECTION

WAC 388-87-110 DURABLE MEDICAL EQUIPMENT—PROSTHETIC DEVICES. (1) Durable medical equipment is reimbursed using a fee schedule with maximums based on manufacturer's suggested retail prices and, in certain instances, medicare maximums.

(2) The reimbursement for medical equipment and prosthetic devices that are purchased/rented shall include but not be limited to:

- (a) The manufacturer's warranty; and
- (b) Any adjustments and/or modifications required to the equipment within three months of the date of service (for purchases) or during the total rental period (for rentals), except those occasioned by changes in the patient's condition; and
- (c) Instruction to the recipient in the safe usage of the equipment; and
- (d) Cost of freight from the manufacturer and delivery to the recipient's residence and, when appropriate, to the room in which the equipment will be used.

**WSR 85-22-027**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**  
 [Filed October 31, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning:

- |     |                 |                                       |
|-----|-----------------|---------------------------------------|
| Amd | ch. 388-86 WAC  | Medical care—Services provided.       |
| Amd | ch. 388-87 WAC  | Medical care—Payment.                 |
| Amd | ch. 388-100 WAC | Scope of care for medically indigent. |

It is the intention of the secretary to adopt these rules on an emergency basis on November 1, 1985;

that the agency will at 10:00 a.m., Wednesday, December 11, 1985, in the Auditorium, Office Building #2, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is RCW 74.08.090.

The specific statute these rules are intended to implement is chapter 74.09 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
 Division of Administration and Personnel  
 Department of Social and Health Services  
 Mailstop OB 14  
 Olympia, WA 98504

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Dated: October 30, 1985  
 By: David A. Hogan, Director  
 Division of Administration and Personnel

#### STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.

Amending WAC 388-86-020, 388-86-030, 388-86-050, 388-86-080, 388-86-085, 388-86-090, 388-86-095, 388-86-097, 388-86-098, 388-87-012, 388-87-025, 388-87-027, 388-87-080 and 388-100-035.

Purpose of the Rule Change: To more effectively control expenditures of the medical assistance program.

Reason the Rule Changes are Necessary: Present regulations require some administrative expenditures without savings in medical assistance expenditures. Certain administrative requirements are needed to control expenditures for certain types of medical services.

Statutory Authority: RCW 74.08.090.

Summary of the Rule Change: Clarifies that all medical services for which payment is requested are subject to review and approval. All prior approval requirements are listed in WAC 388-87-025. Services which will no longer require prior approval are psychological evaluations, initial provision of oxygen, consultant or specialist services, and respiratory services. Services which are being added as needing prior approval are apnea monitoring, home ventilator therapy, medical eye care services, orthodontic treatment, out-of-state medical care which is not available within Washington state and total parenteral/enteral nutritional therapy.

Person Responsible for the Drafting, Implementation and Enforcement of the Rule: Jim Sparks, Program Manager, Division of Medical Assistance, mailstop HB-41, phone 753-7316.

This rule is not necessary as a result of federal law, federal court decision or state court decision.

#### AMENDATORY SECTION (Amending Order 1900, filed 11/4/82)

WAC 388-86-020 DENTAL SERVICES. (1) The department shall provide dental services to recipients of EPSDT.

(2) Services will include:

- (a) Initial and periodic oral examinations.
- (b) Treatment necessary for the relief of pain and infection, restoration of teeth, and maintenance of dental health.
- (c) Orthodontic treatment is defined as the use of any appliance, intra oral or extra oral, removable or fixed, or any surgical procedure designed to move teeth. The following limitations apply:

(i) Prior approval (~~must be obtained from the office of medical policy and procedure~~) is required.

(ii) Treatment is limited to medically necessary services as defined in chapter 388-80 WAC.

(3) Except for services as defined in WAC 388-86-027 group screening for dental services is not permitted under the program.

#### AMENDATORY SECTION (Amending Order 2279, filed 9/4/85)

WAC 388-86-030 EYEGLASSES AND EXAMINATIONS.

(1) The department shall provide eye examinations and eyeglasses

when a refractive error of sufficient magnitude exists to require corrective lenses. Payment for examinations, fitting services and materials shall be made on the basis of rates established by the department or through HMO or optical supplier contracts.

(2) Only one refraction and one pair of glasses per eligible recipient will be provided during a twelve-month period, except for eye services provided under the EPSDT program, or in extenuating circumstances when medically necessary.

(3) Prior authorization (~~by the office of the medical director or his designee~~) is required for ~~((other))~~ medical eye care procedures and for special eyeglass services including but not limited to, contact lenses, low vision aids, executive bifocals and trifocals, artificial eyes and two pair of glasses in lieu of bifocal or trifocal lenses.

(4) The choice of frames is limited to frames listed in the current division of medical assistance numbered memoranda on that subject. Frames are not provided for cosmetic effect or psychological support.

(5) Sunglasses, photochromic or varalux type lenses and orthoptics therapy are not provided.

(6) Except for services as defined in WAC 388-86-027 group screening for eyeglasses is not permitted under the program.

#### AMENDATORY SECTION (Amending Order 2241, filed 6/18/85)

WAC 388-86-050 INPATIENT HOSPITAL CARE. (1) The department will provide hospitalization for recipients under age sixty-five and for recipients sixty-five and over who have exhausted Medicare benefits. With exceptions and limitations the recipient will have free choice of hospitalization.

(2) ~~((Certain hospitalization services covered by the program require approval of the medical consultant.~~

~~(a))~~ Prior approval is required for nonemergent hospital admissions(~~;~~

~~(b) Retroactive certification and out-of-state care including bordering cities).~~

(3) The division of medical assistance will certify hospital admission, length of stay and/or services for all recipients.

(4) Department authorization for inpatient hospital care, in hospitals excepted from the diagnosis-related group based pricing system, for eligible individuals shall be limited to the number of days established at the 50th percentile in the 1983 edition of the publication Length of Stay in PAS Hospitals, by Diagnosis United States Western Region, unless prior contractual arrangements are made by the department for a specified length of stay. When hospitalization of a recipient exceeds the number of days as limited by this subsection, the hospital shall submit to the local medical consultant a request with adequate justification and signed by the attending physician within sixty days of final service for approval of the extension.

(a) Eligible recipients are covered for involuntary admissions for acute psychiatric conditions up to a maximum of seventeen days under the Involuntary Treatment Act in hospitals certified as evaluation and treatment facilities. If an involuntarily committed recipient reverts to voluntary status, PAS days are computed from day of admission and applied to any period exceeding the mandatory seventeen days. If PAS days are less than seventeen, the maximum of seventeen days will prevail.

(b) No payment will be made for care in a private psychiatric hospital that has not been certified under Title XVIII. Authorization for admission of an eligible individual to a private psychiatric hospital shall be under the same conditions and program limitations as for treatment of psychiatric conditions in a general hospital.

(c) Medicaid payment will be made for care in a state mental institution for categorically needy and medically needy individuals under age twenty-one and age sixty-five and older.

(d) Medicaid payments will be made for care in an approved psychiatric facility for categorically needy and medically needy individuals under age twenty-one.

(5) Hospitalization for the treatment of acute and chronic renal failure shall be provided, except that the department shall pay only deductibles and coinsurance for a recipient who is a Medicare beneficiary and who is hospitalized for such treatment or for kidney transplant.

(6) Nonemergent hospital admissions shall not be made on Friday or Saturday for scheduled surgery on Monday. The attending physician may admit the recipient on Sunday to accomplish the necessary preoperative work-up.

(7) Approval for hospitalization of a recipient shall be based on the recipient's need for semi-private accommodations and reimbursement made at the multiple occupancy rate regardless of accommodations

provided by the hospital. Special rates may be established for recipients covered by the Involuntary Treatment Act. Semi-private accommodations shall mean not less than two nor more than a four-bed room.

(8) The department covers medically necessary services provided in a hospital in connection with the care or treatment of teeth, jaws, or structures directly supporting the teeth if the procedure requires hospitalization in connection with the provision of such services. Services covered under this subsection must be furnished under the direction of a physician or dentist.

#### AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-86-080 OXYGEN SERVICE. (1) Oxygen shall be made available through contract to include regulators, humidifiers, masks and related supplies to recipients under age sixty-five in their own homes when requested by the attending physician (~~and approved by the medical consultant~~).

(2) Oxygen and related supplies may be obtained from contract supplier or other oxygen supplier at less cost for recipients in skilled nursing homes on the request of the attending physician. (~~See WAC 388-87-080 for payment process.~~)

(3) Recipients age sixty-five and over and others eligible for part B Medicare benefits who are not in a nursing home or hospital shall have oxygen and equipment for its administration available only under Medicare. Such persons are not eligible for state owned equipment.

#### AMENDATORY SECTION (Amending Order 2207, filed 2/14/85)

WAC 388-86-085 PATIENT TRANSPORTATION. (1) The department will assure the availability of necessary transportation for recipients to and from medical care services covered under the medical assistance program in accordance with the following guidelines:

(a) "Patient transportation" shall be provided only when other sources of transportation are not available.

(b) Transportation shall be provided for the least expensive available means suitable to the recipient's medical need.

(c) Transportation shall be provided only to medical care within the local community unless necessary medical care is not available locally.

(d) All nonemergent medical transportation requires prior approval.

(2) Ambulance transportation may be provided when medical necessity is clearly demonstrated and the physical condition of the recipient is such that the use of any other method of transportation is inadvisable.

~~(3) ((The following policies apply to the provision of air ambulance transportation:~~

~~(a))~~ Air ambulance transportation may be provided when:

~~((+))~~ (a) Necessary medical treatment is not available locally; and ~~((++))~~ (b) The emergent need for medical treatment and the physical condition of the recipient is such that the use of any other method of transportation is inadvisable.

~~((b) Intrastate air ambulance transportation must be approved by the local medical consultant.~~

~~(c) Out-of-state air ambulance transportation must be approved by the medical director, office of medical policy and procedure.~~)

(4) Cabulance transportation may be provided when medical necessity is clearly demonstrated and the physical condition of the recipient is such that any less specialized means of transportation is inadvisable. ~~((Approval by the local medical consultant is required.))~~

(5) Transportation by taxi may be provided ~~((only))~~ when ~~((approved by the local medical consultant))~~ medically necessary. "Taxi shared ride service" must be utilized when transportation can be scheduled at least four hours in advance and the "shared ride service" is available in the community.

(6) Transportation by private automobile other than owned by recipient is payable at rates established by the department ~~((when approved through the community service office)).~~

(7) Nonprofit organizations may provide transportation for recipients in accordance with the following guidelines:

(a) Group or shared ride service must be utilized when transportation can be scheduled in advance and when the group or shared ride service is available through the nonprofit organization.

(b) Transportation using specialized equipment, such as wheelchair(s) lifts, may be used when the medical necessity is clearly demonstrated and the physical condition of the recipient is such that any less specialized means of transportation is inadvisable.

(c) Transportation must be approved by the department.

(8) Transportation to medically necessary and covered services by private automobile owned by recipient is payable at rates established by the department under the following conditions:

(a) ~~((Prior approval must be obtained from the local community services office unless an emergency situation exists;~~

~~(b))~~ Recipient's own automobile must be the least expensive available means suitable to the recipient's medical need. Other transportation will be presumed available if the location of medical services is not more than twenty miles from the recipient's home or if public transportation is available;

~~((c))~~ (b) Transportation shall not be provided outside of the local community unless necessary medical care is not available locally, and transportation outside of the local medical community shall be to a reasonable and least costly location where providers are able and willing to provide the necessary and covered medical services.

(9) Transportation by intercity bus may be provided ~~((when approved through the local community service office)).~~

(10) ~~((The following policies apply to the provision of commercial air transportation:~~

~~(a))~~ Commercial air transportation may be provided when:

~~((i))~~ (a) Transportation is medically necessary; and  
~~((ii))~~ (b) Necessary medical treatment is not available locally; and  
~~((iii))~~ (c) The physical condition of the recipient is such that the use of any other method of transportation is inadvisable.

~~((b) Intra-state commercial air transportation requires prior approval by the local medical consultant:~~

~~(c) Out-of-state commercial air transportation requires prior approval through the local medical consultant and the medical director, office of medical policy and procedure:~~

~~((1) All patient transportation services provided to recipients of the limited casualty program—medically indigent—require approval of the local medical consultant:))~~

#### AMENDATORY SECTION (Amending Order 2159, filed 10/3/84)

WAC 388-86-090 PHYSICAL THERAPY. (1) Physical therapy, other than that provided in a hospital as part of inpatient treatment or in a nursing home as part of a nursing home treatment program, may be authorized only when such therapy:

~~((1))~~ (a) Will avoid the need for hospitalization or nursing home care, or

~~((2))~~ (b) Will assist the recipient in becoming employable, or  
~~((3))~~ (c) Is medically indicated in unusual circumstances and is requested by the attending physician ~~((and concurred with by the medical consultant)), and~~

~~((4))~~ (d) Is performed by a registered physical therapist or physiatrist ~~((and has approval by the local medical consultant)).~~

(2) Physical therapy services require prior approval.

~~((5))~~ (3) Physical therapy is not provided under the limited casualty program.

#### AMENDATORY SECTION (Amending Order 2197, filed 1/30/85)

WAC 388-86-095 PHYSICIANS' SERVICES. The department shall purchase the services of physicians participating in the program on a fee-for-service or contract basis subject to the exceptions and restrictions listed as follows.

(1) Physicians' services are provided through contract agreements for certain voluntary child care agencies and maternity homes.

(2) Cost of a physical examination is authorized only for recipients related to federal programs under the following circumstances:

(a) For admission to skilled nursing facility if within forty-eight hours of admission or change of status from a private-pay to a medic-aid-eligible patient.

(b) Given as a screening under the EPSDT program; see WAC 388-86-027.

(c) For physical examination not covered by Medicaid, see the following:

- (i) AFDC incapacity, see chapter 388-24 WAC.
- (ii) Determination of whether an individual's health will or will not permit his return to his home, see chapter 388-28 WAC.
- (iii) Request by the claimant or examiner in a fair hearing procedure, see chapter 388-08 WAC.
- (iv) Foster home placement, see chapter 388-70 WAC.
- (v) Adoptive home placement, see chapter 388-70 WAC.
- (vi) Employability for WIN program, see chapter 388-24 WAC.
- (vii) Incapacity for GAU program, see chapter 388-37 WAC.

(3) When covered services of a consultant or specialist are necessary ~~((approval need not be obtained from the medical consultant:))~~ payment shall be made in accordance with local medical bureau practices.

(a) A fee for consultation shall not be paid when the specialist subsequently performs surgery or renders treatment for which flat fees or fees-for-service accrue.

(b) On initial or subsequent visits for the purpose of establishing a diagnosis and when services of a specialist or consultant are required, payment shall be limited to not more than two such services. ~~((Any additional specialist or consultant requests shall be justified by the attending physician and approved by the medical consultant:))~~

(4) Limitations on payment for physicians' services:

(a) Payment for physicians' calls for nonemergent conditions in a skilled nursing facility or an intermediate care facility, is limited to two calls per month. Requests for payment for additional visits must be justified at the time the billing is submitted by the physician.

(b) Payment for hospital calls is limited to one call per day. This is applicable to other than flat fee care.

(c) Individual outpatient psychotherapy provided by a psychiatrist shall be limited to one hour per month or equivalent combinations. Up to a maximum of two hours psychotherapy may be authorized when justified during the first month of treatment. Subdivisions of (4)(a) and (b) of this section, also apply unless other rules take precedence. See WAC 388-86-067(1) for service provided by a contracting mental health center.

(5) All nonemergent surgical procedures require prior approval ~~((by the medical consultant))~~ unless otherwise excepted.

(6) Minor surgery and diagnostic procedures performed in a physician's office do not require prior approval.

(7) A recipient of public assistance is not required to obtain medical care in the county of his residence.

(8) For limitations on out-of-state physicians' services see WAC 388-86-115.

(9) Cataract surgery will be considered medically necessary when the following conditions exist:

(a) When vision is 20/200 in the worse eye.  
 (b) When vision is worse than 20/70, distant vision, and J-5 with +3.50, near vision, in better eye.

(c) When extenuating circumstances, such as employment requirements, need to drive, are present, the vision is worse than 20/40, distant vision, in the better eye.

(d) Other unusual circumstances ~~((when approved by medical consultant)).~~

(10) Contact lenses would be considered medically necessary for certain medical conditions of the eyes, i.e., keratoconus, recurrent corneal erosions, other medical conditions where visual acuity either cannot be corrected with spectacles or there is a true therapeutic effect, i.e., transparent bandage effect, and when suffering from high refractive errors, over +6 or over -6 diopters.

#### AMENDATORY SECTION (Amending Order 1077, filed 12/24/75)

WAC 388-86-097 RESPIRATORY THERAPY SERVICES.

(1) Respiratory therapy services including ~~((intermittent positive pressure breathing (IPPB) machines;))~~ nebulizers or other similar equipment shall be available when prescribed by a physician as necessary to permit the recipient to remain in his own home or in a skilled nursing home.

(2) Respiratory therapy services ~~((if approved;))~~ may be ~~((available))~~ provided through contract to include necessary equipment and routine visits by a respiratory therapist, by loan of state owned respiratory therapy equipment or by visit of an independent respiratory therapist.

(3) For recipients eligible for part B Medicare benefits, necessary equipment for respiratory therapy shall ~~((if approved;))~~ be purchased and made available on a loan basis.

(4) Recipients living in areas covered by contract shall have approved respiratory therapy services available only through the contract source.

#### AMENDATORY SECTION (Amending Order 1801, filed 5/5/82)

WAC 388-86-098 SPEECH THERAPY SERVICES. (1) Speech therapy may be provided for conditions which are the result of medically recognized diseases and defects if medically necessary and

otherwise covered by this program. Such conditions may include aphasia; sudden bilateral on-set of hearing loss; rapid progressive bilateral loss and post laryngectomy surgery.

(2) The following conditions apply to approval of speech therapy:

(a) The evaluation and/or treatment must have prior approval ((by the local medical consultant));

(b) The fee for service must be agreed to in advance of therapy(,);

(c) The services must be performed by a speech pathologist who has been granted the certificate of clinical competence by the American speech and hearing association, or who has completed the equivalent educational and work experience necessary for such a certificate(,);

(d) The department reserves the right to limit the number of treatments based on professional judgment. ((Sec WAC 388-87-025 (2)(p)-))

(3) Speech and language therapy is not provided under the limited casualty program.

#### AMENDATORY SECTION (Amending Order 2241, filed 6/18/85)

WAC 388-87-012 CONDITIONS OF PAYMENT—CONSULTANT'S AND SPECIALIST'S SERVICES AND FEES. (1) When services of a consultant or specialist are required, whether the patient has been referred by a physician or is being treated by the specialist as the attending physician, the prior approval ((of the medical consultant)) is not necessary. This rule applies to consultation or treatment in the home, office, or medical institution.

(2) A copy of the consultation report may be requested.

(3) When a specialist treats a patient for minor conditions or for chronic conditions of long duration, the fee for initial and subsequent office calls is reimbursed at the department rate.

(4) Consultant's fees shall not be paid when the consulting physician specialist or other provider subsequently performs surgery or renders treatment for which flat fees are applicable, see WAC 388-86-095.

(5) If more than one specialist is called in to examine a patient during a spell of illness, billings are subject to review.

(6) ((Payment for a)) Psychological evaluation ((requires prior approval of the local medical consultant)) is provided in connection with medical diagnosis and treatment. Treatment by a psychologist is not provided.

#### AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-87-080 PAYMENT—OXYGEN. ((The initial request)) Payment shall be made by the department for medically necessary oxygen and related supplies ((originating with the attending physician for recipients in their own home requires approval from the medical consultant. Approval is not required for recipients in a nursing home. Repeat deliveries to recipients in their own home do not require approval)) according to WAC 388-86-080.

#### AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-87-025 SERVICES REQUIRING APPROVAL ((OF MEDICAL CONSULTANT)). ((1) Certain)) All services to recipients on medical assistance, limited casualty program, and continuing general assistance ((require)) are subject to review and approval.

((2) All surgical procedures require approval by the local medical consultant—see WAC 388-86-095 and 388-86-110. Only the surgeon need obtain written approval for surgery. The services of the surgical assistant and the anesthesiologist or anesthetist do not require approval. Their billings for payment, however, must show the patient's diagnosis and a cross-reference to the surgeon.

(3) Requests for allergy testing shall be submitted on appropriate state form for prior approval by the local medical consultant. The extent of service to be provided shall be indicated. In the event an independent laboratory bills for the allergy testings, the requesting physician shall send the approved state form to the laboratory as the billing authority.

(4) Drugs not listed in the department's formulary or any single prescription exceeding the maximum limit established—see WAC 388-91-020.

(5) Admission to a hospital—see WAC 388-87-070 and 388-86-050.

(6) Initial provision of oxygen service for a recipient under sixty-five years of age in his own home. Repeat deliveries of oxygen for the same illness do not require medical consultant approval—see WAC 388-86-080 and 388-87-080.

(7) Approval of physical therapy on an outpatient basis or in a nursing home when prescribed by the attending physician—see WAC 388-86-090.

(8) For certain bordering cities and out-of-state medical care—see WAC 388-82-030 and 388-86-115.

(9) For consultant or specialist referral when such referrals exceed two such consultants or specialists—see WAC 388-86-095.

(10) Respiratory therapy in excess of five treatments requires approval.

(11) Speech therapy requires an initial evaluation; both the evaluation and subsequent therapy require prior approval—see WAC 388-86-098.

(12) Psychological evaluation requires prior approval and is provided in connection with medical diagnosis and treatment (see WAC 388-87-012).

(13) For certain patient transportation. See WAC 388-86-085.)

#### AMENDATORY SECTION (Amending Order 1923, filed 12/15/82)

WAC 388-87-027 SERVICES REQUIRING PRIOR APPROVAL ((BY STATE OFFICE)). (1) The following services ((requiring approval of the local medical consultant shall also receive)) require prior approval ((of the office of the medical director)):

(a) Nonemergent surgical procedures—see WAC 388-86-095;

(b) Prosthetic devices and durable medical equipment and nonreusable medical equipment ((costing more than one thousand dollars))—see WAC 388-86-100;

(c) All out-of-state air transportation;

(d) Allergy testing;

(e) Apnea monitoring;

(f) Drugs not listed in the departmental formulary or any single prescription exceeding the maximum limits established—see WAC 388-91-020;

(g) Home ventilator therapy;

(h) Medical eye care services;

(i) Nonemergent hospital admissions—see WAC 388-86-050 and 388-87-070;

(j) Nonemergent medical transportation—see WAC 388-86-085;

(k) Orthodontic treatment—see WAC 388-86-027;

(l) Out-of-state medical care which is not available within Washington state;

(m) Physical medicine, rehabilitation and treatment—see WAC 388-86-112;

(n) Physical therapy services—see WAC 388-86-070;

(o) Private duty nursing services—see WAC 388-86-071;

(p) Speech therapy, both the initial evaluation and subsequent therapy—see WAC 388-86-098;

(q) Total parenteral/enteral nutritional therapy.

(2) ((With the exception of prosthetic devices and major appliances, subsection (1) of this section, does not apply to CSOs or regions which have full-time medical consultants who are authorized to give approval.

(3)) The division of medical ((director or designee)) assistance may approve where there are significant handicapping factors:

(a) The purchase of a hearing aid when the 50 decibel loss in the better ear is not met; or

(b) A second hearing aid and/or a replacement.

((4) Private duty nursing services require prior approval of the office of the medical director.) (3) On an exception basis approval may be granted, for services listed in this section, after the service(s) has been rendered.

#### AMENDATORY SECTION (Amending Order 2268, filed 8/15/85)

WAC 388-100-035 SCOPE OF CARE FOR MEDICALLY INDIGENT. (1) The medical coverage under the limited casualty program—medically indigent shall be available to an eligible individual for treatment of acute and emergent conditions only. Services available are limited to the following: Inpatient hospital services; outpatient hospital and rural health clinic services; physical medicine and rehabilitation services; physician and clinic services; prescribed drugs; dentures; prosthetic devices; eyeglasses, SNF, ICF, ICF/MR; home health services; laboratory and x-ray services; and medically necessary transportation.

(2) Payment by the department will not be made until expenses are incurred by the recipient equal to the deductible amount.

(3) ((All services require the approval of the medical consultant.

(4)) The deductible in WAC 388-100-030 does not apply for treatment under the Involuntary Treatment Act (ITA). When any

other medical need is identified for recipients undergoing treatment under the Involuntary Treatment Act the requirements for the deductible shall apply to the services other than ITA.

((5)) (4) When an applicant indicates that an urgent undefined medical illness exists, the condition will be regarded as acute and emergent and one office visit for diagnosis may be allowed, provided all financial eligibility criteria have been met. Treatment will be contingent upon the criteria for acute and emergent having also been met.

((6)) (5) For other conditions and limitations under which these services may be provided refer to appropriate service in chapter 388-86 WAC.

((7)) (6) No out-of-state care is provided except in the designated bordering cities.

**WSR 85-22-028**

**PROPOSED RULES**

**PUBLIC DISCLOSURE COMMISSION**

[Filed October 31, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Public Disclosure Commission intends to adopt, amend, or repeal rules concerning Hearing to modify reporting—Prehearing procedure and requirements, amending WAC 390-28-040;

that the agency will at 9 a.m., Tuesday, November 19, 1985, in the 2nd Floor Conference Room, Evergreen Plaza Building, 711 Capitol Way, Olympia, WA, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on November 19, 1985.

The authority under which these rules are proposed is RCW 42.17.370(1).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 19, 1985.

This notice is connected to and continues the matter in Notice No. WSR 85-18-034 filed with the code reviser's office on August 28, 1985.

Dated: October 29, 1985

By: Graham E. Johnson  
Executive Director

**WSR 85-22-029**

**ADOPTED RULES**

**PUBLIC DISCLOSURE COMMISSION**

[Order 85-04—Filed October 31, 1985]

Be it resolved by the Public Disclosure Commission, acting at 403 Evergreen Plaza Building, FJ-42, Olympia, WA 98504-3342, that it does adopt the annexed rules relating to:

- Amd WAC 390-28-020 Definition—Applicant.
- Amd WAC 390-28-025 Hearing to modify reporting requirements.
- Amd WAC 390-28-050 Hearing to modify reporting—Alternate forms.
- Amd WAC 390-28-060 Hearing to modify reporting—Administrative law judge proceedings.
- Amd WAC 390-28-070 Hearing to modify reporting—By affidavit or sworn statement.

- Amd WAC 390-28-080 Hearing to modify reporting—Evidence, record adverse decisions.
- Amd WAC 390-28-090 Hearing to modify reporting—Required findings.
- Amd WAC 390-28-100 Reporting modifications—Possible qualifications.
- Amd WAC 390-32-010 Fair campaign practices code for candidates and political committees.
- Amd WAC 390-32-020 Filing—Fair campaign practices code.
- Amd WAC 390-32-030 Complaints—Fair campaign practices code.
- Rep WAC 390-28-010 Statement of policy.
- Rep WAC 390-28-021 Definition—Hearing officer.
- Rep WAC 390-28-030 Hearing to modify reporting—Form—Right to by applicant.
- Rep WAC 390-32-040 Fair campaign practices code for statewide ballot issues.

This action is taken pursuant to Notice No. WSR 85-18-034 filed with the code reviser on August 28, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 42.17.370(1) and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 22, 1985.

By Graham E. Johnson  
Executive Director

AMENDATORY SECTION (Amending Order 62, filed 8/26/75)

WAC 390-28-020 DEFINITION—APPLICANT. The term applicant for the purposes of chapter 390-28 WAC shall mean any ~~((individual, group, association or other entity))~~ person as defined in RCW 42.17.020(21) that seeks a((n exemption)) modification pursuant to RCW 42.17.370(9) and these ((regulations)) rules.

AMENDATORY SECTION (Amending Order 62, filed 8/26/75)

WAC 390-28-025 HEARING TO MODIFY REPORTING REQUIREMENTS. (1) Any ~~((elected official or candidate or other))~~ person who considers compliance with any of the reporting requirements of chapter 42.17 RCW to be a manifestly unreasonable hardship in ~~((his))~~ a particular case may apply for ~~((an exemption from))~~ a modification of such reporting requirements pursuant to RCW 42.17.370(9) and further pursuant to these ((regulations)) rules.

AMENDATORY SECTION (Amending Order 62, filed 8/26/75)

WAC 390-28-050 HEARING TO MODIFY REPORTING—ALTERNATE FORMS. ~~((a) An applicant pursuant to time application made according to these regulations shall have the right to a hearing before a majority of the members of the public disclosure commission. Such hearing shall be conducted pursuant to~~

~~chapter 34.04 RCW, applicable regulations found in chapters 1-08 and 390-28 WAC.) (1) The commission shall hear the request unless it chooses to have it heard by an administrative law judge.~~

~~((b)) (2) The applicant may ((choose)) ask to ((be)) have the request heard by an ((hearing examiner)) administrative law judge ((in lieu of a hearing by the commission as a body. Such hearing shall be conducted pursuant to chapter 34.04 RCW. Procedure shall be controlled by chapter 1-08 WAC, except to the extent that chapter 390-28 WAC shall be in conflict with chapter 1-08 WAC)).~~

AMENDATORY SECTION (Amending Order 67, filed 1/16/76)

WAC 390-28-060 HEARING TO MODIFY REPORTING—~~((PROCEDURES))~~ ADMINISTRATIVE LAW JUDGE PROCEEDINGS. (1) The commission ~~((shall appoint))~~ may request through the Office of Administrative Hearings the appointment of an administrative law judge ~~((hearing officers))~~ to hear individual applicants. ~~((It shall be the duty of the hearing officer to conduct hearings on assigned cases in an impartial and orderly manner. The hearing officer shall have the authority, subject to other provisions of the law or regulations;~~

~~(a) To administer oaths and affirmations;~~

~~(b) To rule on all procedural matters, objections, and motions;~~

~~(c) To rule on offers of proof and receive relevant evidence;~~

~~(d) To interrogate applicants and witnesses in an impartial manner to develop any facts deemed necessary to fairly and adequately decide the issues;~~

~~(e) To recess or adjourn hearings, or to refer the application to the entire commission.))~~

(2) After such hearing is concluded, the ~~((hearing officer))~~ administrative law judge shall prepare and distribute to the applicant and each commissioner a proposed decision determining the issue. The applicant shall have five days to file with the commission specific objections to the ~~((hearing officer's))~~ administrative law judge's proposed decision and to request an opportunity to present additional evidence to the commission. When written objections are timely filed, the commission, at the time of review and ratification, shall consider the whole record or such portions as may be cited by the ~~((hearing examiner))~~ administrative law judge, applicant or executive director. The commission may also hear additional testimony.

(3) If the applicant files objections to the ~~((hearing officer's))~~ administrative law judge's proposed decision, the filing requirement from which the applicant has sought ~~((exemption))~~ modification shall not be suspended unless the commission, upon notice of the filing of objections, determines that a temporary suspension is justifiable pursuant to the criteria set out in RCW 42.17.370(9). Such suspension of filing requirements shall be granted only until the decision is finalized by formal action of the commission.

(4) At the next ~~((regular or special))~~ meeting at which the matter can be lawfully considered ~~((by the~~

~~commission under these regulations)), the commission shall review and either ratify or modify or revise the proposed order ((Provided, That if the commission's order on review is adverse to the applicant, the proceedings shall be governed by RCW 34.04.110)).~~

AMENDATORY SECTION (Amending Order 64, filed 11/25/75)

WAC 390-28-070 HEARING TO MODIFY REPORTING—BY AFFIDAVIT OR SWORN STATEMENT. (1) An applicant may choose to waive a ~~((n))~~ personal appearance at a hearing conducted pursuant to chapter 390-28 WAC. ~~((The applicant may request a hearing before the entire commission or before a hearing officer as established by this chapter.~~

~~(2))~~ In the event that an applicant chooses to waive such appearance, ~~((he))~~ that person shall submit ~~((to the commission, or its designee,))~~ a written, sworn statement setting out in detail the rationale for requesting ~~((exemption))~~ modification or suspension.

(2) ~~((3))~~ The commission, or ~~((its designee))~~ the administrative law judge, shall proceed to decide the application in the same manner as if an appearance were made: Provided, That in the event the commission or ~~((its designee))~~ the administrative law judge is not able to reach a conclusion on the ~~((application))~~ request because of an insufficiency of the evidence, it may adjourn the hearing for the purposes of gathering further evidence, or it may deny the application. ~~((Temporary suspension of reporting requirements may be granted as provided in WAC 390-28-060(3).))~~

AMENDATORY SECTION (Amending Order 62, filed 8/26/75)

WAC 390-28-080 HEARING TO MODIFY REPORTING—EVIDENCE, RECORD, ADVERSE DECISIONS. (1) ~~((The commission, or its designee shall be guided in its deliberations by WAC 390-28-090 and 390-28-100, setting out required findings and prima facie qualifications, RCW 42.17.370(9), and the past proceedings of the commission.~~

(2)) All evidence presented at hearings of the commission held pursuant to chapter 390-28 WAC and RCW 42.17.370(9) shall be considered to be a public record: Provided, That the commission may close the hearing and hold an executive session ~~((pursuant to RCW 42.30.140))~~ if it finds that ~~((an executive session))~~ it is necessary to allow the applicant to provide ~~((enough))~~ sufficient evidence to assure that proper findings are made. All evidence presented at any portion of a ~~((meeting))~~ hearing held in executive session identifying the matters for which the applicant requests ~~((exemption))~~ modification under these ~~((regulations))~~ rules shall be considered and held confidential by the commission unless otherwise ordered by a court of competent jurisdiction ~~((Provided, That evidence presented at a public hearing shall not be considered confidential)).~~ In the event that an ~~((hearing examiner))~~ administrative law judge determines that ~~((an executive session))~~ testimony in private may be necessary, ~~((he))~~ the judge shall immediately adjourn the hearing and ~~((certify the~~

~~cause))~~ refer the matter to the commission (~~(for hearing))~~.

(2) ~~((3))~~ Any decision or order adverse to an applicant rendered by the commission or ~~((its designee))~~ administrative law judge shall be in writing or stated in the record and shall be accompanied by findings of fact and conclusions of law.

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

AMENDATORY SECTION (Amending Order 62, filed 8/26/75)

WAC 390-28-090 HEARING TO MODIFY REPORTING—REQUIRED FINDINGS. The commission, after hearing as provided in these ~~((regulations))~~ rules, may suspend the applicable reporting requirement of chapter 42.17 RCW if it finds that the literal application of such requirement works a manifestly unreasonable hardship in the case under consideration and if it also finds that such suspension or modification will not frustrate the purposes of the act. The commission shall suspend or modify such reporting requirement or requirements only to the extent necessary to substantially relieve such hardship, and only upon clear and convincing proof to support such claim.

AMENDATORY SECTION (Amending Order 80-02, filed 1/24/80)

WAC 390-28-100 REPORTING MODIFICATIONS—POSSIBLE QUALIFICATIONS. The following, or any of them, may be considered possible qualifications for a reporting modification: ~~((under RCW 42.17.370(9) pursuant to these regulations.))~~

(a) Reporting any financial interest, otherwise required to be reported by RCW ~~((42.17.240))~~ 42.17.241 (1)(b) of said act, if the financial institution or other entity in which the candidate or official having such interest does not engage in business in the state of Washington, or is not regulated in whole or in part by the office sought or held by such candidate or elected official, and provided that such reporting would present actual difficulties to the candidate or official and the interest in question would present no actual or potential conflict with the proper performance of the duties of the office sought or held, in the public interest.

(b) Reporting any of the information required by RCW ~~((42.17.240))~~ 42.17.241 (1)(f) and (g), if public disclosure would violate any legally recognizable confidential relationship: Provided, The information in question does not relate to a business entity which would be subject to the regulatory authority of the office sought or held by such candidate or elected official in whole or in part: And provided further, That such reporting would present actual difficulties to the candidate or official and the interest in question would present no actual or potential conflict with the performance of the duties of the office sought or held, in the public interest.

(c) Reporting any of the information required by RCW ~~((42.17.240))~~ 42.17.241 for members of the immediate family of a candidate or elected official, if such

information relates to a financial interest held by such member under a bona fide separate property agreement, or other bona fide separate status and such financial interest does not constitute a present or prospective source of income to such candidate or elected official or to any other person who is dependent upon such candidate or elected official for support in whole or in part.

(d) Reporting any other matter which would constitute an unreasonable hardship in a given case, when the matter reported would not indicate any actual or potential conflict with the proper performance of the duties of the office sought or held in the public interest.

AMENDATORY SECTION (Amending Order 93, filed 8/26/77)

WAC 390-32-010 FAIR CAMPAIGN PRACTICES CODE FOR CANDIDATES AND ~~((LOCAL BALLOT ISSUES))~~ POLITICAL COMMITTEES. Pursuant to the provisions of RCW 42.17.370 (1) and (6) the public disclosure commission adopts this Fair Campaign Practices Code:

(1) I shall conduct my campaign, and to the extent reasonably possible shall insist that my supporters conduct themselves, in a manner consistent with the best American tradition, discussing the issues and presenting my record and policies with sincerity and candor.

(2) I shall uphold the right of every qualified voter to free and equal participation in the election process.

(3) I shall not participate in, and I shall condemn, personal vilification, defamation, and other attacks on any opposing candidate or party which I do not believe to be truthful, provable, and relevant to my campaign.

(4) I shall not use or authorize, and I shall condemn material relating to my campaign which falsifies, misrepresents, or distorts the facts, including but not limited to malicious or unfounded accusations creating or exploiting doubts as to the morality, patriotism or motivations of any party or candidate.

(5) I shall not appeal to, and I shall condemn appeals to, prejudices based on race, creed, sex or national origin.

(6) I shall not practice, and I shall condemn practices, which tend to corrupt or undermine the system of free election or which hamper or prevent the free expression of the will of the voters.

(7) I shall promptly and publicly repudiate the support of any individual or group which resorts, on behalf of my candidacy or in opposition to that of my opponent(s) to methods in violation of the letter or spirit of this code.

(8) I shall refrain from any misuse of the Public Disclosure Law, chapter 42.17 RCW to gain political advantage for myself or any other candidate.

AMENDATORY SECTION (Amending Order 93, filed 8/26/77)

WAC 390-32-020 FILING—FAIR CAMPAIGN PRACTICES CODE. (1) A copy of the code provided in WAC 390-32-010 ~~((and WAC 390-32-040))~~ shall

be printed in appropriate campaign reporting instructions made available to candidates and political committees.

(2) The PDC Form C-1 registration statement for candidates and political committees shall contain a section wherein the candidate or committee treasurer may indicate ~~((his))~~ an intent to either voluntarily subscribe to the code or not to subscribe to all or a part of the code.

(3) Neither failure to subscribe to the code nor to complete that section of the C-1 registration statement pertaining to the code shall constitute a violation of chapter 42.17 RCW.

**AMENDATORY SECTION** (Amending Order 93, filed 8/26/77)

WAC 390-32-030 COMPLAINTS—FAIR CAMPAIGN PRACTICES CODE. (1) Written and signed complaints alleging a violation of one or more specific provisions of the Fair Campaign Practices Code for candidates and ~~((local ballot issues))~~ political committees (WAC 390-32-010) ~~((or the Fair Campaign Practices Code for state-wide ballot issues (WAC 390-32-040)))~~ may be submitted to the public disclosure commission by any person.

(2) Upon receipt of a complaint, the ~~((commission administrator))~~ executive director shall forward a copy of the complaint to the complainee within 24 hours, accompanied by a request for a response to the complaint returned within 5 days from the date of mailing.

(3) Upon receipt of the complainee's response, the ~~((commission administrator))~~ executive director shall forward a copy to the complainant. A copy of the complaint and the response shall be sent to news media. The complaint and the response shall be available at the commission office for public inspection and copying. If the complainee does not respond within 5 days, the complaint shall be made public without a response.

(4) The commission will make no attempt to secure a reply to and will make no public release of complaints received within 8 days of an election.

(5) The commission will not issue comments or opinions about complaints or responses.

(6) In the absence of any contrary intention as expressed by the complainant, the filing of a complaint with the commission constitutes implied consent to have the complainant's identity disclosed.

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

- WAC 390-28-010 Statement of policy
- WAC 390-28-021 Definition—Hearing officer
- WAC 390-28-030 Hearing to modify reporting—Form—Right to by applicants
- WAC 390-32-040 Fair Campaign Practices Code for state-wide ballot issues

**WSR 85-22-030**

**PROPOSED RULES**

**PUBLIC DISCLOSURE COMMISSION**

[Filed October 31, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Public Disclosure Commission intends to adopt, amend, or repeal rules concerning:

New	WAC 390-16-221	Tangible property—Definition.
Amd	ch. 390-16 WAC	Forms for report of campaign finance.
Amd	ch. 390-37 WAC	Enforcement procedures.
Rep	WAC 390-16-061	Campaign financing—Special reports.
Rep	WAC 390-16-110	Abbreviated campaign reporting—Ballot propositions.
Rep	WAC 390-16-220	Surplus campaign funds—Disposition.
Rep	WAC 390-16-225	Surplus campaign funds—Disposition;

that the agency will at 9 a.m., Tuesday, January 28, 1986, in the 2nd Floor Conference Room, Evergreen Plaza Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on January 28, 1986.

The authority under which these rules are proposed is RCW 42.17.370(1).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before January 28, 1986.

Dated: October 30, 1985

By: Graham E. Johnson  
Executive Director

**STATEMENT OF PURPOSE**

Title: Chapter 390-16 WAC.

Description of Purpose: Adopts campaign finance reporting requirements.

Statutory Authority: RCW 42.17.370(1).

Summary of Rules: Campaign finance reporting requirements.

Reasons Supporting Proposed Action: Rules need clarifying.

Title: Chapter 390-37 WAC.

Description of Purpose: Enforcement procedures.

Statutory Authority: RCW 42.17.370(1).

Summary of Rules: Adopts enforcement procedures.

Reasons Supporting Proposed Action: Rules need updating.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Graham E. Johnson, Executive Director.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Public Disclosure Commission.

Agency Comments or Recommendations Regarding Statutory Language, Implementation, Enforcement, Fiscal Matters: None.

Whether Rules are Necessary as Result of Federal Law or Federal or State Court Action: N/A.

NEW SECTION

## WAC 390-16-221 TANGIBLE PROPERTY—DEFINITION.

(1) All contributions received by a political committee or candidate are subject to the requirements of RCW 42.17.095 and 42.17.125 whether or not the committee converts the contribution to a different form, e.g., the purchase of tangible property from monetary contributions.

(2) For the purpose of this rule, tangible property includes but is not limited to real property and improvements thereto; furniture, office desks, file cabinets, tables and machines, vehicles, printing and duplicating equipment, and computer hardware and software.

AMENDATORY SECTION (Amending Order 82-03, filed 5/10/82)

WAC 390-16-011 FORMS—REGISTRATION STATEMENT FOR CANDIDATES AND POLITICAL COMMITTEES. (~~Pursuant to the statutory authority of RCW 42.17.360(1);~~) The official form for providing statement of organization by political committees

(~~as required by RCW 42.17.040;~~) for designating campaign treasurer and depository (~~as required by RCW 42.17.050;~~) and for reporting information required to qualify for mini campaign finance reporting or abbreviated campaign finance reporting (~~as permitted by RCW 42.17.370(7) and WAC 390-16-115, 390-16-120 or 390-16-150 is hereby adopted for use in reporting to the public disclosure commission. This form, revised 6/82 shall be~~) is designated (~~as~~) "C-1", revised 1/86. Copies of this form (~~may be obtained~~) are available at the commission office, Room 403, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.

REGISTRATION CANDIDATES AND POLITICAL COMMITTEES

C1 PDC Form C-1 PM Date Recv. Date

1. Candidate or Committee Name (Do Not Abbreviate. Include Candidate's Full Name) Address City County Zip

2. Purpose of Committee Office Sought: District, County or City Position No. Candidate's Committee Political Party, Central Committee, District Club, etc. Ballot Committee (Initiative, Bond, Levy, Recall, etc.) Political Action Committee. Other.

3. Political Party (if partisan office or committee) 4. Date of General or Special Election 5. Is committee a continuing organization? (more than one election)

6. REPORTING SYSTEM TO BE USED. CHOOSE ONE. If no boxes checked, you are obligated to use Option III, Full Reporting. Option I MINI REPORTING Option II ABBREVIATED REPORTING Option III FULL REPORTING

7. Committee Treasurers Name. (Candidate may be treasurer.) (List deputy treasurers on attached sheet.) Daytime Phone no. Address City State Zip

8. Committee's Principal Officers. List name, address and title.

9. Campaign Bank or Depository. (See instructions for additional bank or accounts.) Account Number or Name Address or Branch City State Zip

10. Related or affiliated committees. List name, address and relationship.

11. Place where campaign records are open for public inspection last eight days before election. (Two hours daily between 8 AM - 8 PM, Monday - Friday.) Street Address (Do not use a Post Office Box Number) Hours

12. Statement as to distribution of any surplus campaign funds after the campaign or in the event of dissolution of committee. (Distribution must be reported as an expenditure on C-4 report.) Return to contributors Donate to registered charity Hold for future election campaign Give to other candidates or committee Reimburse candidate for loans or lost earnings (substantiation must accompany C-4 which reports payment.) Donate to State General Fund Other; Specify:

13. Fair campaign practices. I have read the Code of Fair Campaign Practices. I (We) will voluntarily comply with the principles of the Code. I (We) do not choose to subscribe to some or all of the provisions of the Code.

14. CERTIFICATE: I certify that the above information is true, complete and correct. Candidate's Signature Date Committee Treasurer's Signature Date

**PUBLIC DISCLOSURE COMMISSION**  
 403 EVERGREEN PLAZA—FJ-42  
 OLYMPIA, WASHINGTON 98504  
 PHONE: 206-753-1111

PDC FORM <b>C-1</b> REV. 6/82	<b>REGISTRATION STATEMENT                  FOR CANDIDATES AND                  POLITICAL COMMITTEES</b>
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**INSTRUCTIONS**

*Please consult PDC instruction booklets or RCW 42.17 and WAC 390-16 when completing this report. If you have questions, call or write PDC (telephone 206-753-1111).*

**WHO MUST REPORT**

Candidates who run for office where there are 5,000 or more registered voters or the office includes an entire county. Political committees which support or oppose those candidates. Committees which support or oppose a statewide ballot proposition or a ballot proposition in any town or district with 1000 or more registered voters must report.

**WHEN TO REPORT**

**Starting registration**

When becoming a candidate, forming a committee, filing a ballot proposition. If you expect to receive contributions or make expenditures, publicly announce a candidacy, file for office, or reserve space or facilities you must report.

Within 2 weeks

**When changes to original C-1 occur**

Within 10 days

**Continuing committees using abbreviated reporting.**

Each January  
in addition to above

**WHERE TO REPORT**

**Send original to:**

Public Disclosure Commission  
 403 Evergreen Plaza  
 Olympia, WA 98504

**Send copies to:**

County Elections Dept. (or County Auditor)  
 Candidates—County where candidate lives  
 Committees—County where headquarters is located

**REPORTING OPTIONS:**

**Option I. (MINI)** Used by candidates who anticipate a small campaign spending no more than \$200 plus any filing fee for the office. The expenditure limit includes money spent by the candidate from personal funds. No one except the candidate may contribute more than \$100 to a campaign using mini reporting.

**Option II. (ABBREVIATED)** Used by candidates or committees who will spend no more than \$1,000 during a campaign or calendar year. The \$1,000 maximum includes the candidates own expenditures. No contribution may be over \$100 except a candidates own funds.

**Option III. (FULL)** Larger campaigns and committees report in detail contributions and expenses. There are no dollar limits on contributions or expenditures.

*See instruction booklets for a full explanation of all reports required with each option.*

**OTHER REPORTS:**

F-1 (financial affairs statement) Candidates file this report within two weeks of candidacy.

C-3 and C-3A (bank deposits) used with FULL reporting only.

C-4 (summary of total contributions and expenditures) Not used with MINI reporting. See PDC instruction booklets for times required with ABBREVIATED and FULL Reporting.

**FAIR CAMPAIGN PRACTICES CODE**

This is a voluntary code adopted by PDC to guide candidates and committees concerning fair campaign practices. You are urged to subscribe to and abide by these ethical standards. The codes are printed in PDC instruction booklets.



REGISTRATION; CANDIDATES AND POLITICAL COMMITTEES

Candidate or Committee Name (Do Not Abbreviate. Include Candidate's Full Name)

C1

P M Date

Recv. Date

PROFESSIONAL DISBURSE

Address

City

County

Zip

2. Purpose of Committee

Office Sought:

District, County or City

Position No.

Candidate's Committee

Political Party, Central Committee, District Club, etc. Are you supporting entire party ticket? YES NO If no, attach a list of candidates you support

Ballot Committee (Initiative, Bond, Levy, Recall, etc.) Name or description of ballot measure: Ballot Number FOR AGAINST

Political Action Committee. If committee is associated with a business, association, labor union, or similar organization, list name:

Other. Explain on attached sheet.

3. Political Party (if partisan office or committee)

4. Date of General or Special Election

5. Is committee a continuing organization? (more than one election) YES NO

6. REPORTING SYSTEM TO BE USED. CHOOSE ONE. If no box is checked, you are obligated to use Option III, Full Reporting.

- Option I MINI REPORTING (For candidates only—Not available to political committees) I will limit contributions or expenditures during this campaign to my filing fee of \$... plus no more than \$500 which includes charges for the voters pamphlet. I will accept no contribution over \$200 from any single source.
Option II ABBREVIATED REPORTING (For candidates and political committees). I (this committee) will use the Abbreviated Reporting System. I (we) will limit aggregate contributions and aggregate expenditures to \$2000 and will accept no contribution over \$200 from a single source except from the candidate's personal funds.
Option III FULL REPORTING (For candidates and political committees). I (this committee) will use the Full Reporting System.

7. Committee Treasurers Name. (Candidate may be treasurer.) (List deputy treasurers on attached sheet.)

Daytime Phone no.

Address

City

State

Zip

8. Committee's Principal Officers. List name, address and title.

9. Campaign Bank or Depository. (See instructions for additional bank or accounts.)

Account Number or Name

Address or Branch

City

State

Zip

10. Related or affiliated committees. List name, address and relationship.

11. Place where campaign records are open for public inspection last eight days before election. (Two hours daily between 8 AM - 8 PM, Monday - Friday.) Street Address (Do not use a Post Office Box Number) Hours

12. Statement as to distribution of any surplus campaign funds after the campaign or in the event of dissolution of committee.

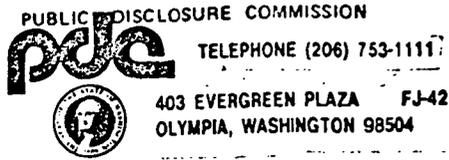
(Distribution must be reported as an expenditure on C-4 report.)

- Return to contributors
Donate to registered charity
Hold for future election campaign
Give to other candidates or committee
Reimburse candidate for loans or lost earnings (substantiation must accompany C-4 which reports payment.)
Donate to State General Fund
Other; Specify:

13. Fair Campaign Practices: All candidates and committee officers are encouraged to subscribe to the Code of Fair Campaign Practices printed in in campaign instruction booklets. Use of the fair campaign seal in political advertising shows your intent to subscribe to the Code.



SIGNATURE BLOCK IS UNDER



PDC FORM <b>C-1</b> REV 1/86	REGISTRATION FOR CANDIDATES AND POLITICAL COMMITTEES
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**INSTRUCTIONS**

Please consult PDC instruction booklets or RCW 42.17 and WAC 390-16 when completing this report.

**WHO MUST REPORT** *in a district or city which has* *or district*  
 Candidates who run for office *5,000 or more registered voters* or the office includes an entire county. Political committees which support or oppose those candidates. Committees which support or oppose a statewide ballot proposition or a ballot proposition in any town or district with 1000 or more registered voters must report.

**WHEN TO REPORT**  
 Starting registration ..... Within 2 weeks  
 When becoming a candidate, forming a committee, filing a ballot proposition. If you expect to receive contributions or make expenditures, publicly announce a candidacy, file for office, or reserve space or facilities you must report.

When change to original C-1 occur ..... Within 10 days  
 Continuing committees using abbreviated reporting... Each January in addition to above

**WHERE TO REPORT**  
 Send original to: Public Disclosure Commission  
 403 Evergreen Plaza  
 Olympia, WA 98504  
 Send copies to: County Elections Dept. (or County Auditor)  
 Candidates—County where candidate lives  
 Committees—County where headquarters is located

**REPORTING OPTIONS:**  
 Option I. (MINI) Used by candidates who anticipate a small campaign, spending no more than \$500 plus any filing fee for the office. The expenditure limit includes money spent by the candidate from personal funds. No one except the candidate may contribute more than \$200 to a campaign using mini reporting.  
 Option II. (ABBREVIATED) Used by candidates or committees who will spend no more than \$2000 during a campaign or calendar year. The \$2000 maximum includes the candidates own expenditures. No contribution may be over \$200 except a candidates own funds.  
 Option III. (FULL) Larger campaigns and committees report in detail contributions and expenses. There are no dollar limits on contributions or expenditures.  
 See instruction booklets for a full explanation of all reports required with each option.

**OTHER REPORTS:**  
 F-1 *(conflict of interest statement)* Candidates file this report within two weeks of candidacy.  
 C-3 and C-3A (bank deposits) used with FULL reporting only.  
 C-4 (summary of total contributions and expenditures) Not used with MINI reporting. See PDC instruction booklets for times required with ABBREVIATED and FULL Reporting.

**FAIR CAMPAIGN PRACTICES CODE**  
 This is a voluntary code adopted by PDC to guide candidates and committees concerning fair campaign practices. You are urged to subscribe to and abide by these ethical standards. The codes are printed in PDC instruction booklets.

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

AMENDATORY SECTION (Amending Order 84-01, filed 2/10/84)

WAC 390-16-031 FORMS FOR STATEMENT OF CONTRIBUTIONS DEPOSIT. (~~Pursuant to the statutory authority of RCW~~

~~42.17.360(1);) The official form for statement of contributions deposit ((as required by RCW 42.17.080(3) and 42.17.090 is hereby adopted for use in reporting to the public disclosure commission. This form, revised 8/83, shall be)) is designated ((as)) "C-3", revised 1/86. Copies of this form ((may be obtained)) are available at the commission office, Room 403, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.~~

CC

**BANK DEPOSITS AND CASH RECEIPTS**

Please type or print clearly in ink.

**C3**

P P M Date

D  
O  
C  
O  
F  
F  
I  
C  
E  
  
U  
S  
E

Candidate or committee name (Do not abbreviate. Use candidate's full name.)

Address

Recv. Date

City

County

Zip

**1. MONETARY CONTRIBUTIONS DEPOSITED IN ACCOUNT**

Date Received

Amount

Total contributions by this person during campaign or year

Anonymous or unidentified.....

Candidate's personal funds.....

Small contributions not itemized and (optional) number of persons giving..... (persons)

Contributions and transfers from other candidates. Attach Schedule T.....

Contributor's Name  
Contributions \$25 or more (itemize)

Address, City, Zip

Amount from attached pages

Sub-total

Check here if additional pages are attached

**2. LOANS, NOTES OR SECURITY AGREEMENTS RECEIVED**

Enter total amount here and on attached page show the date of the agreement, creditor's name and address, the person or persons liable, and the nature of the agreement (e.g., interest, repayment terms.)

**3. MISCELLANEOUS CASH RECEIPTS (INTEREST, REFUNDS, OTHER)**

Enter total amount here and on attached page show the date of receipt, source of the money, address, and an explanation of the receipt.

**4. TOTAL FUNDS RECEIVED AND DEPOSITED OR CREDITED TO ACCOUNT**

Sum of parts 1, 2 and 3 above. Enter this amount in line 1, Schedule A to C4.

This report includes contributions deposited

on

(date)

in

(name of bank)

CERTIFICATE: I certify that the information herein is true, correct and complete.

Treasurer's Signature

Date

- 1 -

**PUBLIC DISCLOSURE COMMISSION**  
403 EVERGREEN PLAZA—FJ-42  
OLYMPIA, WASHINGTON 98504  
PHONE: 206-753-1111

PDC FORM <b>C-3</b> REV 8/82	<b>BANK DEPOSITS AND CASH RECEIPTS</b>
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**INSTRUCTIONS**

**GENERAL INSTRUCTIONS**

1. All contributions must be deposited in the campaign bank account.
2. Anonymous contributions (or those for which you do not have the contributors name and address) are limited to the larger of \$300 or 1% of the total contributions in a calendar year. This restriction does not apply to funds raised through retail sales or gambling activities and reported on PDC form C-3A.
3. A candidate's contributions or loans to the campaign are reported on C-3 form. Out of pocket expenditures are shown on C-4 Schedule B.
4. Contributions less than \$25 need not be itemized if you keep the contributors name and address on a separate, private list in your campaign records. Any person who contributes a total of \$25 or more during the campaign must be itemized.

**WHO MUST REPORT**

Treasurer of each candidate or committee who used FULL reporting option. Those who use MINI or ABBREVIATED reporting are not required to file this report.

**WHEN TO DEPOSIT CONTRIBUTIONS**

Deposit all contributions and cash receipts within five business days of receipt.

**WHEN TO FILE C-3 REPORT**

- More than four months before general or special election (before July 1 for general elections)—each time C-4 report is filed.
- Less than four months before general or special election (starting July 1 for general elections)—file C-3 the same day deposit is made.

ANY CONTRIBUTION OVER \$500 RECEIVED BEFORE AN ELECTION, WHICH HAS NOT BEEN INCLUDED IN THE C-4 REPORT FILED SEVEN DAYS BEFORE AN ELECTION, MUST BE REPORTED BY TELEPHONE OR WRITTEN REPORT DELIVERED TO PDC OFFICE WITHIN 24 HOURS OR FIRST BUSINESS DAY AFTER RECEIPT.

**WHERE TO REPORT**

**Send original to:**

Public Disclosure Commission  
403 Evergreen Plaza —FJ-42  
Olympia, WA 98504

**Send duplicate to:**

County Elections Dept. (or County Auditor)  
Candidates—County where candidate lives  
Committees—County where committee head-  
quarters is located

Please see PDC instruction booklet for full reporting or RCW 42.17 and WAC 390-16 for further information and examples of reporting various contributions. If you need assistance call or write PDC (telephone 206-753-1111).



PUBLIC DISCLOSURE COMMISSION  
 403 EVERGREEN PLAZA—FJ-42  
 OLYMPIA, WASHINGTON 98504  
 PHONE: 206-753-1111

PDC FORM <div style="font-size: 2em; font-weight: bold; text-align: center;">C-3</div> REV. 1/86	BANK DEPOSITS AND CASH RECEIPTS
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**GENERAL INSTRUCTIONS**

1. All contributions must be deposited in the campaign bank account.
2. Anonymous contributions (or those for which you do not have the contributors name and address) are limited to the larger of \$300 or 1% of the total contributions in a calendar year. This restriction does not apply to funds raised through retail sales or gambling activities and reported on PDC form C-3A.
3. A candidate's contributions or loans to the campaign are reported on C-3 form. Out of pocket expenditures are shown on C-4 Schedule B.
4. Contributions less than \$25 need not be itemized if you keep the contributors name and address on a separate, private list in your campaign records. Any person who contributes a total of \$25 or more during the campaign must be itemized.
5. It is a violation of law for any person to make or for any candidate or political committee to accept from any one person contributions in the aggregate exceeding \$5,000 within 21 days of a general election.

**WHO MUST REPORT**

Treasurer of each candidate or committee who used FULL reporting option. Those who use MINI or ABBREVIATED reporting are not required to file this report.

**WHEN TO DEPOSIT CONTRIBUTIONS**

Deposit all contributions and cash receipts within five business days of receipt.

**WHEN TO FILE C-3 REPORT**

More than four months before general or special election (before July 1 for general elections)—each time C-4 report is filed.

Less than four months before general or special election (starting July 1 for general elections)—file C-3 the same day deposit is made.

**CONTRIBUTIONS OVER \$500**

Report any contribution over \$500 from a single source received within 7 days before a primary or within 21 days before a general election:

- a. report date received, amount, contributor's name and address
- b. written report (C-3, telegram, mailgram) must be delivered to PDC within 48 hours or the first working day after you receive the contribution.
- c. telephone reports may be made--if the contribution is reported by telephone, written report must be postmarked within 48 hours or the first working day after you receive the contribution.

Note: Any committee, lobbyist or lobbyist's employer who makes a contribution over \$500 within 7 days before a primary or within 21 days before a general election must notify PDC and the recipient within 24 hours or the first working day after the contribution is made.

**WHERE TO REPORT**

**Send original to:**

Public Disclosure Commission  
 403 Evergreen Plaza —FJ-42  
 Olympia, WA 98504

**Send duplicate to:**

County Elections Dept. (or County Auditor)  
 Candidates—County where candidate lives  
 Committees—County where committee headquarters is located

Please see PDC instruction booklet for full reporting or RCW 42.17 and WAC 390-16 for further information and examples of reporting various contributions. If you need assistance call or write PDC (telephone 206-753-1111).

C-3 BACK (Rev. 1/86) .207.

AMENDATORY SECTION (Amending Order 82-03, filed 5/10/82)

WAC 390-16-036 FORM FOR REPORTING FUND RAISING EVENTS. ~~((Pursuant to the statutory authority of RCW 42.17.360(1);))~~ The official form for reporting fund raising events ~~((under the provisions of RCW 42.17.067, is hereby adopted for use in~~

~~reporting to the public disclosure commission. This form, revised 6/82, shall be))~~ is designated ~~((as))~~ "C-3A", revised 6/82. Copies of this form ~~((may be obtained))~~ are available at the commission office, Room 403, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.



**PUBLIC DISCLOSURE COMMISSION**  
403 EVERGREEN PLAZA —FJ-42  
OLYMPIA, WASHINGTON 98504  
PHONE: 206-753-1111

PDC FORM <b>C-3A</b> <small>REV. 6/82</small>	<b>RETAIL SALE or GAMBLING REPORT</b>
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**INSTRUCTIONS**

(1982 amendments are incorporated)

*Please see PDC instruction booklet or RCW 42.17 and WAC 390-16 when completing this report. If you have questions, call or write PDC (telephone 206-753-111).*

**GENERAL**

The C-3A report is used to report income from the retail sale of goods and services at a fair market value or from licensed gambling activities.

Contributions or income reported on C-3A are not required to be itemized on the C-3 report.

Expenditures included in the financial statement on the C-3A should not again be itemized on Schedule A to C-4. To do so would mean reporting the expenditure twice.

If the activity results in a net profit, report that amount on line 2, Schedule A. If you have a net loss on the event, show that as an expenditure on line 4, Schedule A.

**WHO MUST REPORT**

Candidates and political committees which sponsor retail sales or gambling activities.

Note: Those using MINI or ABBREVIATED reporting options are not required to file a C-3A report.

**WHEN TO REPORT**

Funds must be deposited in the campaign account within five business days. The C-3A report is submitted the same day the deposit is made. For retail sales activities which last more than one week, a weekly report is required.

**WHERE TO REPORT**

**Send original to:**

Public Disclosure Commission  
403 Evergreen Plaza—FJ-42  
Olympia, WA 98504

**Send duplicate to:**

County Elections Dept. (or County Auditor)  
Candidates—County where candidate lives  
Committees—County where committee headquarters is located

AMENDATORY SECTION (Amending Order 62, filed 8/26/75)

WAC 390-16-038 DEFINITION—AGGREGATE. The term "aggregate" for the purpose of these campaign financing ~~((regulations))~~ rules means (1) a total of all contributions received or expenditures made by a candidate or committee together with all contributions received ~~((and))~~ or all expenditures made by all political committees formed by or with the ~~((express or implied))~~ knowledge or consent of such candidate or committee in connection with such campaign, and (2) the total of all contributions from a person.

AMENDATORY SECTION (Amending Order 79-04, filed 8/17/79)

WAC 390-16-039 TOTAL CONTRIBUTIONS AND EXPENDITURES—REPORTING. (1) A continuing political committee which is not organized to support or oppose a particular candidate or ballot proposition shall report total contributions and expenditures based on a calendar year, or upon the basis of a fiscal year if the commission expressly authorizes this method. The report filed by such a continuing political committee covering January (or the first month thereafter for which a report would be required by RCW 42.17.065 and 42.17.080) shall contain in summary the following items remaining at the end of the year:

- (a) Funds on hand;
- ~~((b) In-kind contributions retained;~~
- ~~((c))~~ (b) The total of outstanding pledges;

~~((d))~~ (c) Unpaid loans and outstanding obligations;

~~((e))~~ (d) Pledges given to others but not yet paid.

(2) Each candidate, each political committee and each continuing political committee organized to support or oppose a particular ~~((candidate))~~ candidate or ballot proposition shall report total contributions and expenditures for the period beginning at the time the person becomes a candidate or when the committee is organized, whichever is earlier, and ending when the candidacy or committee is terminated.

(3) This rule shall not require a report unless such report would otherwise be required by chapter 42.17 RCW.

AMENDATORY SECTION (Amending Order 84-01, filed 2/10/84)

WAC 390-16-041 FORMS—SUMMARY OF TOTAL CONTRIBUTIONS AND EXPENDITURES. ~~((Pursuant to the statutory authority of RCW 42.17.360(1);))~~ The official form(s) for reports of contributions and expenditures by candidates and political committees ~~((as required by RCW 42.17.080 — 42.17.090 and WAC 390-16-120 are hereby adopted for use in reporting to the public disclosure commission. This form, revised 8/83, shall be))~~ is designated ~~((as))~~ "C-4", revised 8/83, and includes Schedule(s) A, revised 1/86, Schedule B, revised 12/81, ~~((and))~~ Schedule C, revised 12/81, and Schedule T, revised 8/83. Copies of ~~((These))~~ this form(s) ~~((may be obtained))~~ are available at the commission office, Room 403, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.

**CONTRIBUTION AND EXPENDITURE SUMMARY**

Candidate or Committee Name (Do not abbreviate. Include candidate's full name).			<b>C4</b>	P M Date
Address				Recv. Date
City	County	Zip		P D C O F F I C E  U S E

Report Period Covered	From: (last C-4)	To: (end of period)	Funds on hand at start of this report period:	Checking and Petty Cash	\$	Savings Other	\$
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RECEIPTS		This Report Period	Total for Campaign or Year
1.	Previous total cash and in kind contributions (From line 8, last C-4) (If beginning a new campaign or calendar year, see instruction booklet)		
2.	Cash received during this reporting period (From line 3, Schedule A)	_____	_____
3.	In kind contributions received during this reporting period (From line 1, Schedule B)	_____	_____
4.	Total cash and in kind contributions received (Line 2 plus 3)	_____	_____
5.	Loan repayments made during this period (From line 5, Schedule A)	(-) _____	_____
6.	Corrections (From line 1 or 4 Schedule C) Show + or (-)	+ _____ (-) _____	_____
7.	Net contributions this period (Combine lines 4, 5, & 6) Show + or (-)	_____	+ _____ (-) _____
8.	Total cash and in kind contributions during campaign (Total lines 1 & 7)	_____	_____
9.	Total pledge payments due (From line 4, Schedule B)	_____	_____

EXPENDITURES		This Report Period	Total for Campaign or Year
10.	Previous cash and in kind expenditures (From line 16, last C-4)		
11.	Total cash expenditures during this reporting period (From line 4, Schedule A)	_____	_____
12.	In kind expenditures (goods & services) during this reporting period (From line 1, Schedule B)	_____	_____
13.	Total cash and in kind expenditures made (Line 11 plus line 12)	_____	_____
14.	Corrections (From line 2 or 4, Schedule C) Show + or (-)	+ _____ (-) _____	_____
15.	Net expenditures this period (Combine lines 13 & 14) Show + or (-)	_____	+ _____ (-) _____
16.	Total cash and in kind expenditures during campaign (Total lines 10 and 15)	_____	_____
17.	Orders placed but not yet paid (From line 3, Schedule B)	_____	_____
18.	Pledges made to other candidates or committees but not yet paid (From line 5, Schedule B)	_____	_____

<p><b>ELECTION RESULTS:</b> Candidates please complete this section for reports filed after primary or general elections</p> <table style="width:100%;"> <tr> <td style="width: 50%; text-align: center;">PRIMARY</td> <td style="width: 50%; text-align: center;">GENERAL</td> </tr> <tr> <td><input type="checkbox"/> Won</td> <td><input type="checkbox"/> Won</td> </tr> <tr> <td><input type="checkbox"/> Lost</td> <td><input type="checkbox"/> Lost</td> </tr> <tr> <td><input type="checkbox"/> Unopposed</td> <td><input type="checkbox"/> Unopposed</td> </tr> <tr> <td><input type="checkbox"/> Did not run</td> <td><input type="checkbox"/> Did not run</td> </tr> </table>	PRIMARY	GENERAL	<input type="checkbox"/> Won	<input type="checkbox"/> Won	<input type="checkbox"/> Lost	<input type="checkbox"/> Lost	<input type="checkbox"/> Unopposed	<input type="checkbox"/> Unopposed	<input type="checkbox"/> Did not run	<input type="checkbox"/> Did not run	<p style="text-align: center;"><b>RECAPITULATION</b></p> <p>19. Cash balance to date (Subtract line 18 from line 8) _____</p> <p>20. Total loans owed _____</p> <p>21. Total unpaid orders and outstanding bills _____</p> <p>22. Total debts and liabilities (Line 20 plus line 21) (-) _____</p> <p>23. Surplus or deficit (Subtract line 22 from line 19) _____</p>
PRIMARY	GENERAL										
<input type="checkbox"/> Won	<input type="checkbox"/> Won										
<input type="checkbox"/> Lost	<input type="checkbox"/> Lost										
<input type="checkbox"/> Unopposed	<input type="checkbox"/> Unopposed										
<input type="checkbox"/> Did not run	<input type="checkbox"/> Did not run										

**CERTIFICATION:** I certify that the information herein and on accompanying schedules and attachments is true.

Candidate's Signature _____	Date _____	Treasurer's Signature (if a political committee) _____	Date _____
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**PUBLIC DISCLOSURE COMMISSION**  
403 EVERGREEN PLAZA—FJ-42  
OLYMPIA, WASHINGTON 98504  
PHONE: 206-753-1111

PDC FORM <b>C-4</b> <small>Rev. 8/82</small>	<b>CONTRIBUTION AND EXPENDITURE SUMMARY</b>
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**INSTRUCTIONS**

*Please consult PDC instruction book or RCW 42.17 and WAC 390-18 when completing this report. If you have questions, write or telephone PDC (phone 206-753-1111).*

**WHO MUST REPORT:**

Each candidate or political committee which receives contributions or makes expenditures in an election campaign. This report is not required by candidates who use the MINI reporting option.

**WHEN TO SEND C-4 REPORTS:**

	ABBREVIATED REPORTING	FULL REPORTING
Day C-1 registration is filed if contributions have been received or expenditures made.	No	Yes
Tenth of each month if contributions received or expenditures were over \$200 made since last C-4 report was filed.	No	Yes
<i>Tenth of month report is not required if another C-4 is required to be filed during that month</i>		
For each election for which the candidate or committee will make an expenditure:		
21 days prior to each election	No	Yes
7 days prior to each election	No	Yes
21 days after each election	Yes *	Yes
	<small>* Not required after primary.</small>	
By January 31 (Continuing committees which use Abbreviated Reporting).	Yes	No
Final report. When campaign is finished or committee closes operation. This is often the same as 21 days after the election.	Yes	Yes

**SCHEDULES AND ATTACHMENTS (FULL REPORTING ONLY):**

The C-4 report is a summary page. Schedules A, B and C as appropriate must be attached to support financial information on the C-4. Also, copies of C-3 and C-3A reports must be attached if they have not previously been filed with PDC and the county election office.

**WHERE TO SEND REPORTS:**

**Send original to:**  
Public Disclosure Commission  
403 Evergreen Plaza—FJ-42  
Olympia, WA 98504

**Send duplicate to:**  
County Election Dept. (or County Auditor)  
where candidate lives  
Political committees sent to county where headquarters is located

**OTHER REPORTS REQUIRED:**

C-1 (registration statement) is used to register candidates and committee.

C-3 (contribution report) is used to list campaign contributors.

F-1 (financial affairs statement) is filed by candidates (not required from other committees).

CASH RECEIPTS AND EXPENDITURES

SCHEDULE A to C4

Candidate or Committee Name (Do not abbreviate. Use candidate's full name)

1. CASH RECEIPTS (Contributions) which have been reported on C3 or C3A. List each deposit made since last C4 report was submitted.

Table with 7 columns: Date of Deposit, Type Report (C3 or C3A), Amount, Date of Deposit, Type Report (C3 or C3A), Amount, Total Deposits

2. MISCELLANEOUS CASH RECEIPTS not reported on C3 or C3A.

Table with 3 columns: Date Received, Source: Name, Address and Explanation of Receipt, Amount

3. TOTAL RECEIPTS

Sum of parts 1 and 2 above. Enter also on line 2 of C4

4. CASH EXPENDITURES

Table with 4 columns: Date of Payment, Name and address of recipient or vendor paid, Purpose of expenditure, Amount

Transfer of funds. If this report is for a candidate or candidate's committee and funds have been given or paid to another candidate or candidate's committee, enter amount transferred. Also complete Schedule T.

\*Itemize all expenditures of \$50 or more. Report total of expenditures less than \$50 which do not have to be itemized.

Total transfers of funds (Attach Sched. T)
Total expenditures each under \$50 not listed above
Total from attached pages
Total Cash Expenditures Enter also on Line 11 of C4

5. LOAN REPAYMENTS MADE

Table with 5 columns: Date, Name, Address, Amount

Total Loan Payments this Reporting Period Enter as an Adjustment to Contributions on Line 5 of C4

CASH RECEIPTS AND EXPENDITURES

SCHEDULE A to C4

Candidate or Committee Name (Do not abbreviate. Use candidate's full name)

1. CASH RECEIPTS (Contributions) which have been reported on C3 or C3A. List each deposit made since last C4 report was submitted.

Table with 7 columns: Date of Deposit, Type Report (C3 or C3A), Amount, Date of Deposit, Type Report (C3 or C3A), Amount, Total Deposits

2. MISCELLANEOUS CASH RECEIPTS not reported on C3 or C3A.

Table with 3 columns: Date Received, Source: Name, Address and Explanation of Receipt, Amount

3. TOTAL RECEIPTS

Sum of parts 1 and 2 above Enter also on line 2 of C4

4. CASH EXPENDITURES

Amount

SHOW TOTAL EXPENDITURES EACH UNDER \$50 NOT ITEMIZED:

ITEMIZE EACH EXPENDITURE OF \$50 OR MORE BELOW:

Table with 4 columns: Date of Payment, Name and address of recipient or vendor paid, Purpose of expenditure, Amount

Check here [ ] if continued on attached sheet

Transfer of funds. If this report is for a candidate or candidate's committee and funds have been given or paid to another candidate or candidate's committee, enter amount transferred. Also complete Schedule T.

Total from attached pages

Total transfers of funds (Attach Sched. T)

Total Cash Expenditures Enter also on Line 11 of C4

5. LOAN REPAYMENTS MADE

Table with 4 columns: Date, Name, Address, Amount

Total Loan Payments this Reporting Period Enter as an Adjustment to Contributions on Line 5 of C4

**IN KIND CONTRIBUTIONS and EXPENDITURES,  
PLEDGES and ORDERS PLACED**

**SCHEDULE  
to C4** **B**

Candidate or Committee Name (Do not abbreviate. Use candidate's full name)

1. In kind contributions received and expended (goods, services, discounts, etc.)

Date received	Contributor's name and nature of contribution	Address, City, Zip	Fair market value	Total contributions by this person during campaign or year
TOTAL			_____	
Enter also on line 3 and line 12 of C4				

2. In kind expenditures made to other candidates and committees

Date	Recipient	Address, City, Zip	Fair market value	
Note: Amounts in this section are not carried forward to C4 report				

3. New orders placed (but not yet paid)

Date	Recipient	Address, City, Zip	Amount	Purpose
TOTAL (Include new orders above and all other orders and unpaid bills.)			_____	
Enter also on lines 17 and 21 of C4				

4. Pledges received but not yet paid

Date you were notified of pledge	Name of person (including organizations) making pledge	Address, City, Zip	Amount	Total contributions by this person during campaign or year
TOTAL (Include new pledges above and all other outstanding pledges.)			_____	
Enter also on line 9 of C4				

5. Pledges made to other candidates and committees (but not yet paid)

Date Made	Recipient	Address, City, Zip	Amount	
TOTAL			_____	
Enter total on line 18 of C4				

**CORRECTIONS**

**SCHEDULE C**  
to C4

Candidate or Committee Name (Do not abbreviate. Use candidate's full name.)

Date

**1. Corrections to cash or in kind contributions previously reported on C4 Schedule A, C3 or C3A.**

Date of Report	Name of Contributor or Description of Correction	Amount Reported	Corrected Amount	Difference (+ or -)
		<b>Total Corrections to Contributions</b>		
		Enter here and on line 6 of C4. Show + or (-).		

**2. Corrections to cash or in kind expenditures previously reported**

Date of Report	Name of Vendor or Description of Correction	Amount Reported	Corrected Amount	Difference (+ or -)
		<b>Total Corrections to Expenditures</b>		
		Enter here and on line 14 of C4. Show + or (-).		

**3. Loans forgiven. Loans listed below and previously reported on C3 reports have been forgiven in whole or part and should now be considered as cash or in kind contributions to that extent.**

Date of Loan	Name of Creditor	Original Amount	Amount Repaid	Amount Forgiven
				<b>TOTAL</b>
				Line 20 of C4 should be reduced by the total amount reported here.

**4. Refunds. The below listed amounts have been received as refunds on expenditures previously reported. The refund has been deposited and reported on C3 report (line 4).**

Date of Refund	Source/Person Making Refund	Amount of Refund
		<b>TOTAL</b>
		Enter as (-) on line 6 & line 14 of C4.

**TRANSFER OF FUNDS**

SCHEDULE  
to C4

**T**

CANDIDATE OR COMMITTEE NAME

TO BE USED BY CANDIDATES OR CANDIDATE'S COMMITTEE WHICH RECEIVES FUNDS FROM OR TRANSFERS FUNDS TO ANOTHER CANDIDATE OR CANDIDATE'S COMMITTEE.

**R E C E I P T S**

INCLUDE ALL FUNDS RECEIVED FROM ANOTHER CANDIDATE OR CANDIDATE'S COMMITTEE. BE SURE THAT FUNDS REPORTED HERE ARE DEPOSITED IN YOUR CAMPAIGN BANK ACCOUNT AND THAT DEPOSIT IS REPORTED ON FORM C-3.

DATE RECEIVED	CONTRIBUTOR'S NAME	ADDRESS, CITY, ZIP	AMOUNT	TOTAL CONTRIBUTED

**EXPENDITURES**

INCLUDE ALL FUNDS TRANSFERRED TO ANOTHER CANDIDATE OR CANDIDATE'S COMMITTEE. BE SURE THAT FUNDS REPORTED HERE ARE ALSO REPORTED AS AN EXPENDITURE IN ITEM 4, SCHEDULE A TO C-4.

DATE OF PAYMENT	CANDIDATES TO WHOM FUNDS WERE GIVEN	AMOUNT

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

AMENDATORY SECTION (Amending Order 82-03, filed 5/10/82)

WAC 390-16-050 FORMS FOR CONTRIBUTIONS AND EXPENDITURES OF POLITICAL COMMITTEES NOT DOMICILED IN WASHINGTON STATE. ~~((Pursuant to the statutory authority of RCW 42.17.360(1);))~~ The official form for the report of contributions and expenditures of political committees not domiciled in

Washington state or otherwise not required to report~~((, as required by RCW 42.17.090, is hereby adopted for use in reporting to the public disclosure commission. This form, revised 6/82, shall be))~~ is designated ~~((as))~~ "C-5", revised 1/86. Copies of this form ~~((may be obtained))~~ are available at the commission office, Room 403, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.



**CONTRIBUTIONS RECEIVED**

10. ALL CONTRIBUTIONS OF \$25 OR MORE IN AGGREGATE TO THIS OUT OF STATE COMMITTEE DURING THE CURRENT CALENDAR YEAR FROM WASHINGTON RESIDENTS OR CORPORATIONS WITH A PLACE OF BUSINESS IN WASHINGTON.

NAME AND ADDRESS	DATE	MONEY VALUE
(A large diagonal line is drawn across this table area from the top left to the bottom right.)		

11. THIS REPORT WAS PREPARED BY
- OUT OF STATE COMMITTEE
  - CANDIDATE OR COMMITTEE RECEIVING FUNDS

12. CERTIFICATION: I hereby certify that the above is a true complete and correct statement in accordance with Chapter 42.17.090(1) (k) Revised Code of Washington.

\_\_\_\_\_  
SIGNATURE OF COMMITTEE OFFICIAL OR RECIPIENT OF FUNDS

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

**C-5 INSTRUCTIONS**

**WHO MUST REPORT**

A political committee not domiciled in the State of Washington which has made contributions to a candidate or political committee in Washington State OR candidate or political committee which has received such contribution.

**WHEN TO REPORT:**

A C-5 report is required within ten days following the receipt of each contribution.

NOTE: Subsequent reports may be by letter updating or amending information previously reported.

**FORM TO BE FILED WITH:**

PUBLIC DISCLOSURE COMMISSION,  
403 EVERGREEN PLAZA BUILDING, FJ-42  
OLYMPIA, WASHINGTON 98504

**ADDITIONAL REPORTS REQUIRED:**

Washington candidates or committees receiving funds from an out of state committee must also show receipt of funds on C-3 and C-4 reports filed with the Public Disclosure Commission and the county auditor.

**FOR ADDITIONAL INFORMATION:**

Contact the Public Disclosure Commission, phone 206-753-1111



10. **CONTRIBUTIONS RECEIVED FROM WASHINGTON RESIDENTS:** LIST ALL CONTRIBUTIONS OF \$25 OR MORE IN AGGREGATE TO THIS OUT OF STATE COMMITTEE DURING THE CURRENT CALENDAR YEAR FROM WASHINGTON RESIDENTS OR CORPORATIONS WITH A PLACE OF BUSINESS IN WASHINGTON.

NAME AND ADDRESS	DATE	AMOUNT

CHECK HERE  IF CONTINUED ON ATTACHED SHEET

11. CERTIFICATION: I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND CORRECT.

**INSTRUCTIONS**

(Statutory reference: RCW 42.17.090 (I)(K))

**WHO MUST REPORT**

A POLITICAL COMMITTEE NOT DOMICILED IN THE STATE OF WASHINGTON, A FEDERAL COMMITTEE OR OTHER COMMITTEE NOT REQUIRED TO REGISTER UNDER WASHINGTON LAW, WHICH HAS MADE CONTRIBUTIONS TO A CANDIDATE OR POLITICAL COMMITTEE IN WASHINGTON STATE.

(THE REPORT MAY BE FILED BY THE RECIPIENT OF THE CONTRIBUTION IF THAT CANDIDATE OR COMMITTEE HAS ALL REQUIRED INFORMATION.)

**WHEN TO REPORT**

WITHIN TEN DAYS AFTER THE RECEIPT OF EACH CONTRIBUTION. NOTE: SUBSEQUENT REPORTS MAY BE BY LETTER UPDATING OR AMENDING INFORMATION PREVIOUSLY REPORTED.

**SEND REPORT TO**

PUBLIC DISCLOSURE COMMISSION  
403 EVERGREEN PLAZA, FJ-42  
OLYMPIA, WA 98504-3342

**ADDITIONAL REPORTS REQUIRED**

WASHINGTON CANDIDATES OR COMMITTEES RECEIVING FUNDS MUST ALSO REPORT ON C-3 AND C-4 REPORTS.

**VIOLATIONS AND PENALTIES**

IT IS A VIOLATION OF LAW FOR ANY PERSON TO MAKE, OR FOR ANY CANDIDATE OR POLITICAL COMMITTEE TO ACCEPT FROM ANY ONE PERSON, CONTRIBUTIONS IN THE AGGREGATE EXCEEDING FIVE THOUSAND DOLLARS WITHIN TWENTY-ONE DAYS OF A GENERAL ELECTION.

FAILURE TO REPORT CONTRIBUTIONS AND FILE THE INFORMATION REQUIRED BY THIS REPORT WITHIN TEN DAYS AFTER THE WASHINGTON CANDIDATE OR COMMITTEE RECEIVES THE FUNDS WILL CAUSE THE FUNDS TO BE FORFEITED TO THE STATE.

**FOR ADDITIONAL INFORMATION**

CONTACT THE PUBLIC DISCLOSURE COMMISSION AT (206) 753-1111.

\_\_\_\_\_  
SIGNATURE OF COMMITTEE OFFICIAL OR PERSON FILING REPORT

\_\_\_\_\_  
NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

AMENDATORY SECTION (Amending Order 82-04, filed 6/28/82)

WAC 390-16-055 FILING REPORTS FOR ~~((OUT-OF-STATE))~~ NONREPORTING COMMITTEES. (1) Each candidate or political committee receiving funds from a nonreporting committee as ~~((defined))~~ described in RCW 42.17.090 (1)(k), shall determine whether such committee has complied with that subsection. If the ~~((out-of-state))~~ nonreporting committee has not filed the required report and the information cannot be reported by the recipient of the contribution in a timely manner, the funds shall not be forfeited or reportable as having been received if they are returned to the ~~((out-of-state))~~ nonreporting committee immediately. Any retention or other action taken with such funds, if there is not a complete and timely report on file, shall result in the forfeiture of such funds to the state of Washington and shall be deemed a violation of chapter 42.17 RCW.

(2) Any subsequent report by a nonreporting committee or recipient of its contribution which is required by RCW 42.17.090 (1)(k) during

the same calendar year may update its initial report by letter showing, in addition to its name and address, only reportable information which is new or changed since its last report.

AMENDATORY SECTION (Amending Order 82-03, filed 5/10/82)

WAC 390-16-060 FORMS FOR ~~((CAMPAIGN FINANCING-SPECIAL REPORTS))~~ REPORT OF INDEPENDENT EXPENDITURES. ~~((Pursuant to the statutory authority of RCW 42.17.360(1);))~~ The official form for ~~((contributors' reports))~~ reports of independent expenditures as required by RCW 42.17.100 ~~((is hereby adopted for use in reporting to the public disclosure commission. These forms shall be))~~ is designated ~~((as))~~ "C-6," revised 6/82 ~~((and "C-7"))~~. Copies of ~~((these))~~ this form(s) may be obtained at the commission office, Room 403, Evergreen Plaza Building, Olympia, Washington 98504. Any attachments shall be on 8-1/2" x 11" white paper.



AMENDATORY SECTION (Amending Order 91, filed 7/22/77)

WAC 390-16-105 ABBREVIATED CAMPAIGN REPORTING—(~~CAMPAIGNS FOR PUBLIC OFFICE INVOLVING \$1,000 OR LESS~~) ELIGIBILITY. (1) No candidate and no political committee, as those terms are defined in RCW 42.17.020, shall be required to comply with the provisions of RCW 42.17.060-42.17.090 except as otherwise prescribed in WAC 390-16-038, 390-16-115, 390-16-120 and 390-16-125 (~~in any election campaign for public office in which~~) when neither the aggregate contributions nor the aggregate expenditures (~~on behalf of such candidate~~) exceed (~~(\$1,000)~~) \$2,000 and no contribution or contributions from any (~~source~~) person other than the candidate's personal resources within such aggregate exceeds (~~(\$100)~~) \$200.

(2) No continuing committee as that term is defined in RCW 42.17.020, shall be required to comply with the provisions of RCW 42.17.060-42.17.090 except as otherwise prescribed in WAC 390-16-038, 390-16-115, 390-16-120 and 390-16-125 when neither the aggregate contributions nor the aggregate expenditures during a calendar year exceed \$2,000 and no contributions or contributions from any person exceed \$200.

AMENDATORY SECTION (Amending Order 77, filed 6/2/76)

WAC 390-16-111 ABBREVIATED CAMPAIGN REPORTING—SPECIAL FUND RAISING EVENTS. The term (~~any source and~~) "any person" as used in WAC 390-16-105 (~~and 390-16-110 shall~~) does not (~~be construed as meaning~~) mean a fund raising activity conducted pursuant to (~~section 9, chapter 112, Laws of 1975-76 2nd ex. sess.~~) RCW 42.17.067. Candidates and committees using abbreviated reporting as provided in chapter 390-16 WAC shall not be limited to receiving (~~(\$100)~~) \$200 from a fund raising event provided that the profit realized from any person does not exceed (~~(\$100)~~) \$200 from all fund raising events conducted during a campaign or calendar year.

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

AMENDATORY SECTION (Amending Order 82-04, filed 6/28/82)

WAC 390-16-115 ABBREVIATED CAMPAIGN REPORTING—CONDITIONS FOR GRANTING USE. The exemptions allowed in WAC 390-16-105(~~390-16-110 and 390-16-115~~) shall be granted to a candidate or political committee only upon compliance with the following conditions.

(1) The candidate or political committee must, within fourteen days of the time of organization, or of receipt of contributions or the making of expenditures, or of reservation of space or facilities with intent to promote or oppose a candidacy for office or with intent to promote or oppose a ballot proposition, whichever comes first, file the C-1 registration statement with the commission and the county elections office. The statement shall declare that the candidate or political committee will not exceed the expenditure limitations set out in WAC 390-16-105(~~390-16-110 or 390-16-115~~).

(2) The candidate or political committee must, throughout the ensuing election campaign, keep current records in sufficient detail to allow the candidate or political committee to make reports otherwise required by RCW 42.17.040 through 42.17.090 in the event that the filing of such reports becomes necessary as a result of exceeding the contribution and expenditure limitation, pursuant to subsequent permission of the commission.

(3) The candidate or political committee treasurer shall, during the eight days immediately preceding the date of the election, maintain records of contributions and expenditures current within one business day. These records shall be open for public inspection during the hours designated on the C-1 at the principal campaign headquarters or, if there is no campaign headquarters, at the address of the campaign treasurer or such other place as may be authorized by the commission.

(4) The records of contributions and expenditures shall be open to audit or examination by representatives of the public disclosure commission at any time upon request from the commission.

AMENDATORY SECTION (Amending Order 79-03, filed 7/19/79)

WAC 390-16-120 ABBREVIATED CAMPAIGN REPORTING—TIMES AND PLACE FOR FILING REPORTS C-1 AND

C-4 (~~UNDER \$1,000 EXEMPTION~~). (1) The report C-1 shall be filed by any candidate or political committee intending to use the abbreviated reporting recognized and regulated by WAC 390-16-105(~~390-16-110~~) or 390-16-115 (~~at the time of becoming a candidate or~~) within (~~ten~~) fourteen days of becoming a candidate or (~~organizing~~) organizing (~~of~~) a committee.

(2) In the case of a continuing political committee, the C-1 report shall be filed initially (~~before~~) within fourteen days after accepting any contributions or making any expenditures. Thereafter, the C-1 shall be filed each year between January 1 and January 31 for any year in which the committee intends to use the abbreviated reporting system and within ten days of any date a change is made in reportable information. Failure to file a new C-1 during January shall automatically terminate the committee's entitlement to use the abbreviated reporting system until such time as a new C-1 is filed.

(3) The report form C-4 summary page shall be filed by each candidate and political committee within twenty-one days after each special or general election in which there was participation. In the case of a candidate or committee which participates in a primary election but does not participate in the following general election, the C-4 report shall be filed not later than twenty-one days following the general election.

Additionally, in the case of a continuing political committee, the report Form C-4 shall be filed not later than January 31 summarizing the total contributions received and expenditures made during the preceding calendar year.

(4) The original of each report required by this section shall be filed with the public disclosure commission. A copy shall be filed with the (~~auditor~~) elections officer of the county in which the candidate or committee treasurer resides and a copy shall be retained by the candidate or committee treasurer.

AMENDATORY SECTION (Amending Order 91, filed 7/22/77)

WAC 390-16-125 ABBREVIATED CAMPAIGN REPORTING—EXCEEDING LIMITATIONS. Whenever there is reason to believe that any of the aggregate limitations specified in WAC 390-16-105, (~~390-16-110~~) 390-16-115, or 390-16-120 will or may be exceeded, the candidate(~~;~~) or committee (~~or other person legally interested in such campaign~~) may apply to the commission for authorization to (~~exceed such limitation~~) change reporting options.

(1) If the application is made more than thirty days prior to the date of the election, the application (~~shall~~) will be considered approved without further action by the commission if the person making application submits (~~within one day of the time that the limitations are exceeded~~):

(a) A (~~properly completed~~) PDC Form C-1 indicating the intention of using the full reporting system provided by RCW 42.17.040-42.17.090;

(b) A (~~properly completed~~) PDC Form C-4 with schedules A<sub>1</sub>, (~~and~~) B and T disclosing all contributions and expenditures reportable under RCW 42.17.090 for the election campaign or in the case of continuing political committees for the calendar year.

(c) A statement affirming that all known candidates for the office being sought have been notified personally of the application stating the manner and date of such notification. In the case of a ballot proposition, the statement shall affirm that the committee treasurer of all committees identifiable from the records of the county (~~auditor~~) elections officer or public disclosure commission to be opposing or supporting the proposition have been notified personally of the application stating the manner and date of such notification.

(2) If the application is made within thirty days of the date of the election, the application shall be approved only by (~~express order~~) authorization of the commission (~~chairman or his designated representative~~) executive director.

(a) Prior to such approval being granted, the (~~commission chairman or his representative~~) executive director shall determine that the application contains those documents shown in subsection (1)(a), (b) and (c) above.

(b) The commission staff shall investigate (~~and report to the chairman~~) why the applicable requirements were not complied with in the first instance and whether or not the probability of exceeding such limitations was reasonably foreseeable. If the investigation shows that the declaration by the candidate, committee or other person filed under WAC 390-16-115 was made in good faith and that the probability of exceeding such limitations was not reasonably foreseeable, the (~~commission chairman shall grant a release from the exemption~~) executive director will approve the reporting option change conditioned upon full

future compliance with all applicable requirements of chapter 42.17 RCW.

(3) When one candidate or committee on either side of an election campaign has applied for permission to exceed the limitations of the exemption under subsection (1) above, all other candidates and/or committees ~~((may be granted a seven-day extension of the application date shown in subsection (1) above should any of them require release from the limitations of the exemption))~~ may change reporting options by meeting the requirements of subsection (1)(a), (b) & (c).

(4) Any person who knowingly or negligently causes or permits the limitations specified in these regulations to be exceeded ~~((without compliance with RCW 42.17.040-42.17.090 and without permissive order of the commission granted under these regulations))~~ shall be deemed to have violated the applicable provisions of RCW 42.17.040-42.17.090.

#### AMENDATORY SECTION (Amending Order 85-03, filed 7/9/85)

WAC 390-16-150 MINI CAMPAIGN REPORTING. No candidate as that term is defined in RCW 42.17.020(5) and no political committee whose principal purpose is the support of one candidate and whose organization is known to and countenanced by that candidate (hereafter candidate's committee) shall be required to comply with the provisions of RCW 42.17.060-42.17.090 except as otherwise prescribed in this rule in any election campaign for public office in which the aggregate expenditures in the campaign will not exceed the amount of the filing fee provided by law plus a sum not to exceed ~~((five hundred dollars))~~ \$500.

(1) Any candidate or candidate's committee shall register and file the C-1 registration statement with the commission and county elections officer of the county wherein the candidate resides within fourteen days of the time he publicly announces his candidacy, files for office or the committee is formed, whichever is earliest. The C-1 shall state his intent to use the mini campaign reporting system.

(2) ~~((The C-1 registration shall include a statement by the candidate that no contribution or contributions from any source other than the candidate's personal resources within the aggregate contributions received exceeds one hundred dollars.))~~ No person except the candidate may contribute more than \$200 to a campaign using the mini reporting option.

#### AMENDATORY SECTION (Amending Order 82-04, filed 6/28/82)

WAC 390-16-155 MINI CAMPAIGN REPORTING—EXCEEDING LIMITATIONS. (1) Whenever there is reason to believe that the expenditure limits provided in WAC 390-16-150 will be exceeded or that the candidate or candidate's committee will exceed the limitations on contributions and expenditures provided in WAC 390-16-150, the candidate ~~((candidate's committee or other person legally interested in the campaign))~~ may apply to the commission for authorization to exceed such limits.

(a) The application shall take the form of a new C-1 report indicating the candidate's or candidate committee's intent to report in accordance with either the abbreviated reporting system provided in WAC 390-16-105 or to fully report as provided in RCW 42.17.040 through 42.17.090.

(b) The application shall be accompanied by a statement signed by the candidate affirming that all known candidates for the office being sought have been notified personally of the application stating the manner and date of notification.

(c) The application shall be submitted to the commission and duplicate copies of C-1 and C-4 report submitted to the county elections officer of the county where the candidate resides within one day of the time that expenditure limits are exceeded.

(2) The application shall be approved without further commission action.

#### AMENDATORY SECTION (Amending Order 84, filed 8/18/76)

WAC 390-16-206 RATINGS AND ENDORSEMENTS. (1) Any person making a measurable expenditure of funds to communicate a rating, evaluation, endorsement or recommendation for or against a candidate or ballot proposition (other than news, feature, or editorial comment in a regularly scheduled issue of a printed periodical or broadcast media program) shall report such expenditure including all costs of preparation and distribution in accordance with RCW 42.17.030 through 42.17.100.

(2) A candidate or sponsor of a ballot proposition who, or a political committee which, is the subject of the rating, evaluation, endorsement or recommendation shall not be required to report such expenditure as a contribution unless the candidate, sponsor, committee or an agent thereof advises, counsels or otherwise encourages the person or committee to make the expenditure.

(3) A candidate, who is an officer, director, employee or owner of 10% or more in any entity which owns or controls any newspaper, magazine printed periodical, radio station, television station or other mass communications organization, and who is provided space or broadcast time by the organization to support his candidacy or to oppose the candidacy of his opponents, must report the value of that space or time as a contribution. The value shall be the same as that charged for similar space or time or, if there is no similar space or time, the most expensive advertising space or time sold by the organization.

#### AMENDATORY SECTION (Amending Order 82-04, filed 6/28/82)

WAC 390-16-207 IN-KIND CONTRIBUTIONS AND EXPENDITURES—REPORTING. (1) Whenever a candidate or a political committee makes one or more in-kind expenditures which (i) directly or indirectly, in whole or in part, benefit another identifiable candidate or political committee and (ii) in the aggregate amount to a value of ~~((fifty dollars))~~ \$50 or more in the reporting period, then, for the purpose of complying with the provisions of RCW 42.17.090 (1)(f);

(a) Such candidate or political committee shall identify the candidate or political committee benefited by such expenditure and state the value thereof; and

(b) The candidate or political committee that receives benefit of such expenditure or expenditures shall report a corresponding amount as a contribution received and as an expenditure made by such candidate or political committee.

(2) Whenever a candidate or a political committee makes an in-kind expenditure which supports or opposes more than one candidate or ballot proposition, the person making such expenditure shall identify each candidate or ballot proposition to which such support or opposition is directed and, if the aggregate expenditure amounts to ~~((fifty dollars))~~ \$50 or more, shall state the prorated amount of the expenditure or expenditures properly attributable to each such candidate or ballot proposition.

(3) Whenever a candidate or political committee provides its equipment, property or other facilities owned, retained, leased or controlled by it to another candidate or political committee, the fair market value of the use of such equipment, property or other facilities, if it amounts to ~~((fifty dollars))~~ \$50 or more, shall be reported as follows:

(a) By the candidate or political committee providing the equipment, property or other facilities, by attaching to its Form C-4, Schedule B, a statement setting forth the name of the candidate or political committee benefited and the date, description and value of the in-kind contribution made by it;

(b) By the candidate or political committee benefiting from the use of such equipment, property or other facilities, by reporting the value of such use in its Form C-4, Schedule B, both as a contribution and as an expenditure.

#### AMENDATORY SECTION (Amending Order 82-04, filed 6/28/82)

WAC 390-16-230 SURPLUS CAMPAIGN FUNDS—USE IN FUTURE. (1) If at any time in the future any contribution or expenditure is received by or made from such surplus fund or funds for any purpose which would qualify the holder as a candidate or political committee, it will be presumed the holder of such funds has initiated a new candidacy or committee. Within fourteen days of the day such contribution or expenditure is received or made, such candidate or political committee shall file ~~((+))~~ (a) a final report for the previous campaign as provided in RCW 42.17.080 and 42.17.090 and ~~((+))~~ (b) a statement of organization and initial report for the new campaign as provided by RCW 42.17.040, 42.17.080 and 42.17.090. The surplus fund may be reported as one sum and listed as a contribution identified as "funds from previous campaign," provided that all augmentations to and all expenditures made from the retained surplus fund from the initial date of retention are reported in detail as to source, recipient, purpose, amount and date of each transaction.

(2) A candidate who, or the political committee of a candidate which, retains surplus funds to use for the support or opposition of

other candidates or of ballot propositions has established a continuing political committee, and must thereafter report as such.

(3) A political committee formed to report or oppose a particular ballot proposition which retains surplus funds to use in support or opposition of candidates or of other ballot propositions has become a continuing political committee and must thereafter report as such.

#### AMENDATORY SECTION (Amending Order 84, filed 8/18/76)

WAC 390-16-306 VOLUNTEER WORKERS, FUND RAISING ACTIVITIES. For the purposes of reporting fund raising activities pursuant to ((section 9, chapter 112, Laws of 1975-76 2nd excess)) RCW 42.17.067, time spent by volunteer workers in operating such activities need not be reported. However, the name, address and title of responsible leaders or organizers of the activity shall be reported.

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

#### AMENDATORY SECTION (Amending Order 84-03, filed 5/25/84)

WAC 390-37-030 ENFORCEMENT PROCEDURES—STATUS OF CITIZEN COMPLAINANT AND OTHERS. (1) When a citizen complaint has been filed with the commission, neither the complainant nor any other person shall have special standing to participate or intervene in the investigation or consideration of the complaint by the commission. However, the staff shall give notice to the complainant of any open commission hearings on the matter and the complainant may be called as a witness in any enforcement hearing or investigative proceeding.

(2) The complainant or any other person may submit documentary evidence and/or written factual or legal statements to the commission at any time. The complainant or any other person wishing to be heard in a compliance matter may request permission in advance of a public hearing on the matter or at such hearing, and the commission may grant such person a reasonable opportunity to be heard.

(3) A person not satisfied with the dismissal of a complaint by the commission or its ((administrator)) executive director when no violation is found, may pursue an appropriate remedy under RCW 42.17.400(4).

#### AMENDATORY SECTION (Amending Orders 84-03 and 84-03A, filed 5/25/84 and 5/29/85 [5/29/84])

WAC 390-37-060 ENFORCEMENT PROCEDURES—INVESTIGATION OF COMPLAINTS—INITIATION OF HEARING. (1) The ((administrator)) executive director shall initiate an enforcement hearing whenever an investigation reveals facts which the ((administrator)) executive director has reason to believe are a material violation of chapter 42.17 RCW and do not constitute substantial compliance.

(2) The respondent shall be notified of the date of the hearing no later than twenty days before that date pursuant to WAC ((390-10-08-040)) 10-08-040.

(3) The staff shall provide the respondent, at his/her request, with copies of all materials to be presented by the staff at the hearing.

(4) It is the policy of the commission during the course of any investigation that all records generated or collected as a result of that investigation are exempt from public inspection and copying under RCW 42.17.310 (1)(d). If a request is made for any such record which implicates the privacy of an individual, written notice of the records request will be provided to the individual in order that such individual may request a protective order from a court under RCW 42.17.330.

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

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

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

#### AMENDATORY SECTION (Amending Order 81-04, filed 12/28/81)

WAC 390-37-063 ENFORCEMENT PROCEDURES—DEMAND FOR INFORMATION—SUBPOENAS. (1) During the course of an audit or an investigation, the ((administrator)) executive director may issue a "demand for information" directed to any person who probably possesses information which is relevant and material to the audit or the investigation. The "demand for information" shall

(a) Specifically describe the information which is sought, and

(b) Set forth a reasonable time and place for the production of the information, and

(c) Notify the person that if the information is not produced, the ((administrator)) executive director will present a request to the commission, at its next regular or special meeting, to issue a subpoena for the information pursuant to RCW 42.17.370(5).

The "demand for information" may be personally delivered or sent by certified mail, return receipt requested.

(2) The commission may issue a subpoena under RCW 42.17.370(5) to compel persons to appear and give testimony and may require the production of any books, papers, correspondence, memorandums or other documents which the commission deems relevant and material.

(3) Whenever the commission will consider the issuance of a subpoena, the ((administrator)) executive director will place the matter on the published agenda for that meeting and, in addition, give the respondent, if any, and the person to whom the subpoena would be directed, at least five days written notice of the time and place where the meeting will be held.

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

#### AMENDATORY SECTION (Amending Order 84-03, filed 5/25/84)

WAC 390-37-070 ENFORCEMENT PROCEDURES—COMPLAINTS DISMISSIBLE BY ((ADMINISTRATOR)) EXECUTIVE DIRECTOR. The ((administrator)) executive director, with the concurrence of the chairman, at any time prior to the consideration by the commission, may dismiss a complaint which on its face, or as shown by investigation, does not show reason to believe that a material violation of chapter 42.17 RCW has occurred.

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

#### AMENDATORY SECTION (Amending Order 84-03, filed 5/25/84)

WAC 390-37-090 ENFORCEMENT PROCEDURES—CASES RESOLVABLE BY STIPULATION. (1) When the ((administrator)) executive director and respondent agree that some or all of the facts are uncontested, the ((administrator)) executive director and respondent shall prepare a stipulated statement of fact for presentation to the commission.

(2) The commission may ask that additional facts be presented if it deems any stipulation to be inadequate.

(3) The commission shall refer the matter to the ((administrator)) executive director for further investigation or other action consistent with the commission's deliberations if the commission does not approve the stipulated statement of fact.

#### AMENDATORY SECTION (Amending Order 85-03, filed 7/9/85)

WAC 390-37-100 ENFORCEMENT PROCEDURES—CONDUCT OF HEARINGS. (1) An enforcement hearing shall be conducted pursuant to the Administrative Procedure Act (chapter 34.04 RCW) and its supporting regulations (chapter 10-08 WAC).

(2) An enforcement hearing shall be heard either by the commission or under RCW 34.12.040 or 34.12.050(2), by a duly designated administrative law judge.

(3) Upon the conclusion of an enforcement hearing heard by an administrative law judge, the judge shall prepare and present to the commission findings of fact, conclusions of law, and a proposed decision determinative of the matter. A copy of the findings of fact, conclusions of law and the proposed decision shall be served upon the ((administrator)) executive director and the respondent. Both the respondent and the ((administrator)) executive director shall be afforded

an opportunity to file exceptions and written argument with the commission. The commission shall review the proposed decision at its next regular meeting or at a special meeting called for that purpose. The commission shall consider the whole record or such portions as shall be cited by the parties. Oral argument may be heard at the discretion of the commission.

(4) After either a hearing by the commission or review by the commission of the proposed decision of an administrative law judge the commission may find that:

(a) Respondent did not violate the act, as alleged, and dismiss the case; or

(b) Respondent violated chapter 42.17 RCW, as alleged, and determine the sanction, if any, to be imposed, or

(c) Respondent is in apparent violation of chapter 42.17 RCW, its own remedy is inadequate and enter its order referring the matter to the appropriate law enforcement agency as provided in RCW 42.17.360.

(5) Upon the conclusion of a hearing, the commission

(a) Shall set forth in writing its findings of fact, conclusions of law and decision on the merits of the case; and

(b) Shall deliver, either in person or by mail, to each respondent and their representative a copy of the findings of fact, conclusions of law and decision.

(6) When the commission finds an apparent violation and refers the matter to an enforcement agency, the commission shall give to the respondent written notice of such finding and order of referral.

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

#### AMENDATORY SECTION (Amending Order 85-03, filed 7/9/85)

WAC 390-37-210 HEARINGS—SUBPOENAS. (1) The commission, upon request by any party, may subpoena persons to appear and give testimony and may require the production of any books, papers, correspondence, memorandums or other records which the commission deems relevant or material(s).

(2) Such subpoena will issue and may be enforced in the form and manner set forth in RCW 34.04.105 and WAC 10-08-120.

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

#### REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 390-16-061	Campaign financing—Special reports
WAC 390-16-110	Abbreviated campaign reporting—Ballot propositions
WAC 390-16-220	Surplus campaign funds—Definition
WAC 390-16-225	Surplus campaign funds—Disposition

### WSR 85-22-031 PROPOSED RULES GAMBLING COMMISSION

[Filed October 31, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Gambling Commission intends to adopt, amend, or repeal rules concerning amendatory section WAC 230-04-201, new sections WAC 230-20-670, 230-20-675, 230-20-680 and 230-20-685;

that the agency will at 10:00 a.m., Thursday, January 9, 1986, in the Vancouver City Hall, Vancouver, Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW [9.46.]020(1) and [9.46.]070 (3), (4), (8), (9), (11)(d) and (14).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before January 9, 1986.

Dated: October 31, 1985

By: Ronald O. Bailey  
Deputy Director

#### STATEMENT OF PURPOSE

Title: Amendatory section WAC 230-04-201 Fees; new sections WAC 230-20-670 Redemption amusement games with prize award; 230-20-675 License for redemption amusement games with prize award; 230-20-680 License for redemption amusement games with prize award—Requirements; and 230-20-685 Records and reports—Redemption amusement games with prize award.

Description of Purpose: Petition by Music Vend Distributing Co. for adoption of these rules. Permits amusement games which dispense tickets redeemable for merchandise prizes to be played at location in conjunction with the sale of food and drink for consumption on the premises.

Statutory Authority: RCW 9.46.020(1) and 9.46.070 (3), (4), (8), (9), (11)(d) and (14).

Summary of Proposed Rules and Reasons Supporting Action: WAC 230-04-201 establishes the licensing fees for operators of redemption amusement games; 230-20-670 defines redemption amusement games and the method of operation. Requires ticket dispensing device to be approved by the commission and defines nominal value prize; 230-20-675 clarifies who may be licensed to conduct redemption amusement games; 230-20-680 requires approval of local jurisdictions to conduct redemption amusement games; requires records and reports be prepared by licensee and licensing of distributors of redemption amusement games; and 230-20-685 requires operators and distributors of redemption amusement games to submit quarterly reports to the commission.

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

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

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

These rules were not made necessary as a result of federal law or federal or state court action.

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

**AMENDATORY SECTION** (Amending Order 153, filed 8/12/85)

WAC 230-04-201 FEES. Tables 1 and 2 contain the fees that shall be paid to the commission for gambling licenses, permits, miscellaneous changes, and special investigative and inspection services.

Table 1. (For bona fide nonprofit/charitable organizations)

LICENSE TYPE	DEFINITION	FEE
1. AMUSEMENT GAMES	(Fee based on annual net receipts)	
Class A	\$500 or less	\$ 35
Class B	\$501 - 1,000	50
Class C	\$1,001 - 5,000	75
Class D	\$5,001 - 15,000	250
Class E	over \$15,000	350
2. BINGO	(Fee based on annual gross receipts)	
Class A	Up to \$10,000	\$ 50
Class B	\$ 10,001 to 50,000	150
Class C	\$ 50,001 to 100,000	500
Class D	\$ 100,001 to 300,000	800
Class E	\$ 300,001 to 500,000	1,500
Class F	\$ 500,001 to 1,000,000	3,000
Class G	\$1,000,001 to 1,500,000	4,000
Class H	\$1,500,001 to 2,000,000	5,000
Class I	\$2,000,001 to 2,500,000	6,000
Class J	\$2,500,001 to 3,000,000	7,000
Class K	\$3,000,001 to 3,500,000	8,000
3. BINGO GAME MANAGER	Original Renewal	\$ 150 75
4. CARD GAMES		
Class A	General (fee to play charged)	\$ 500
Class B	Limited card games - to hearts, rummy, mah-jongg, pitch, pinochle, coon-can and/or cribbage - (fee to play charged)	150
Class C	Tournament only - no more than ten consec. days per tournament	50
Class D	General (no fee to play charged)	50
Class R	Primarily for recreation (WAC 230-04-199)	25
5. CHANGES		
NAME	(See WAC 230-04-310)	\$ 25
LOCATION	(See WAC 230-04-320)	25
FRE	(Reno Nite date(s)/time(s)) (See WAC 230-04-325)	25
LICENSE CLASS	(See WAC 230-04-260) New class fee, less previous fee paid, plus	25
DUPLICATE LICENSE REPLACEMENT	(See WAC 230-04-290)	25
IDENTIFICATION STAMPS	(See WAC 230-30-016)	25
6. FUND RAISING EVENT		
Class A	One event not more than 24 consec. hrs.	\$ 300
Class B	One event not more than 72 consec. hrs.	500
Class C	Additional participant in joint event (not lead organization)	150
7. PERMITS	Agricultural Fair/Special Property Bingo	
Class A	One location and event only (See WAC 230-04-191)	\$ 25
8. PUNCHBOARDS/ PULL TABS	(Fee based on annual gross receipts)	
Class A	Up to \$10,000	\$ 300
Class B	Up to \$50,000	475
Class C	Up to \$100,000	960
Class D	Up to \$200,000	1,560
Class E	Up to \$300,000	2,360
Class F	Up to \$400,000	3,150
Class G	Up to \$500,000	3,775
Class H	Up to \$600,000	4,350

	Class I	Up to \$700,000	4,825
	Class J	Up to \$800,000	5,225
	Class K	Over \$800,000	5,900
9.	RAFFLES	(Fee based on annual net receipts)	
	Class C	\$500 or less	\$ 50
	Class D	\$501 - 5,000	100
	Class E	\$5,001 - 15,000	400
	Class F	Over \$15,000	600
10.	SEPARATE PREMISES		
	BINGO	Occasion (see WAC 230-04-300)	\$ 25
	RAFFLES	(See WAC 230-04-197)	25
11.	SPECIAL FEES		
	INVESTIGATION	(See WAC 230-04-240)	As required
	IDENTIFICATION AND INSPECTION STAMP	(See WAC 230-30-015 and 230-30-030)	As required

Table 2. (For commercial stimulant/profit seeking organizations)

LICENSE TYPE	DEFINITION	SEE
1. CARD GAMES		
Class B	(Fee to play charged) limited card games - to hearts, rummy, pitch, pinochle, mah-jongg, coon-can and/or cribbage	\$ 150
Class C	Tournament only, no more than ten consec. days per tournament	150
Class D	General (no fee to play charged)	50
Class E	General (fee to play charged)	
E-1	One table only	350
E-2	Up to two tables	600
E-3	Up to three tables	1,000
E-4	Up to four tables	2,000
E-5	Up to five tables	3,000
2. CHANGES		
NAME	(See WAC 230-04-310)	\$ 25
LOCATION	(See WAC 230-04-320)	25
BUSINESS CLASSIFICATION	(Same owners - see WAC 230-04-340(3))	50
LICENSE CLASS	(See WAC 230-04-260) New class fee, less previous fee paid, plus	25
DUPLICATE LICENSE	(See WAC 230-04-290)	25
OWNERSHIP OF STOCK REPLACEMENT	(See WAC 230-04-340(1))	50
IDENTIFICATION STAMPS	(See WAC 230-30-016)	25
LICENSE TRANSFERS	(See WAC 230-04-125, 230-04-340 and 230-04-350)	50
3. DISTRIBUTOR	(Fee based on annual gross receipts for sale of punchboards, pull tabs, pull tab dispensing devices and sale/lease of fund raising event equipment.)	
Class A	up to \$600,000	Original \$2,750 Renewal \$1,250
Class B	over \$600,000	Original \$2,750 Renewal \$1,700
4. DISTRIBUTOR'S REPRESENTATIVE	Original Renewal	\$ 220 110
5. MANUFACTURER	Original Renewal	\$3,300 1,650
6. MANUFACTURER'S REPRESENTATIVE	Original Renewal	\$ 220 110

7.	PERMITS Class A Class B	Agricultural Fair/Special Property Bingo One location and event only (See WAC 230-04-191) Annual permit for specified different events and locations (See WAC 230-04-193)	\$ 25  150
8.	PUBLIC CARD ROOM EMPLOYEE	Original  Renewal	\$ 150  75
9.	PUNCHBOARDS/ PULL TABS Class A Class B Class C Class D Class E Class F Class G Class H Class I Class J Class K	(Fee based on annual gross receipts) Up to \$10,000 Up to \$50,000 Up to \$100,000 Up to \$200,000 Up to \$300,000 Up to \$400,000 Up to \$500,000 Up to \$600,000 Up to \$700,000 Up to \$800,000 Over \$800,000	\$ 300 475 960 1,560 2,360 3,150 3,775 4,350 4,825 5,225 5,900
10.	SPECIAL FEES INVESTIGATION IDENTIFICATION AND INSPECTION STAMP	(See WAC 230-04-240)  (See WAC 230-30-015 and 230-30-030)	As required  As required
11.	SPECIAL LOCATION  AMUSEMENT GAMES Class A  Class B Class C Class D Class E	(Fee based on annual net receipts)  One event per year lasting no longer than 12 consecutive days \$25,000 or less \$25,001 - 100,000 \$100,001 - 500,000 Over \$500,000	\$ 500 500 1,500 3,000 5,000
12.	REDEMPTION AMUSEMENT GAMES WITH PRIZE AWARD First Year Fee Class A Class B Class C Class D	\$275 (Fee based on annual receipts) \$25,000 or less \$25,000 - \$100,000 \$100,001 - \$500,000 Over \$500,000	\$ 500 1,500 3,000 5,000

Reviser's note: RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

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

**NEW SECTION**

WAC 230-20-670 REDEMPTION AMUSEMENT GAMES WITH PRIZE AWARD. (1) A redemption amusement game with prize award shall mean:

(a) An "amusement game" which meets all elements of the definition in RCW 9.46.020 whether video, electronic or mechanical or any combination;

(b) Contains or has affixed as an operating component, a ticket dispenser as hereinafter defined;

(c) Dispenses a ticket upon attainment of a certain score or duration of play based in a material degree upon the skill of the contestant which ticket may be redeemed for a merchandise prize as hereinafter defined;

(d) Is coin operated; and

(e) If first approved by the commission, a coin operated amusement game without ticket dispenser which awards the skillful player by dispensing a merchandise prize of nominal value will be considered a redemption amusement game with prize award for purposes of WAC 230-20-680.

(2) "Ticket Dispenser Device." A ticket dispenser device shall mean a device approved by the Commission which is affixed to or is an integral part of a video, electronic or electromechanical game which dispenses a ticket upon ascertainment of a certain score or duration of play. Such devices shall contain a non-resettable meter or counter and the ticket dispensed shall comply with the provisions of RCW 19.83-.010, et seq. and RCW 19.84.010, et seq. as applicable.

(3) Merchandise Prize of Nominal Value. A merchandise prize of nominal value shall mean:

(a) Property offered in redemption for tickets dispensed from a ticket dispenser;

(b) Having a value per item of not more than \$50.00 as determined by the cost to the licensee; and

(c) A merchandise prize of nominal value does not include, regardless of cost, firearms, alcoholic beverages, cash or currency or any property, tangible or intangible, the award of which is prohibited by law.

(4) Redemption Amusement Game With Prize Award Does Not Preclude Other Amusement Games. This regulation shall not be construed to restrict, preclude or amend the definition of amusement games found in WAC 230-20-605 nor the uses of such amusement games.

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

#### NEW SECTION

WAC 230-20-675 LICENSE FOR REDEMPTION AMUSEMENT GAMES WITH PRIZE AWARD. The commission may issue a license to any person, association or organization other than a bona fide charitable or bona fide nonprofit organization to conduct redemption amusement games with prize awards at locations specified in WAC 230-20-680.

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

#### NEW SECTION

WAC 230-20-680 LICENSE FOR REDEMPTION AMUSEMENT GAMES WITH PRIZE AWARD - REQUIREMENTS. (1) Persons other than bona fide charitable or bona fide nonprofit organizations may conduct redemption amusement games with prize award only after obtaining a redemption amusement game and prize award license from the commission.

(2) Such licenses may be issued to an "operator" as defined in WAC 230-02-200.

(3) Such license may be issued to any person, association or organization owning amusement games which meet the definition of WAC 230-20-670 who utilize and employ such amusement games in conjunction with the sale of food and drink for consumption on the premises wherein the amusement games are played.

(4) The license as issued shall authorize redemption amusement game with prize award activities at the location wherein the machines are played. The license so issued is not transferable to any other location without the authorization of the commission.

(5) No redemption amusement game with prize award shall be conducted in any location except in conformance with local zoning, fire, health and similar regulations.

(6) No such license shall be issued for any location in any county or city after the commission has been adequately notified in writing by the governing body of such county or city that the activity has been prohibited.

(7) The licensee shall maintain such records and submit such reports and submit to audit as required by WAC 230-08-240.

(8) A distributor, as defined in WAC 230-02-210, of amusement games with ticket dispensers or of ticket dispensers separately shall be licensed in accordance with the regulations of the commission applicable to distributors.

#### NEW SECTION

WAC 230-20-685 RECORDS AND REPORTS - REDEMPTION AMUSEMENT GAMES WITH PRIZE AWARD. (1) Each application for a license to operate redemption amusement games with prize award shall be submitted on the license application form approved by the commission and shall comply insofar as applicable, with the procedures described in WAC 230-04-020, and supply the information required by WAC 230-04-050 and WAC 230-04-060.

(2)(a) Each redemption amusement game with prize award licensee shall submit a quarterly activity report containing the information required by WAC 230-08-240 setting forth the operations of the licensed activity and other matters required by the commission during each of the following periods of the year:

January 1 through March 31

April 1 through June 30

July 1 through September 30

October 1 through December 31

(b) If the licensee does not renew his license, then he shall file a report for the period between the previous report filed and the expiration date of his license.

(c) Each report shall be received in the office of the commission or be postmarked not later than thirty (30) days following the end of the period for which it is made.

(d) The report shall be signed by the owner, president or equivalent officer and shall be submitted upon a form to be obtained from the commission. If the report is prepared by someone other than the licensee or his employee, then the preparer shall also sign the report.

(3) Any and all records of any person operating any activity authorized by WAC 230-20-670 through WAC 230-20-680 shall be subject to audit of its records in accordance with WAC 230-08-200.

(4) A distributor licensed under WAC 230-20-680 shall report its activities quarterly as specified in WAC 230-20-685 above and as required by WAC 230-08-140.

#### WSR 85-22-032

#### ADOPTED RULES

#### OFFICE OF ADMINISTRATIVE HEARINGS

[Order 4—Filed October 31, 1985]

I, David R. LaRose, director of the Office of Administrative Hearings, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd	WAC 10-04-020	Change of agency organization and office locations.
Amd	WAC 10-08-040	Uniform procedural rule on notice of hearing, adding notice of right to interpreter.
New	WAC 10-08-150	New section on interpreters.
Amd	WAC 10-08-160	Amending interpreter oath.

This action is taken pursuant to Notice No. WSR 85-20-053 filed with the code reviser on September 26, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 42.17.250 and 34.04.020 (WAC 10-04-020); 34.04.022 and chapter 2.42 RCW (WAC 10-08-040, 10-08-150 and 10-08-160(2)) and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 31, 1985.

By D. R. LaRose  
Chief Administrative Law Judge

#### AMENDATORY SECTION (Amending Order 3, filed 11/1/82)

WAC 10-04-020 FUNCTION—ORGANIZATION—OFFICES. The office of administrative hearings was created by chapter 34.12 RCW for the impartial administration of administrative hearings for state agencies. The office is under the direction of the chief administrative law judge and is organized in two divisions (~~(, the benefits division and the regulatory and special assignments division)~~).

Administrative law judges assigned to the two divisions preside over hearings in contested cases and issue proposals for decisions, including findings of fact and conclusions of law. (~~(The benefits division is responsible for hearings held before the employment security department and the department of social and health services. The regulatory and special assignments division)~~) Division one is responsible for hearings held before the department of social and health services, the utilities and transportation commission, the liquor control board, the department of licensing, and any other state agency as

defined in RCW 3((2))4.12.020(4). Division two is responsible for hearings held before the employment security department.

The administrative office is located at Building No. 1, 4224 - 6th Avenue S.E., Lacey, Washington, 98504-8915. The office hours are 8:00 a.m. to noon and 1:00 p.m. to 5:00 p.m., Monday through Friday except legal holidays. Administrative law judges are housed in the following field offices:

Social & Health Subdivision  
(~~(117 Jefferson)~~)  
1212 Jefferson SE, Suite 200  
Olympia WA 98504-7821

Social & Health Subdivision  
1414 Dexter Avenue North  
Seattle WA 98109

Social & Health Subdivision  
(~~(428 Hutton Building)~~)  
2nd Floor, ES Building  
(~~(South 9 Washington)~~)  
South 130 Arthur  
Spokane WA 9920(~~(4)~~)2

Social & Health Subdivision  
2925 Rockefeller  
Everett WA 98201

Yakima Subdivision  
1110 West Lincoln Avenue  
Yakima WA 98902

Utilities & Transportation Subdivision  
(~~(6th Floor Highways Licenses Building)~~)  
1212 Jefferson SE, Suite 200  
Olympia WA 98504-7821

Liquor Control Subdivision  
(~~(1025 East Union)~~)  
1212 Jefferson SE, Suite 200  
Olympia WA 98504-7821

Employment Security Subdivision  
Room 606 Securities Building  
1904 Third Avenue  
Seattle WA 98101

Employment Security Subdivision  
Capital 5000 Building  
Olympia WA 98504-5822

Employment Security Subdivision  
2nd Floor, ES Building  
P.O. Box TAF-C-14  
Spokane WA 99220

All written communications by parties pertaining to a particular case shall be filed with the field office, if any, assigned to the case, and otherwise with the deputy chief administrative law judge at the administrative office.

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

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

#### AMENDATORY SECTION (Amending Order 3, filed 11/1/82)

WAC 10-08-040 NOTICE OF HEARING. (1) In any contested case all parties shall be served with a notice within the time required by statute governing the respective agency or proceeding, and in the absence of a statutory requirement, not less than twenty days before the date set for the hearing. The notice shall include the information specified in RCW 34.04.090(1) and if the hearing is to be conducted by teleconference call the notice shall so state. The notice shall state that if a limited English-speaking or hearing impaired party or witness needs an interpreter a qualified interpreter will be appointed and that there will be no cost to the party or witness. The notice shall include a form for a party to indicate whether he or she needs an interpreter and to identify the primary language or hearing impaired status of the party. The notice shall also include such other information as may be necessary to apprise the parties of the scope and purpose of the hearing.

(2) Defects in the notice may not be waived (~~(if all parties acquiesce:)~~) unless:

(a) The presiding officer determines that the waiver has been made knowingly, voluntarily and intelligently;

(b) The party's representative, if any, consents; and

(c) If a party is an impaired person, the waiver is requested through the use of a qualified interpreter.

(3) When a limited-English-speaking person is a party in an administrative proceeding all notices concerning the hearing, including hearing notices, notices of continuance, and notices of dismissal, shall either be in the primary language of the party or shall include a notice in the primary language of the party which describes the significance of the notice and how the party may receive assistance in understanding and responding to, if necessary, the notice.

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

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

#### NEW SECTION

WAC 10-08-150 INTERPRETERS. (1) An "impaired person" is any person involved in a contested case hearing who is a hearing impaired person or a limited-English-speaking person.

(2) A "hearing impaired person" is a person who, because of a hearing impairment or speech defects, cannot readily understand or communicate in spoken language; and includes persons who are deaf, deaf and blind, or hard of hearing.

(3) A "limited-English-speaking person" is a person who because of a non-English-speaking cultural background cannot readily speak or understand the English language.

(4) A "qualified interpreter" is one who is readily able to interpret spoken and translate written English to and for impaired persons and to interpret or translate statements of impaired persons into spoken English and who meets the requirements of WAC 10-08-150(9); Provided that for hearing impaired persons a qualified interpreter must be certified by the registry of interpreters for the deaf with a specialist certificate-legal, master's comprehensive skills certificate or comprehensive skills certificate.

(5) An "intermediary interpreter" is a hearing impaired interpreter who is certified by the registry of interpreters for the deaf with a reverse skills certificate, who meets the requirements of WAC 10-08-150(9), and who is able to assist in providing an accurate interpretation between spoken and sign language or between variants of sign language by acting as an intermediary between a hearing impaired person and a qualified interpreter for the hearing impaired.

(6) When an impaired person is a party to any contested case hearing or witness therein, the presiding officer shall, in the absence of a written waiver signed by the impaired person, appoint a qualified interpreter to assist the impaired person throughout the proceedings. The right to a qualified interpreter may not be waived except when:

(a) The impaired person requests a waiver through the use of a qualified interpreter;

(b) The representative, if any, of the impaired person consents; and

(c) The presiding officer determines that the waiver has been made knowingly, voluntarily, and intelligently.

(7) Waiver of a qualified interpreter shall not preclude the impaired person from claiming his or her right to a qualified interpreter at a later time during the proceeding.

(8) Relatives of any participant in a proceeding and employees of the agency involved in a proceeding shall not be appointed as interpreters in the proceeding. This subsection shall not prohibit the office of administrative hearings from hiring an employee whose sole function is to interpret at administrative hearings.

(9) The presiding officer shall make a preliminary determination that an interpreter is able in the particular proceeding to interpret accurately all communication to and from the impaired person. This determination shall be based upon the testimony or stated needs of the impaired person, the interpreter's education, certifications, and experience in interpreting for contested cases, the interpreter's understanding of the basic vocabulary and procedure involved in the proceeding, and the interpreter's impartiality. The parties or their representatives may question the interpreter as to his or her qualifications and impartiality.

(10) If at any time during the proceeding, in the opinion of the impaired person, the presiding officer or a qualified observer, the interpreter does not provide accurate and effective communication with the impaired person, the presiding officer shall appoint another qualified interpreter.

(11) If the communication mode or language of a hearing impaired person is not readily interpretable, the

interpreter or hearing impaired person shall notify the presiding officer who shall appoint and pay an intermediary interpreter to assist the qualified interpreter.

(12) Mode of interpretation.

(a) Interpreters for limited-English-speaking persons shall use simultaneous mode of interpretation where the presiding officer and interpreter agree that simultaneous interpretation will advance fairness and efficiency; otherwise, the consecutive mode of foreign language interpretation shall be used.

(b) Interpreters for hearing impaired persons shall use the simultaneous mode of interpretation, unless an intermediary interpreter is needed. If an intermediary interpreter is needed, interpreters shall use the mode that the qualified interpreter considers to provide the most accurate and effective communication with the hearing impaired person.

(c) When an impaired person is a party to a proceeding, the interpreter shall translate all statements made by other hearing participants. The presiding officer shall ensure that sufficient extra time is provided to permit translation and the presiding officer shall ensure that the interpreter translates the entire proceeding to the party to the extent that the party has the same opportunity to understand all statements made during the proceeding as a non-impaired party listening to uninterpreted statements would have.

(13) A qualified interpreter shall not, without the written consent of the parties to the communication, be examined as to any communication the interpreter interprets under circumstances where the communication is privileged by law. A qualified interpreter shall not, without the written consent of the parties to the communication, be examined as to any information the interpreter obtains while interpreting pertaining to any proceeding then pending.

(14) The presiding officer shall explain to the impaired party that a written decision or order will be issued in English, and that the party may contact the interpreter for a translation of the decision at no cost to the party. If the party has a right to review of the order or decision, the presiding officer shall orally inform him or her during the hearing of the right and of the time limits to request review.

(15) At the hearing the interpreter for a limited English-speaking party shall provide to the presiding officer the interpreter's telephone number written in the primary language of the impaired party. A copy of such telephone number shall be attached to the decision or order mailed to the impaired party. A copy of the decision or order shall also be mailed to the interpreter for use in translation.

(16) In any proceeding involving a hearing impaired person, the presiding officer may, with the consent of the agency involved in the hearing, order that the testimony of the hearing impaired person and the interpretation of the proceeding by the qualified interpreter be visually recorded for use as the official transcript of the proceeding. Where simultaneous translation is used for interpreting statements of limited-English-speaking persons,

the foreign language statements shall be recorded simultaneously with the English language statements by means of a separate tape recorder.

(17) A qualified interpreter appointed under this section is entitled to a reasonable fee for services, including waiting time and reimbursement for actual necessary travel expenses. The agency involved in the hearing shall pay such interpreter fee and expenses. The fee for services for interpreters for hearing impaired persons shall be in accordance with standards established by the department of social and health services, office of deaf services.

**AMENDATORY SECTION** (Amending Order 3, filed 11/11/82 [11/1/82])

WAC 10-08-160 TESTIMONY UNDER OATH OR AFFIRMATION. (1) Every person called as a witness in a hearing shall swear or affirm that the testimony he or she is about to give in the hearing shall be the truth according to the provisions of RCW 5.28.020 through 5.28.060.

~~((2) Interpreters shall swear or affirm that they will well and truly translate all questions asked of and answers given by the witness requiring interpretation.))~~

(2) Every interpreter shall, before beginning to interpret, take an oath that a true interpretation will be made to the person being examined of all the proceedings in a language or in a manner which the person understands, and that the interpreter will repeat the statements of the person being examined to the agency conducting the proceedings, in the English language, to the best of the interpreter's skill and judgment.

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

**WSR 85-22-033**  
**ADOPTED RULES**  
**BOARD OF PHARMACY**  
 [Order 196—Filed October 31, 1985]

Be it resolved by the Washington State Board of Pharmacy, acting at Olympia, Washington, that it does adopt the annexed rules relating to fees, WAC 360-18-020.

This action is taken pursuant to Notice No. WSR 85-18-089 filed with the code reviser on September 4, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 18.64.005(4) and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 28, 1985.

By Donald H. Williams  
 Executive Secretary

**AMENDATORY SECTION** (Amending Order 184 [193], filed 1/25/84 [2/22/85])

WAC 360-18-020 (~~(LICENSE)~~) FEES. (~~(Effective October 1, 1983, the)~~) The following fees shall be charged by the board of pharmacy:

(a) PHARMACY LOCATION( <del>(,)</del> ) & CSA ( <del>(&amp; PROPHYLACTIC)</del> )	
Original pharmacy fee	<del>((125.00))</del> 165.00
Original pharmacy assistant utilization fee	<del>((30.00))</del> 35.00
Renewal pharmacy fee	<del>((65.00))</del> 85.00
Renewal pharmacy assistant utilization fee	<del>((30.00))</del> 35.00
Penalty pharmacy fee	<del>((130.00))</del> 165.00
(b) VENDOR	
Original fee	<del>((20.00))</del> 40.00
Renewal fee	<del>((20.00))</del> 40.00
Penalty fee	<del>((20.00))</del> 40.00
(c) PHARMACIST	
Exam fee (full exam)	<del>((100.00))</del> 125.00
Reexamination fee (jurisprudence portion)	25.00
Original license fee	75.00
Renewal fee, active and inactive license	<del>((50.00))</del> 60.00
Penalty fee	<del>((50.00))</del> 60.00
Reciprocity fee	<del>((200.00))</del> 250.00
Certification of license status to other states	10.00
(d) SHOPKEEPER	
(i) SHOPKEEPER – sixteen or more drugs	
Original fee	10.00
Renewal fee	10.00
Penalty fee	5.00
(ii) SHOPKEEPER – with differential hours	
Original fee	10.00
Renewal fee	10.00
Penalty fee	5.00
(e) DRUG MANUFACTURER	
Original fee	<del>((175.00))</del> 250.00
Renewal fee	<del>((175.00))</del> 250.00
Penalty fee	<del>((175.00))</del> 250.00

(f) DRUG WHOLESALER – full line	
Original fee	<del>((+75.00))</del> 250.00
Renewal fee	<del>((+75.00))</del> 250.00
Penalty fee	<del>((+75.00))</del> 250.00
(g) DRUG WHOLESALER – OTC only	
Original fee	<del>((+25.00))</del> 150.00
Renewal fee	<del>((+25.00))</del> 150.00
Penalty fee	<del>((+25.00))</del> 150.00
(h) DRUG WHOLESALER – export	
Original fee	<del>((+75.00))</del> 250.00
Renewal fee	<del>((+75.00))</del> 250.00
Penalty	<del>((+75.00))</del> 250.00
(i) PHARMACY ASSISTANT – Level "A"	
Original fee	<del>((20.00))</del> 30.00
Renewal fee	<del>((+5.00))</del> 20.00
(j) PHARMACY INTERN	
Original registration fee	<del>((+0.00))</del> 15.00
Renewal registration fee	<del>((+0.00))</del> 15.00
(k) CONTROLLED SUBSTANCES ACT (CSA) REGISTRATIONS	
Dispensing registration fee (i.e. pharmacies)	35.00
Dispensing renewal fee (i.e. pharmacies)	30.00
Distributors registration fee (i.e. wholesalers)	50.00
Distributors renewal fee (i.e. wholesalers)	50.00
Manufacturers registration fee	50.00
Manufacturers renewal fee	50.00
Physician( <del>(s)</del> ) assistant registration fee	15.00
Physician( <del>(s)</del> ) assistant renewal fee	10.00
CRN with prescriptive authorization registration fee	15.00
CRN with prescriptive authorization renewal fee	10.00
Sodium pentobarbital for animal euthanization registration fee	<del>((+5.00))</del> 20.00
Sodium pentobarbital for animal euthanization renewal fee	<del>((+0.00))</del> 15.00

published above varies from its predecessor in certain respects not indicated by the use of these markings.

**WSR 85-22-034**  
**EMERGENCY RULES**  
**DEPARTMENT OF LICENSING**  
[Order TL-RG-21—Filed October 31, 1985]

I, Theresa Anna Aragon, director of the Washington State Department of Licensing, do promulgate and adopt at Olympia, Washington, the annexed rules relating to restrictions and conditions, amending WAC 308-99-040.

I, Theresa Anna Aragon, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is in a recent amendment to WAC 308-99-040, implementing chapter 353, Laws of 1985, the department inadvertently deleted subsection (10). That subsection granted a period of 60 days to new residents of this state in which to license and register their vehicles if those vehicles are licensed and registered in another jurisdiction. This emergency order is necessary to prevent the loss of that privilege to such new residents while formal rule-making procedures are undertaken by the department to reinstate the 60 day period.

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

This rule is promulgated pursuant to RCW 46.85.060 and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 25, 1985.

By Theresa Anna Aragon  
Director

AMENDATORY SECTION (Amending Order 729-DOL [TL/RG 17], filed 9/9/83 [9/30/85])

**WAC 308-99-040 RESTRICTIONS AND CONDITIONS.** A vehicle properly licensed or registered in another jurisdiction may be operated in Washington without further registration requirements subject to the following conditions and restrictions:

(1) Nonresident tourists or other nonresident visitors: Length of stay cannot exceed one hundred eighty days in a calendar year.

(2) Nonresident students: The student must be in full-time attendance at an institution of higher learning in Washington accredited by the Northwest Association of Schools and Colleges and maintain their legal home of record at a location outside the state of Washington. Students' vehicles must be registered in their name or

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

**Reviser's note:** RCW 34.04.058 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule

the name of their parent or legal guardian in the resident state of record. The student must carry documentation issued by the institution in the vehicle which readily establishes the nonresident status. Employment incidental to the full-time student status is permitted. The spouse of a nonresident student has the same licensing privilege as long as the vehicle is registered to the student or jointly to the student and spouse, regardless of the spouse's legal residence or employment.

(3) *Nonresident military personnel:* Vehicles must be currently registered in the name of the military person at their official home of record. A vehicle licensed at the last duty station may be operated until expiration of the registration at which time it must be licensed in the home of record or in Washington. The spouse of a nonresident military person has the same licensing privilege as long as the vehicle is registered to the military person or jointly to the military person and spouse, regardless of the spouse's legal residence or employment.

(4) *Temporary employment:* Nonresident persons engaged in employment of a temporary nature may operate a vehicle in this state which is currently licensed in another jurisdiction for a period not to exceed one hundred eighty days in a calendar year. Proof of the temporary nature of the employment may be required.

(5) *Borrowed vehicle:* A borrowed vehicle currently licensed in another jurisdiction may be operated by a Washington resident for a period not to exceed ten days in any one calendar year. If the period of use exceeds ten days the vehicle must be registered and licensed in Washington. This provision does not apply to business vehicles.

(6) *Salespersons:* Nonresident salespersons based at a location outside Washington are permitted to operate vehicles not to exceed 12,000 pounds registered gross vehicle weight licensed in another jurisdiction in this state without registration.

(7) *Business vehicle:* A vehicle or a combination of vehicles, not exceeding a registered gross or combined gross vehicle weight of 12,000 pounds, which is properly base licensed in another jurisdiction, and used for business purposes in this state is not required to obtain Washington vehicle license registration except when such vehicle is owned or operated by a business or branch office of a business located in Washington.

(8) *Nonresident employed in Washington:* A nonresident employed in Washington for more than one hundred eighty days in a calendar year may operate a vehicle licensed in another jurisdiction as long as no permanent, temporary, or part-time residence is maintained in this state.

(9) *New resident:* New Washington residents shall be allowed sixty days from the date of establishing residency to procure Washington registration for their vehicle.

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

**WSR 85-22-035**  
**ADOPTED RULES**  
**DEPARTMENT OF**  
**LABOR AND INDUSTRIES**  
 [Order 85-31—Filed November 1, 1985]

I, R. A. Davis, director of the Department of Labor and Industries, do promulgate and adopt at Room 334, General Administration Building, Olympia, WA 98504, the annexed rules relating to WAC 296-04-005, amended to provide for a 45-day, cut-off period prior to Apprenticeship Council meetings for submitting petitions for council consideration. WAC 296-04-040, amended to correct errors and omissions contained in a previous filing, reiterates the 45-day, cut-off date and sets a beginning day for council meetings. WAC 296-04-060 amended to specify that minutes of council meetings will be available to the public upon written request.

This action is taken pursuant to Notice No. WSR 85-18-038 filed with the code reviser on August 30, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to chapter 49.04 RCW and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 25, 1985.

By R. A. Davis  
 Director

AMENDATORY SECTION (Amending Order 80-2, filed February 2, 1980 [2/8/80])

WAC 296-04-005 APPRENTICESHIP AND TRAINING AGREEMENTS—PROPOSED STANDARDS. The Washington state apprenticeship and training council is the body responsible for matters concerning apprenticeship and training in the state of Washington. The principal function of the council is to approve and register apprenticeship and training agreements. Persons or organizations desiring to institute an apprenticeship or training program must first prepare proposed standards which conform to these rules and to RCW 49.04.050. The standards must also include the composition of and general rules for the committee which will administer the program. The supervisor, or Washington state apprenticeship coordinators, are available to give assistance in this task.

These standards, which will be either a plant program or committee program as defined herein, must then be presented to the supervisor at least ~~((30))~~ 45 days before the regular meeting at which the council will be requested to consider such proposed standards. The standards proposed will then be discussed by the council and approved, disapproved, or approved subject to enumerated changes. ~~((Minor changes may be made at the council meeting if authorized representatives of all concerned~~

~~are present and authorized to accept changes.))~~ The council, at its meetings, will allow changes made for clerical errors and additions of standard approved language deleted from the proposed standard if authorized representatives of all concerned are present and authorized to accept changes. The council will not accept changes at its meetings in the format or language not deemed standard by the council.

The committee thus set up then begins functioning. Its duties are to run the day to day operations of the apprenticeship and training program. It is charged with operating the program in accordance with the standards as approved by the council. It is charged with accepting or rejecting applicants for apprenticeship or training, registering accepted applicants as apprentices or trainees with the supervisor of apprenticeship and training, removing apprentices or trainees from the program in accordance with the standards and informing the supervisor of any matters which affect the standing of individuals as apprentices or trainees. Persons not registered with the supervisor as apprentices or trainees cannot be recognized as apprentices or trainees by the council.

The supervisor and his staff may be consulted on any matters concerning apprenticeship and training, and they will provide any information concerning apprenticeship training which is available to them. They are also required to investigate any discrepancies between the actual and required operation of any program and conduct systematic reviews of the operation of all programs. The supervisor may recommend cancellation of any program which is not operated in accordance with its approved standards after notice of violation is given in accordance with the provisions of WAC 296-04-270(3).

The supervisor and the council will act to assist in the resolution of any complaints against local committees, or other organizations administering apprenticeship agreements, by any apprentices who have completed their probationary period, as provided in WAC 296-04-295.

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

#### AMENDATORY SECTION (Amending Order 79-3, filed February 22, 1979)

WAC 296-04-040 COUNCIL MEETINGS—WHEN HELD—NOTICE—WHO MAY ATTEND—QUORUM. Council meetings shall be of two kinds—~~((business))~~ ~~((regular))~~ regular and special meetings.

(1) ~~((BUSINESS))~~ ~~((REGULAR))~~ REGULAR MEETINGS. ~~((Business))~~ ~~((regular))~~ Regular meetings of the council shall be held at least quarterly during each year beginning on the third Thursday ~~((and Friday))~~ of the months of January, April, July and October. Such ~~((business))~~ ~~((regular))~~ regular meetings shall be held at such locations within the state of Washington which in the opinion of the council will best promote the purposes of the Washington State Apprenticeship and Training Act. All meetings of the council shall be open to the general public, and all actions, transaction of official business of the council, collective

decision, commitment or promise, and all collective discussion, acquisition and exchange of facts in the course of deliberation prior to any action of the council shall only be made in meetings open to the public consistent with the provisions of the Open Public Meetings Act of 1971 (chapter 250, Laws of 1971 1st ex. sess.) and chapter 34.04 RCW. No member of the general public will be required as a condition upon attending any council meeting to register his name or give any other information or to fulfill any condition precedent to his attendance at council meetings. Notice of such meetings shall be given to all approved committees and may be given to any persons, organizations, or agencies at the direction of the council, or any member thereof, and in addition shall be given to any newspaper, news service, television or radio station which has requested to be notified of council meetings. Committee programs, plant programs, or amendments thereto, may be approved or disapproved only at ~~((business))~~ ~~((regular))~~ regular meetings.

(2) SPECIAL MEETINGS. Special meetings of the council may be called by the chairman or by majority of the council members by delivering personally or by mail~~((f,t))~~ written notice to each member of the council~~((f,t))~~ and all approved joint apprenticeship and training committees~~((f,t))~~ and to each newspaper of general circulation, television or radio station~~((f,t))~~ which has on file with the council or the supervisor~~((f,t))~~ a request to be notified of such special meeting of the council~~((f,t))~~, which shall be ineffective unless it sets forth the date, time and location of the meeting~~((f,t))~~ and specifies the business to be transacted by the council at such special meeting~~((f,t))~~. Final disposition may not be made of any matter at such special meeting other than specified in the notice of such special meeting. Special meetings shall be open to the general public to the same extent ~~((fat))~~ ~~((fas))~~ as the quarterly ~~((business))~~ ~~((regular))~~ regular meetings of the council. Notice of special meetings must be delivered personally or by mail at least twenty-four hours before the time specified in the notice of such special meeting~~((f,t))~~, except in the case of rule changes pursuant to chapter 34.04 RCW which must be at least 20 days before the time specified in the notice.

(3) NOTICE OF COUNCIL MEETINGS. Notice of each quarterly ~~((business))~~ ~~((regular))~~ regular meeting of the council shall be given to all council members by the supervisor at least 20 days before the date set for the meeting and in addition shall give notice to such other persons and organizations as specified in subsection (1) of this section.

(4) NOTICE OF SPECIAL MEETINGS OF THE APPRENTICESHIP COUNCIL. Notice of special meetings of the council may be given by the supervisor at the request of the chairman or the majority of the members of the council in the manner and form specified in subsection (2) of this section. If such notices are not given, no action taken by the council shall be effective at such meetings unless each regular council member at such meeting, or prior thereto, gives a written waiver of notice of such meeting to be filed by the supervisor and the notice shall be deemed to be waived by any member

who is present at the meeting at the time it convenes. PROVIDED, That rule change may not be made at such special meeting unless the requirements of chapter 34.04 RCW have been complied with.

(5) **SUBMISSION OF PETITIONS OR REQUESTS.** The council will not act upon any petition or request which is addressed to the council unless such a petition or request is submitted in writing ~~((f))~~ to the supervisor at least ~~((30))~~ 45 days prior to the date of such quarterly ~~((business))~~ ~~((regular))~~ regular meeting, and any petitions or requests not submitted ~~((30))~~ 45 days prior to such quarterly meeting shall be deferred to the next quarterly ~~((business))~~ ~~((regular))~~ regular meeting of the council and the petitioner shall be so notified by the supervisor.

~~((6))~~ **THE VOTE.** When a tie vote occurs on an issue before the council, the impasse will be resolved by the following procedure:

(a) The chairman, vice chairman, and supervisor (assistant director for apprenticeship) shall meet and develop a recommendation to resolve the issue, reporting the outcome of such meeting to the council prior to adjournment.

(b) If the issue remains unresolved, the council shall instruct the supervisor (assistant director for apprenticeship) to request the intervention of the director of the department of labor and industries. If, in the opinion of the director, the issue warrants his intervention, the director shall review the matter and submit to the council a recommended resolution for consideration at a special meeting or the next regular meeting, at which time the council shall resolve the issue.)

~~((7))~~ (6) **QUORUM.** Two-thirds of the council members entitled to vote shall be considered a quorum.

**AMENDATORY SECTION** (Amending Order 76-4, filed February 20, 1976)

WAC 296-04-060 **OFFICERS, APPOINTMENT, DUTIES—EX OFFICIO MEMBERS.** The officers of the council shall be a chairman, vice chairman, and secretary.

(1) Chairman and vice chairman.

(a) The chairman and vice chairman shall be elected by majority vote of the council members present and voting at the quarterly business meeting nearest to the month of June in each odd-numbered year. They shall hold office for a term of two years and until their successors are elected, or until their death or resignation.

(b) The chairman shall preside over all meetings, conducting them in accordance with Robert's Rules of Order as modified by these rules and regulations. He may vote in all matters before the council as a regular member and may participate in discussion of all matters before the council. He shall have such other powers and duties as are now or hereafter provided in these rules and regulations and as are usual or necessary to chairmen, as provided in Robert's Rules of Order.

(c) The vice chairman shall preside over all council meetings in the absence of the chairman. He shall have all the powers and duties of chairman when he is so presiding.

(2) Secretary:

(a) The supervisor shall be the secretary of the council. He shall hold the office of secretary during his tenure as supervisor.

(b) The secretary shall, with the assistance of a recording secretary, keep minutes of all special and regular meetings. He shall keep a copy of the minutes of all regular and special meetings on file in his office as supervisor. He shall forward copies of minutes of all meetings to all regular and ex officio members of the council and shall make copies of the minutes of all meetings available to the public upon written request. He shall have other powers and duties as are provided in these rules and regulations and as are usually or necessarily concomitant with the office of secretary.

(3) Ex officio members of the council shall have the full right to participate in discussion of any matters before the council. They shall have no vote.

## WSR 85-22-036

### ADOPTED RULES

### HOSPITAL COMMISSION

[Order 85-06, Resolution No. 85-06—Filed November 1, 1985]

Be it resolved by the Washington State Hospital Commission, acting at the Vance Airport Inn, Seattle, Washington, that it does adopt the annexed rules relating to revisions to WAC 261-40-135 and 261-40-150 establishing the methodology and criteria for approval, modification, or disapproval of annual budget submittals and rates, rate schedules and other charges and changes therein.

This action is taken pursuant to Notice No. WSR 85-19-086 filed with the code reviser on September 18, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 70.39.180 and 34.04.020 and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED October 31, 1985.

By Maurice A. Click  
Executive Director

**AMENDATORY SECTION** (Amending Order 83-02, Resolution No. 83-02, filed 2/28/83)

WAC 261-40-135 **STAFF FINDINGS AND RECOMMENDATIONS REGARDING ANNUAL BUDGET SUBMITTAL.** (1) Hospital commission staff shall review each hospital's annual budget submittal. The staff shall utilize the methodology and address the criteria as set out in WAC 261-40-150. Requests involving variance from any criteria set out therein shall be specifically addressed by staff, who shall also make

recommendations upon such requests and specify the basis for such recommendations.

~~((+))~~ (2) Contents: Upon completion of the staff review of a hospital's annual budget submittal, the staff shall prepare a written statement of its findings and recommendations to the commission. Such statement shall include:

(a) An analysis of the annual budget submittal in such form as the commission shall direct, as corrected or modified by the hospital in response to WAC 261-40-110(1) notice;

(b) A description of the exceptions noted in the primary, secondary, or detailed expense screening process used by the staff together with any explanation or justification provided by the hospital or determined by the staff for such exception;

(c) Recommendations of the staff regarding the rates, rate schedules, other charges, or changes therein proposed in the annual budget submittal; and

(d) Such other matters as the staff deems appropriate.

~~((+))~~ (3) Date of providing of statement: A copy of the staff's statement shall be provided to the hospital not less than fifteen days prior to the date last set for commission consideration of the hospital's annual budget submittal. Copies of the statement also shall be provided to commission members by that same date.

AMENDATORY SECTION (Amending Order 84-05, Resolution No. 84-05, filed 10/1/84)

WAC 261-40-150 METHODOLOGY AND CRITERIA FOR APPROVAL, MODIFICATION, OR DISAPPROVAL OF ANNUAL BUDGET SUBMITTAL AND RATES, RATE SCHEDULES, OTHER CHARGES, AND CHANGES THEREIN. The following methodology and criteria shall be utilized by the commission in reviewing and acting on annual budget submittals ~~((; however, t))~~. The relative importance of each criterion ~~((listed below))~~, and the extent to which justification for variance from the methodology and criteria is accepted, is a matter of commission discretion:

(1) Whether the hospital's annual budget submittal and the rates, rate schedules, other charges, and changes therein:

(a) Are such that the commission can assure all purchasers of that hospital's health care services that the total costs of the hospital are reasonably related to the total services offered by that hospital;

(b) Are such that the hospital's costs do not exceed those that are necessary for a prudently and reasonably managed hospital;

(c) Are such that the hospital's aggregate revenues as expressed by rates are reasonably related to the hospital's aggregate costs;

(d) Are such that rates are set equitably among all purchasers or classes of purchasers of services without undue discrimination or preference.

(2) Whether the commission action will permit any hospital to render necessary, effective and efficient service in the public interest.

(3) Whether the commission action will assure access to necessary, effective, economically viable and efficient

hospital health care capability throughout the state, rather than the solvency or profitability of any individual hospital except where the insolvency of a hospital would seriously threaten the access of the rural public to basic health care services.

(4) Whether the appropriate area-wide and state comprehensive health planning agencies have recommended approval, modification, or disapproval of the annual budget submittal, or the rates, rate schedules, other charges, or changes therein.

(5) Whether the proposed budget and the projected revenues and expenses would result in the rate structure most reasonable under the circumstances. The following shall be considered by the commission in making that determination:

(a) The commission shall determine whether the hospital's requested utilization statistics are reasonably attainable, based upon:

(i) Historical admission trends, including a revised current year estimate derived from seasonally-adjusted quarterly report information;

(ii) Historical trends of outpatient volumes as measured by inflation-adjusted outpatient revenue and outpatient equivalents of admissions;

(iii) Historical trends of the average length of stay; and

(iv) Such other information as the commission may determine is appropriate as a basis for deviating from measures based upon historical trends including, but not limited to:

(A) Revisions necessary to maintain compliance with the commission's Accounting and Reporting Manual for Hospitals pursuant to WAC 261-20-030;

(B) Negotiated rate agreements that guarantee additional volumes related to a purchaser of hospital health care services;

(C) The implementation or deletion of services or programs for which certificate of need approval has been obtained, if required;

(D) The opening of new health care service-related capacity for which certificate of need approval has been obtained, if required; and

(E) Other considerations presented by the hospital and determined to be appropriate by the commission.

(b) The commission shall utilize a principal screen to compare the hospital's requested net patient services revenue (total rate setting revenue less deductions from revenue) per adjusted admission to the hospital's target net patient services revenue per adjusted admission as calculated in item (i) below and modified by item (ii) below:

(i) Each hospital's target net patient services revenue per adjusted admission shall be calculated by applying to the individual hospital the same methodology utilized by the Commission in establishing the volume and operating expense components of the target dollar amount of total state-wide hospital revenue adopted by the commission in accordance with RCW 70.39.150(6), and adding a capital allowance component as calculated according to WAC 261-40-150 (5)(d)(i)(B) and (C); provided that, the additional considerations provided for in WAC 261-40-150 (5)(d)(i)(C)(1) and (2) shall not be

included in the capital allowance component of the target net patient services revenue per adjusted admission for purposes of this item.

(ii) The target net patient services revenue per adjusted admission as calculated in item (i) above shall be modified as follows, if applicable:

(A) For each hospital whose percentage increase in target net patient services revenue per adjusted admission over the current year approved level exceeds the peer group median of the target rates of increase, the hospital's target net patient services revenue per adjusted admission shall be reduced to reflect the peer group median target rate of increase.

(B) For each hospital whose target net patient services revenue per adjusted admission exceeds the peer group median of the target, the hospital's target shall be reduced by one-half of one percent for each one percent variance above the peer group median of the target.

(iii) If, after volume adjusting the revised target and the budget request to reasonably attainable levels of adjusted admissions, the requested net patient services revenue per adjusted admission does not exceed the revised target, the operating expense and capital allowance sections of the hospital's annual budget submittal will not be subject to further review provided that the resulting rates meet the criteria of WAC 261-40-150 (5)(f), (6), and (7).

(iv) If, after volume adjusting the revised target and the budget request to reasonably attainable levels of adjusted admissions, the requested net patient services revenue per adjusted admission exceeds the revised target, further review of the components of operating expense and capital allowance will be conducted.

(c) The commission shall determine whether the hospital's requested operating expenses are such that the commission can assure all purchasers of that hospital's health care services that the total costs of the services are reasonably related to the total services offered by that hospital and are such that the hospital's costs do not exceed those that are necessary for a reasonably and prudently managed hospital, based upon:

(i) Adjusting the requested level of operating expenses to reflect the adjusted admissions as determined according to WAC 261-40-150 (5)(a), utilizing the variable cost factors described in WAC 261-40-150(6);

(ii) Applying national hospital market basket inflation forecasts to operating expenses by natural classification. National inflation forecasts will be modified to reflect regional or state-wide economic conditions, as appropriate;

(iii) Such other information as the commission may determine is appropriate as a basis for deviating from the standard variable cost ratios specified in WAC 261-40-150(6) or inflation forecasts. This information shall include but not be limited to:

(A) Revisions necessary to comply with the commission's Accounting and Reporting Manual for Hospitals pursuant to WAC 261-20-030;

(B) Reasonable operating expenses related to implementation or deletion of services or programs for which certificate of need approval has been obtained, if required;

(C) Reasonable operating expenses related to expansion or contraction of hospital capacity for which certificate of need approval has been obtained, if required;

(D) Volume adjustments of a magnitude which render the standard variable cost factors described in WAC 261-40-150(6) inappropriate; and

(E) Other consideration presented by the hospital and determined to be appropriate by the commission.

(d) The commission shall determine whether the hospital's requested capital allowance is appropriate based upon the following:

(i) Capital allowance shall be computed as a return on net property, plant and equipment (property, plant and equipment less accumulated depreciation) used in hospital operations. Interest expense on long-term debt shall be deducted from the return on net property, plant and equipment.

(A) The value for net property, plant and equipment shall be derived from the balances at the end of the hospital's current year, as approved by the commission, and the projected balances at the end of the budget year. An average shall be calculated. The average of the net property, plant and equipment shall be the base upon which the return shall be calculated.

(1) Any capital expenditures contained in the projected balances at the end of the budget year which are subject to certificate of need approval will be excluded from the base until such time as the certificate of need has been issued by the department of social and health services;

(2) Any assets contained in net property, plant and equipment that do not relate to hospital operations, as defined in the commission's Accounting and Reporting Manual for Hospitals, pursuant to WAC 261-20-030, will be excluded from the base.

(B) A return on net property, plant and equipment for proprietary hospitals at the rate of 12 percent and for the not-for-profit hospitals at the rate of 10 percent shall be presumed appropriate; however, the commission may vary from that rate, higher or lower, where appropriate. After computation of the return, allowable interest expense on long-term debt shall be deducted from the computed return.

(C) Working capital increases, if requested, shall be added to the return on net property, plant and equipment for determination of the total capital allowance. Working capital increases up to twelve and one-half percent of the increase in net patient services revenue from the approved budget in the current year to the approved budget as determined by the commission in the requested year shall be presumed appropriate; however, the commission may vary from that allowance, higher or lower, where appropriate.

(1) The commission may determine that a hospital in peer groups 1 or 2 is experiencing financial distress and may determine to vary from the allowance for working capital.

(2) The commission may determine to allow additional working capital where the hospital can demonstrate to the commission's satisfaction that its payer mix would require additional funding of accounts receivable.

(D) The commission may consider other elements in the determination of appropriate capital allowance for inclusion in total rate setting revenue. These considerations include, but are not limited to, the following elements:

(1) Hospitals that have been undercapitalized as determined by the average age of plant to the state-wide average; the total turnover rate of assets, which include total operating revenue divided by total assets; and the fixed asset turnover rate, which includes total operating revenue divided by net fixed assets;

(2) Whether that portion of debt principal payments which exceeds the total depreciation expense in the budget year should be allowed;

(3) If the hospital has been approved for equity funding or accumulation of funds for a project in the future and its rates are at or below the median of its peer group and the equity funding is consistent with the hospital's long-range plan and financing plan which have been approved by the hospital's governing body; and

(4) If the hospital has an approved certificate of need and related financing consistent with the approved certificate of need and the impact on rates of the additional funding is determined not to be excessive by the commission.

(e) Whether the budgeted deductions from revenue are appropriate:

(i) Contractual adjustments related to governmental programs, such as titles V, XVIII, XIX of the social security act, department of labor and industries, veteran's administration and indian health service, are allowable.

(ii) Contractual adjustments related to bank card discounts, self-insured workers' compensation, negotiated rates and all other nongovernmental-sponsored patients are not allowable as deductions from revenue for rate setting purposes;

(iii) Bad debts and charity will be trended as a percentage of total rate setting revenue over time and any significant changes will require justification;

(iv) Administrative adjustments exceeding one-tenth of one percent of total rate setting revenue will require justification;

(v) Deductions from revenue may be recomputed based on determinations in all other areas of the budget.

(f) Whether the reviews performed in accordance with WAC 261-40-150 (5)(a), (b), (c), (d) and (e) result in rates, rate schedules, other charges, and changes therein which are the most reasonable under the circumstances.

(i) Rate setting revenue per adjusted admission should not exceed the 70th percentile of the peer group revenue screens unless the hospital's intensity exceeds the 70th percentile as measured by:

(A) Ratio of intensive care days to total days; and

(B) Radiology relative value units per adjusted admission; and

(C) Laboratory billable workload units per adjusted admission; and

(D) Surgery minutes per adjusted admission; or

(E) The hospital's adjusted case mix index derived from the commission hospital abstract reporting system.

(ii) The commission may consider any other information it determines is appropriate as the basis for deviating from these criteria including the relative level of deductions from revenue experienced by the hospitals;

(iii) If the rates are not approved as requested, the hospital must submit revised rates to the commission within twenty days of the date of service of the decision and order.

~~(((5) Whether the rates, rate schedules, other charges, and changes therein contained in the hospital's annual budget submittal are reasonable and necessary:))~~

(6) Whether the rates implemented and revenues collected by the hospital in previous budget years conformed to the applicable commission determinations for such years. Conformance will be determined by comparing, at the end of the budget year, actual revenues for the budget year to commission-approved revenues, on the basis of either the aggregate rate per adjusted patient day, or the revenues for individual revenue centers, as either may be modified, where appropriate, for volume variance between budgeted and actual levels; such comparison shall be made using actual, rather than budgeted, deductions from revenue.

The approved ~~((planned capital and service component and return on investment))~~ capital allowance shall be considered a fixed cost when considering year-end conformance. Only that portion of total costs per patient day designated as variable according to the following schedule will be adjusted for volume variance:

Peer groups 1 and 2 and specialty hospitals having fewer than fifty beds; fixed costs – eighty percent, variable costs – twenty percent

Peer groups 3 and 4 and specialty hospitals having fifty or more beds; fixed costs – seventy percent, variable costs – thirty percent

Peer groups 5 and 6 hospitals; fixed costs – sixty percent, variable costs – forty percent

Alternatively, the hospital may submit suggested ratios of fixed costs to variable costs, either in the aggregate or by revenue center. Upon approval by the commission, such approved ratios will be used only prospectively to determine allowable revenue variance due to volume changes.

The hospital may submit any justifying information to explain deviations/variances from approved revenues.

(7) Whether the hospital or its medical staff either adopts or maintains admission practices or policies which result in:

(a) A significant reduction in the proportion of patients who have no third-party coverage or who are unable to pay for hospital services;

(b) A significant reduction in the proportion of individuals admitted for inpatient hospital services for which payment is or is likely to be less than the anticipated charges for or costs of such services;

(c) The refusal to admit patients who would be expected to require unusually costly or prolonged treatment for reasons other than those related to the appropriateness of the care available at the hospital.

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

**WSR 85-22-037**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**

[Order 2292—Filed November 1, 1985]

I, David A. Hogan, director of the Division of Administration and Personnel, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd WAC 388-15-170 General and seasonal day care services.  
Rep WAC 388-15-173 Parent participation—Day care.

I, David A. Hogan, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules are necessary to comply with section 203(14) of the biennial budget which states: "The department shall revise program eligibility and/or participation criteria, consistent with statute, if necessary to prevent the overexpenditure of moneys allotted for the program in each fiscal year." Current budget projections continue to indicate an overexpenditure for day care for the biennium.

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By David A. Hogan, Director  
Division of Administration and Personnel

AMENDATORY SECTION (Amending Order 1931, filed 12/29/82)

**WAC 388-15-170 GENERAL AND SEASONAL DAY CARE SERVICES.** (1) Day care services include providing care, protection, and related services for a child under fifteen years of age during the portion of the twenty-four hour day when neither of the child's parents are able to provide necessary care and supervision for the following reasons:

- (a) Parent is employed in accord with an approved case plan, and is not an AFDC recipient,
- (b) Parent is enrolled in an approved work incentive program (WIN) (not to exceed one year) leading toward employment,

(c) For school-age parent to complete secondary education or attainment of GED (not to exceed two years), subject to approval by the department,

(d) Parent to keep physical or mental health appointment,

(e) Child in need of day care as part of children's protective service case plan,

(f) Provided as child welfare services by a professional or other mental health social service agency referral for the child's or parent's physical or emotional health or support to the family structure.

(2) Goals for general day care services shall be limited as specified in WAC 388-15-010 (1)(a), (b), (c). Also see WAC 388-15-010(2).

(3) Child care (~~(including)~~) except for seasonal day care, may be purchased for children or families who are:

(a) (~~(Individuals)~~) Family units whose gross income is equal to or below (~~(thirty-eight)~~) ~~thirty-four~~ percent of the state median (~~(gross)~~) income for a family of four adjusted for family size (~~(See WAC 388-15-020 (2)(d)).~~); or gross income between ~~thirty-four and forty-six~~ percent of the SMIAFS wherein the family shall pay to the day care provider fifty percent of their gross monthly income above the ~~thirty-four~~ percent SMIAFS toward the cost of day care.

(b) In need of day care as an integral but subordinate part of a child protective service plan, regardless of the level of gross family income.

(4) Eligibility for seasonal day care is:

(a) Both parents, or the single parent (in the case of the one-parent family) must be currently employed or seeking work in agriculturally related work or with agencies serving migrant families; and

(b) Must derive at least fifty percent of the family's annual income from agriculturally related work; and

(c) Must have more than one agricultural employer per year; and

(d) Must have a gross income for the past twelve months not to exceed ~~thirty-eight~~ percent of the state median income adjusted for family size, or gross income between ~~thirty-eight~~ percent and ~~fifty-three~~ percent of the state median income adjusted for family size wherein the family shall pay to the day care provider fifty percent of their average gross monthly income above the ~~thirty-eight~~ percent state median income adjusted for family size toward the cost of day care.

(5) Standards for in-home care:

(a) In-home care is the care and supervision of a child in his or her own home by a relative or by an unrelated person during part of the twenty-four hour day while the child's parent(s) are temporarily absent from the home.

(b) When parents request in-home care, a service worker must determine the caretaker meets the in-home care standards.

(c) Use of in-home care is appropriate when:

(i) There is a qualified caretaker available, and this type of child care is the parental choice,

(ii) The number of children in the family requiring child care is large enough to make it preferable for in-home care and/or,

(iii) A child's physical, mental or emotional problems make it necessary he or she remain in his or her home.

(d) When in-home care is the approved child care plan for the child of a parent involved in basic education, job training, work experience, or other program DSHS is responsible for arranging, approving or paying, the caretaker must meet the following minimum qualifications and fulfill the following responsibilities:

(i) Be eighteen years of age or older,

(ii) Be free of communicable disease, including tuberculosis, as shown by tests within the year, and every two years thereafter,

(iii) Be of sufficient physical, emotional, and mental health to meet the needs of the children in care,

(iv) Subject to the discretion of the worker, give written evidence from a medical authority he or she is in sufficient physical, emotional, and mental health to be a safe caretaker,

(v) Produce written references indicating he or she is capable of handling children of the ages for whom he or she will be caring and has the ability to provide activities suitable to the children's ages and interests,

(vi) Be able to work with children without recourse to physical punishment or psychological abuse,

(vii) Be able to accept and follow instructions,

(viii) Maintain personal cleanliness,

(ix) Be prompt and regular in job attendance,

(x) Expect to be evaluated as specified in subsection (5)(d)(i) through (ix) of this section.

(e) Responsibilities of in-home caretaker. The in-home caretaker shall:

(i) Consider his or her primary function that of child care,

(ii) Provide constant care and supervision of the children for whom he or she is responsible throughout the time he or she is on duty in accordance with the children's needs,

(iii) Provide appropriate activities for children in care.

(6) Payment standards for day care: The rate of payment for day care shall be the prevailing community rate, not to exceed the maximum rate established by the department.

(a) When the parent or parent surrogate is responsible for in-home care, the person will receive payment for the cost of child care and will pay the in-home care provider according to the amount specified in the approved child care plan.

(b) The in-home care provider must sign a receipt at the time payment is received. The parent or surrogate must send the payment receipt with his or her statement of child care provided during the previous month to the CSO before the next child care payment shall be authorized.

(c) If total payments to an individual providing in-home care are expected to be fifty dollars or more in any one quarter, the employer's share of the FICA tax must be added to the amount authorized for in-home care.

(d) Payment for child care by relative: Unless the performance of child care services by a relative of the parent keeps the relative from accepting or continuing in paid employment, no payment shall be allowed for child

care services for the following relatives: Father, mother, grandmother, grandfather, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, aunt, first cousin, nephew or niece. Child care will be considered as in-home care when care is provided in the house of the relative.

(e) Payment for child care to nonresponsible relative: Where a child receiving AFDC is living with a nonresponsible relative not on AFDC and day care is required to support the relative's employment, the child is eligible for day care.

#### REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 388-15-173 PARENT PARTICIPATION DAY CARE.

**WSR 85-22-038  
EMERGENCY RULES  
DEPARTMENT OF  
SOCIAL AND HEALTH SERVICES  
(Public Assistance)**

[Order 2294—Filed November 1, 1985]

I, David A. Hogan, director of the Division of Administration and Personnel, do promulgate and adopt at Olympia, Washington, the annexed rules relating to mandatory monthly reporting, amending WAC 388-24-044.

I, David A. Hogan, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules will result in substantially fewer quality control errors.

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By David A. Hogan, Director  
Division of Administration and Personnel

#### AMENDATORY SECTION (Amending Order 2169, filed 11/14/84)

WAC 388-24-044 MANDATORY MONTHLY REPORTING. (1) As a condition of continuing eligibility for AFDC, certain recipients must return to the department a completed monthly report by the fifth day of

the month following the month for which the report describes the household circumstances. Recipients (~~(reporting)~~) required to report monthly are those who:

- (a) Are currently employed, or
  - (b) ~~((Were employed in the two months prior to the month of application, or~~
  - (c) ~~Terminate employment.~~
  - (d) ~~Recipients in subsection (1)(b) and (c) of this section shall be required to report for three months))~~
- Have recent work history.

(2) Recent work history is defined as having received earnings in one of the two months prior to the payment month.

(3) Recipients with recent work history are required to report for three months, including the last month of earnings.

(4) Approved applicants with recent work history shall be required to report for two months beginning the month following the month of opening.

(5) The first report month for newly employed recipients shall be the month following the month the department becomes aware of the earnings.

(6) Recipients, for purposes of mandatory monthly reporting, include recipients having earned income deemed to them from individuals living with them who have earned income or recent work history.

~~((2))~~ (7) Failure to return a completed report by the fifth day of the month shall result in termination except as provided in subsection ~~((3))~~ (8) of this section.

~~((3))~~ (8) If the recipient furnishes the completed report to the department within ten days from the date of a termination notice pursuant to subsections (1) and ~~((2))~~ (7) of this section, the department shall:

- (a) Accept the replacement form; and
- (b) Reinstate assistance if the information on the replacement form indicates the recipient is still eligible.

~~((4))~~ (9) If the information on the replacement form indicates the recipient is ineligible or eligible for an amount less than the prior month's payment, the department ~~((must))~~ shall give adequate notice to the recipient.

(10) Requirements in subsections (3), (4), (5), and (6) of this section are effective with monthly reports generated in November 1985.

**WSR 85-22-039**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**

[Order 2299—Filed November 1, 1985]

I, David A. Hogan, director of the Division of Administration and Personnel, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

- Amd ch. 388-86 WAC Medical care—Services provided.
- Amd ch. 388-87 WAC Medical care—Payment.
- Amd ch. 388-100 WAC Scope of care for medically indigent.

I, David A. Hogan, find that an emergency exists and that this order is necessary for the preservation of the

public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules will result in better services to recipients by eliminating unnecessary administrative steps and also impose budget controls where they are thought necessary.

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By David A. Hogan, Director  
 Division of Administration and Personnel

AMENDATORY SECTION (Amending Order 1900, filed 11/4/82)

WAC 388-86-020 DENTAL SERVICES. (1) The department shall provide dental services to recipients of EPSDT.

(2) Services will include:

- (a) Initial and periodic oral examinations.
- (b) Treatment necessary for the relief of pain and infection, restoration of teeth, and maintenance of dental health.

(c) Orthodontic treatment is defined as the use of any appliance, intra oral or extra oral, removable or fixed, or any surgical procedure designed to move teeth. The following limitations apply:

- (i) Prior approval ~~((must be obtained from the office of medical policy and procedure))~~ is required.
- (ii) Treatment is limited to medically necessary services as defined in chapter 388-80 WAC.

(3) Except for services as defined in WAC 388-86-027 group screening for dental services is not permitted under the program.

AMENDATORY SECTION (Amending Order 2279, filed 9/4/85)

WAC 388-86-030 EYEGLASSES AND EXAMINATIONS. (1) The department shall provide eye examinations and eyeglasses when a refractive error of sufficient magnitude exists to require corrective lenses. Payment for examinations, fitting services and materials shall be made on the basis of rates established by the department or through HMO or optical supplier contracts.

(2) Only one refraction and one pair of glasses per eligible recipient will be provided during a twelve-month period, except for eye services provided under the EPSDT program, or in extenuating circumstances when medically necessary.

(3) ~~Prior authorization ((by the office of the medical director or his designee)) is required for ((other)) medical eye care procedures and for special eyeglass services including but not limited to, contact lenses, low vision aids, executive bifocals and trifocals, artificial eyes and two pair of glasses in lieu of bifocal or trifocal lenses.~~

(4) The choice of frames is limited to frames listed in the current division of medical assistance numbered memoranda on that subject. Frames are not provided for cosmetic effect or psychological support.

(5) Sunglasses, photochromic or varalux type lenses and orthoptics therapy are not provided.

(6) Except for services as defined in WAC 388-86-027 group screening for eyeglasses is not permitted under the program.

AMENDATORY SECTION (Amending Order 2241, filed 6/18/85)

WAC 388-86-050 INPATIENT HOSPITAL CARE. (1) The department will provide hospitalization for recipients under age sixty-five and for recipients sixty-five and over who have exhausted Medicare benefits. With exceptions and limitations the recipient will have free choice of hospitalization.

(2) ~~((Certain hospitalization services covered by the program require approval of the medical consultant:~~

~~(a))) Prior approval is required for nonemergent hospital admissions((;~~

~~(b) Retroactive certification and out-of-state care including bordering cities)).~~

(3) The division of medical assistance will certify hospital admission, length of stay and/or services for all recipients.

(4) Department authorization for inpatient hospital care, in hospitals excepted from the diagnosis-related group based pricing system, for eligible individuals shall be limited to the number of days established at the 50th percentile in the 1983 edition of the publication Length of Stay in PAS Hospitals, by Diagnosis United States Western Region, unless prior contractual arrangements are made by the department for a specified length of stay. When hospitalization of a recipient exceeds the number of days as limited by this subsection, the hospital shall submit to the local medical consultant a request with adequate justification and signed by the attending physician within sixty days of final service for approval of the extension.

(a) Eligible recipients are covered for involuntary admissions for acute psychiatric conditions up to a maximum of seventeen days under the Involuntary Treatment Act in hospitals certified as evaluation and treatment facilities. If an involuntarily committed recipient reverts to voluntary status, PAS days are computed from day of admission and applied to any period exceeding the mandatory seventeen days. If PAS days are less than seventeen, the maximum of seventeen days will prevail.

(b) No payment will be made for care in a private psychiatric hospital that has not been certified under Title XVIII. Authorization for admission of an eligible individual to a private psychiatric hospital shall be under the same conditions and program limitations as for treatment of psychiatric conditions in a general hospital.

(c) Medicaid payment will be made for care in a state mental institution for categorically needy and medically needy individuals under age twenty-one and age sixty-five and older.

(d) Medicaid payments will be made for care in an approved psychiatric facility for categorically needy and medically needy individuals under age twenty-one.

(5) Hospitalization for the treatment of acute and chronic renal failure shall be provided, except that the department shall pay only deductibles and coinsurance for a recipient who is a Medicare beneficiary and who is hospitalized for such treatment or for kidney transplant.

(6) Nonemergent hospital admissions shall not be made on Friday or Saturday for scheduled surgery on Monday. The attending physician may admit the recipient on Sunday to accomplish the necessary preoperative work-up.

(7) Approval for hospitalization of a recipient shall be based on the recipient's need for semi-private accommodations and reimbursement made at the multiple occupancy rate regardless of accommodations provided by the hospital. Special rates may be established for recipients covered by the Involuntary Treatment Act. Semi-private accommodations shall mean not less than two nor more than a four-bed room.

(8) The department covers medically necessary services provided in a hospital in connection with the care or treatment of teeth, jaws, or structures directly supporting the teeth if the procedure requires hospitalization in connection with the provision of such services. Services covered under this subsection must be furnished under the direction of a physician or dentist.

AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-86-080 OXYGEN SERVICE. (1) Oxygen shall be made available through contract to include regulators, humidifiers, masks and related supplies to recipients under age sixty-five in their own homes when requested by the attending physician ~~((and approved by the medical consultant))~~.

(2) Oxygen and related supplies may be obtained from contract supplier or other oxygen supplier at less cost for recipients in skilled nursing homes on the request of the attending physician. ~~((Sec WAC 388-87-080 for payment process.))~~

(3) Recipients age sixty-five and over and others eligible for part B Medicare benefits who are not in a nursing home or hospital shall have oxygen and equipment for its administration available only under Medicare. Such persons are not eligible for state owned equipment.

AMENDATORY SECTION (Amending Order 2207, filed 2/14/85)

WAC 388-86-085 PATIENT TRANSPORTATION. (1) The department will assure the availability of necessary transportation for recipients to and from medical care services covered under the medical assistance program in accordance with the following guidelines:

(a) "Patient transportation" shall be provided only when other sources of transportation are not available.

(b) Transportation shall be provided for the least expensive available means suitable to the recipient's medical need.

(c) Transportation shall be provided only to medical care within the local community unless necessary medical care is not available locally.

(d) All nonemergent medical transportation requires prior approval.

(2) Ambulance transportation may be provided when medical necessity is clearly demonstrated and the physical condition of the recipient is such that the use of any other method of transportation is inadvisable.

~~(3) ((The following policies apply to the provision of air ambulance transportation:~~

~~(a)) Air ambulance transportation may be provided when:~~

~~((i)) (a) Necessary medical treatment is not available locally; and~~

~~((ii)) (b) The emergent need for medical treatment and the physical condition of the recipient is such that the use of any other method of transportation is inadvisable.~~

~~((b) Intrastate air ambulance transportation must be approved by the local medical consultant.~~

~~(c) Out-of-state air ambulance transportation must be approved by the medical director, office of medical policy and procedure.))~~

(4) Cabulance transportation may be provided when medical necessity is clearly demonstrated and the physical condition of the recipient is such that any less specialized means of transportation is inadvisable. ~~((Approval by the local medical consultant is required.))~~

(5) Transportation by taxi may be provided ~~((only))~~ when ~~((approved by the local medical consultant))~~ medically necessary. "Taxi shared ride service" must be utilized when transportation can be scheduled at least four hours in advance and the "shared ride service" is available in the community.

(6) Transportation by private automobile other than owned by recipient is payable at rates established by the department ~~((when approved through the community service office)).~~

(7) Nonprofit organizations may provide transportation for recipients in accordance with the following guidelines:

(a) Group or shared ride service must be utilized when transportation can be scheduled in advance and when the group or shared ride service is available through the nonprofit organization.

(b) Transportation using specialized equipment, such as wheelchair~~(s))~~ lifts, may be used when the medical necessity is clearly demonstrated and the physical condition of the recipient is such that any less specialized means of transportation is inadvisable.

(c) Transportation must be approved by the department.

(8) Transportation to medically necessary and covered services by private automobile owned by recipient is payable at rates established by the department under the following conditions:

~~(a) ((Prior approval must be obtained from the local community services office unless an emergency situation exists;~~

~~(b)) Recipient's own automobile must be the least expensive available means suitable to the recipient's medical need. Other transportation will be presumed available if the location of medical services is not more than twenty miles from the recipient's home or if public transportation is available;~~

~~((c)) (b) Transportation shall not be provided outside of the local community unless necessary medical care is not available locally, and transportation outside of the local medical community shall be to a reasonable and least costly location where providers are able and willing to provide the necessary and covered medical services.~~

~~(9) Transportation by intercity bus may be provided ((when approved through the local community service office)).~~

~~(10) ((The following policies apply to the provision of commercial air transportation:~~

~~(a)) Commercial air transportation may be provided when:~~

~~((i)) (a) Transportation is medically necessary; and~~

~~((ii)) (b) Necessary medical treatment is not available locally; and~~

~~((iii)) (c) The physical condition of the recipient is such that the use of any other method of transportation is inadvisable.~~

~~((b) Intrastate commercial air transportation requires prior approval by the local medical consultant.~~

~~(c) Out-of-state commercial air transportation requires prior approval through the local medical consultant and the medical director, office of medical policy and procedure.~~

~~(11) All patient transportation services provided to recipients of the limited casualty program medically indigent require approval of the local medical consultant.))~~

#### AMENDATORY SECTION (Amending Order 2159, filed 10/3/84)

WAC 388-86-090 PHYSICAL THERAPY. (1) Physical therapy, other than that provided in a hospital as part of inpatient treatment or in a nursing home as part of a nursing home treatment program, may be authorized only when such therapy:

~~((1)) (a) Will avoid the need for hospitalization or nursing home care, or~~

~~((2)) (b) Will assist the recipient in becoming employable, or~~

~~((3)) (c) Is medically indicated in unusual circumstances and is requested by the attending physician ((and concurred with by the medical consultant)), and~~

~~((4)) (d) Is performed by a registered physical therapist or physiatrist ((and has approval by the local medical consultant)).~~

(2) Physical therapy services require prior approval.

~~((5)) (3) Physical therapy is not provided under the limited casualty program.~~

AMENDATORY SECTION (Amending Order 2197, filed 1/30/85)

WAC 388-86-095 PHYSICIANS' SERVICES. The department shall purchase the services of physicians participating in the program on a fee-for-service or contract basis subject to the exceptions and restrictions listed as follows.

(1) Physicians' services are provided through contract agreements for certain voluntary child care agencies and maternity homes.

(2) Cost of a physical examination is authorized only for recipients related to federal programs under the following circumstances:

(a) For admission to skilled nursing facility if within forty-eight hours of admission or change of status from a private-pay to a medicaid-eligible patient.

(b) Given as a screening under the EPSDT program; see WAC 388-86-027.

(c) For physical examination not covered by medicaid, see the following:

(i) AFDC incapacity, see chapter 388-24 WAC.

(ii) Determination of whether an individual's health will or will not permit his return to his home, see chapter 388-28 WAC.

(iii) Request by the claimant or examiner in a fair hearing procedure, see chapter 388-08 WAC.

(iv) Foster home placement, see chapter 388-70 WAC.

(v) Adoptive home placement, see chapter 388-70 WAC.

(vi) Employability for WIN program, see chapter 388-24 WAC.

(vii) Incapacity for GAU program, see chapter 388-37 WAC.

(3) When covered services of a consultant or specialist are necessary (~~(approval need not be obtained from the medical consultant.)~~) payment shall be made in accordance with local medical bureau practices.

(a) A fee for consultation shall not be paid when the specialist subsequently performs surgery or renders treatment for which flat fees or fees-for-service accrue.

(b) On initial or subsequent visits for the purpose of establishing a diagnosis and when services of a specialist or consultant are required, payment shall be limited to not more than two such services. (~~(Any additional specialist or consultant requests shall be justified by the attending physician and approved by the medical consultant.)~~)

(4) Limitations on payment for physicians' services:

(a) Payment for physicians' calls for nonemergent conditions in a skilled nursing facility or an intermediate care facility, is limited to two calls per month. Requests for payment for additional visits must be justified at the time the billing is submitted by the physician.

(b) Payment for hospital calls is limited to one call per day. This is applicable to other than flat fee care.

(c) Individual outpatient psychotherapy provided by a psychiatrist shall be limited to one hour per month or equivalent combinations. Up to a maximum of two hours psychotherapy may be authorized when justified during the first month of treatment. Subdivisions of (4)(a) and

(b) of this section, also apply unless other rules take precedence. See WAC 388-86-067(1) for service provided by a contracting mental health center.

(5) All nonemergent surgical procedures require prior approval (~~(by the medical consultant)~~) unless otherwise excepted.

(6) Minor surgery and diagnostic procedures performed in a physician's office do not require prior approval.

(7) A recipient of public assistance is not required to obtain medical care in the county of his residence.

(8) For limitations on out-of-state physicians' services see WAC 388-86-115.

(9) Cataract surgery will be considered medically necessary when the following conditions exist:

(a) When vision is 20/200 in the worse eye.

(b) When vision is worse than 20/70, distant vision, and J-5 with +3.50, near vision, in better eye.

(c) When extenuating circumstances, such as employment requirements, need to drive, are present, the vision is worse than 20/40, distant vision, in the better eye.

(d) Other unusual circumstances (~~(when approved by medical consultant)~~).

(10) Contact lenses would be considered medically necessary for certain medical conditions of the eyes, i.e., keratoconus, recurrent corneal erosions, other medical conditions where visual acuity either cannot be corrected with spectacles or there is a true therapeutic effect, i.e., transparent bandage effect, and when suffering from high refractive errors, over +6 or over -6 diopters.

AMENDATORY SECTION (Amending Order 1077, filed 12/24/75)

WAC 388-86-097 RESPIRATORY THERAPY SERVICES. (1) Respiratory therapy services including (~~(intermittent positive pressure breathing (HPPB) machines;~~) nebulizers or other similar equipment shall be available when prescribed by a physician as necessary to permit the recipient to remain in his own home or in a skilled nursing home.

(2) Respiratory therapy services (~~(if approved;~~) may be (~~(available)~~) provided through contract to include necessary equipment and routine visits by a respiratory therapist, by loan of state owned respiratory therapy equipment or by visit of an independent respiratory therapist.

(3) For recipients eligible for part B Medicare benefits, necessary equipment for respiratory therapy shall (~~(if approved;~~) be purchased and made available on a loan basis.

(4) Recipients living in areas covered by contract shall have approved respiratory therapy services available only through the contract source.

AMENDATORY SECTION (Amending Order 1801, filed 5/5/82)

WAC 388-86-098 SPEECH THERAPY SERVICES. (1) Speech therapy may be provided for conditions which are the result of medically recognized diseases and defects if medically necessary and otherwise covered by this program. Such conditions may include

aphasia; sudden bilateral on-set of hearing loss; rapid progressive bilateral loss and post laryngectomy surgery.

(2) The following conditions apply to approval of speech therapy:

(a) The evaluation and/or treatment must have prior approval ~~((by the local medical consultant,));~~

(b) The fee for service must be agreed to in advance of therapy~~(;);~~

(c) The services must be performed by a speech pathologist who has been granted the certificate of clinical competence by the American speech and hearing association, or who has completed the equivalent educational and work experience necessary for such a certificate~~(;);~~

(d) The department reserves the right to limit the number of treatments based on professional judgment. ~~((Sec WAC 388-87-025 (2)(p));)~~

(3) Speech and language therapy is not provided under the limited casualty program.

#### AMENDATORY SECTION (Amending Order 2241, filed 6/18/85)

WAC 388-87-012 CONDITIONS OF PAYMENT—CONSULTANTS AND SPECIALIST'S SERVICES AND FEES. (1) When services of a consultant or specialist are required, whether the patient has been referred by a physician or is being treated by the specialist as the attending physician, the prior approval ~~((of the medical consultant))~~ is not necessary. This rule applies to consultation or treatment in the home, office, or medical institution.

(2) A copy of the consultation report may be requested.

(3) When a specialist treats a patient for minor conditions or for chronic conditions of long duration, the fee for initial and subsequent office calls is reimbursed at the department rate.

(4) Consultant's fees shall not be paid when the consulting physician specialist or other provider subsequently performs surgery or renders treatment for which flat fees are applicable, see WAC 388-86-095.

(5) If more than one specialist is called in to examine a patient during a spell of illness, billings are subject to review.

(6) ~~((Payment for a))~~ Psychological evaluation ~~((requires prior approval of the local medical consultant))~~ is provided in connection with medical diagnosis and treatment. Treatment by a psychologist is not provided.

#### AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-87-080 PAYMENT—OXYGEN. ~~((The initial request))~~ Payment shall be made by the department for medically necessary oxygen and related supplies ~~((originating with the attending physician for recipients in their own home requires approval from the medical consultant. Approval is not required for recipients in a nursing home. Repeat deliveries to recipients in their own home do not require approval))~~ according to WAC 388-86-080.

#### AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-87-025 SERVICES REQUIRING APPROVAL ~~((OF MEDICAL CONSULTANT)).~~ ~~((+ Certain))~~ All services to recipients on medical assistance, limited casualty program, and continuing general assistance ~~((require))~~ are subject to review and approval.

~~((2) All surgical procedures require approval by the local medical consultant — see WAC 388-86-095 and 388-86-110. Only the surgeon need obtain written approval for surgery. The services of the surgical assistant and the anesthesiologist or anesthetist do not require approval. Their billings for payment, however, must show the patient's diagnosis and a cross-reference to the surgeon.~~

~~(3) Requests for allergy testing shall be submitted on appropriate state form for prior approval by the local medical consultant. The extent of service to be provided shall be indicated. In the event an independent laboratory bills for the allergy testings, the requesting physician shall send the approved state form to the laboratory as the billing authority.~~

~~(4) Drugs not listed in the department's formulary or any single prescription exceeding the maximum limit established — see WAC 388-91-020.~~

~~(5) Admission to a hospital — see WAC 388-87-070 and 388-86-050.~~

~~(6) Initial provision of oxygen service for a recipient under sixty-five years of age in his own home. Repeat deliveries of oxygen for the same illness do not require medical consultant approval — see WAC 388-86-080 and 388-87-080.~~

~~(7) Approval of physical therapy on an outpatient basis or in a nursing home when prescribed by the attending physician — see WAC 388-86-090.~~

~~(8) For certain bordering cities and out-of-state medical care — see WAC 388-82-030 and 388-86-115.~~

~~(9) For consultant or specialist referral when such referrals exceed two such consultants or specialists — see WAC 388-86-095.~~

~~(10) Respiratory therapy in excess of five treatments requires approval.~~

~~(11) Speech therapy requires an initial evaluation; both the evaluation and subsequent therapy require prior approval — see WAC 388-86-098.~~

~~(12) Psychological evaluation requires prior approval and is provided in connection with medical diagnosis and treatment (see WAC 388-87-012).~~

~~(13) For certain patient transportation. See WAC 388-86-085.)~~

#### AMENDATORY SECTION (Amending Order 1923, filed 12/15/82)

WAC 388-87-027 SERVICES REQUIRING PRIOR APPROVAL ~~((BY STATE OFFICE)).~~ (1) The following services ~~((requiring approval of the local medical consultant shall also receive))~~ require prior approval ~~((of the office of the medical director)):~~

(a) Nonemergent surgical procedures — see WAC 388-86-095;

(b) Prosthetic devices and durable medical equipment and nonreusable medical equipment (~~costing more than one thousand dollars~~)— see WAC 388-86-100;

(c) All out-of-state air transportation;

(d) Allergy testing;

(e) Apnea monitoring;

(f) Drugs not listed in the departmental formulary or any single prescription exceeding the maximum limits established — see WAC 388-91-020;

(g) Home ventilator therapy;

(h) Medical eye care services;

(i) Nonemergent hospital admissions — see WAC 388-86-050 and 388-87-070;

(j) Nonemergent medical transportation — see WAC 388-86-085;

(k) Orthodontic treatment — see WAC 388-86-027;

(l) Out-of-state medical care which is not available within Washington state;

(m) Physical medicine, rehabilitation and treatment — see WAC 388-86-112;

(n) Physical therapy services — see WAC 388-86-070;

(o) Private duty nursing services — see WAC 388-86-071;

(p) Speech therapy, both the initial evaluation and subsequent therapy — see WAC 388-86-098;

(q) Total parenteral/enteral nutritional therapy.

~~(2) ((With the exception of prosthetic devices and major appliances, subsection (1) of this section, does not apply to CSOs or regions which have full-time medical consultants who are authorized to give approval.~~

~~(3)) The division of medical (~~director or designee~~)) assistance may approve where there are significant handicapping factors:~~

~~(a) The purchase of a hearing aid when the 50 decibel loss in the better ear is not met; or~~

~~(b) A second hearing aid and/or a replacement.~~

~~((4) Private duty nursing services require prior approval of the office of the medical director.)) (3) On an exception basis approval may be granted, for services listed in this section, after the service(s) has been rendered.~~

**AMENDATORY SECTION** (Amending Order 2268, filed 8/15/85)

WAC 388-100-035 SCOPE OF CARE FOR MEDICALLY INDIGENT. (1) The medical coverage under the limited casualty program—medically indigent shall be available to an eligible individual for treatment of acute and emergent conditions only. Services available are limited to the following: Inpatient hospital services; outpatient hospital and rural health clinic services; physical medicine and rehabilitation services; physician and clinic services; prescribed drugs; dentures; prosthetic devices; eyeglasses, SNF, ICF, ICF/MR; home health services; laboratory and x-ray services; and medically necessary transportation.

(2) Payment by the department will not be made until expenses are incurred by the recipient equal to the deductible amount.

(3) ~~((All services require the approval of the medical consultant.~~

~~(4)) The deductible in WAC 388-100-030 does not apply for treatment under the Involuntary Treatment Act (ITA). When any other medical need is identified for recipients undergoing treatment under the Involuntary Treatment Act the requirements for the deductible shall apply to the services other than ITA.~~

~~((5)) (4) When an applicant indicates that an urgent undefined medical illness exists, the condition will be regarded as acute and emergent and one office visit for diagnosis may be allowed, provided all financial eligibility criteria have been met. Treatment will be contingent upon the criteria for acute and emergent having also been met.~~

~~((6)) (5) For other conditions and limitations under which these services may be provided refer to appropriate service in chapter 388-86 WAC.~~

~~((7)) (6) No out-of-state care is provided except in the designated bordering cities.~~

#### WSR 85-22-040

#### PROPOSED RULES

#### DEPARTMENT OF REVENUE

[Filed November 1, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Revenue intends to adopt, amend, or repeal rules concerning Public utility tax—Energy conservation and cogeneration deductions, new section WAC 458-20-17901;

that the agency will at 9:00 a.m., Wednesday, December 11, 1985, in the Revenue Conference Room, 415 General Administration Building, Olympia, WA 98504, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is RCW 82.32.300.

This notice is connected to and continues the matter in Notice Nos. WSR 85-16-106 and 85-20-010 filed with the code reviser's office on August 7, 1985, and September 20, 1985.

Dated: November 1, 1985

By: Matthew J. Coyle

Acting Director

#### NEW SECTION

WAC 458-20-17901 PUBLIC UTILITY TAX—ENERGY CONSERVATION AND COGENERATION DEDUCTIONS. In chapter 149, Laws of 1980 (RCW 80.28.024, 80.28.025, and 82.16.055), the legislature finds and declares that the potential for meeting future energy needs through conservation measures, including energy conservation loans, energy audits, and the use of renewable resources, such as solar energy, wind energy, wood, wood waste, municipal waste, agricultural products and wastes, hydroelectric energy, geothermal energy, and end-use waste heat, may not be realized without incentives to public and private utilities.

The legislature has implemented its intent by adding a new section to chapter 82.16 RCW, codified as RCW 82.16.055, for deductions relating to energy conservation or production from renewable resources, as follows:

(1) In computing tax under this chapter there shall be deducted from the gross income:

(a) An amount equal to the cost of production at the plant for consumption within the state of Washington of:

(i) Electrical energy produced or generated from cogeneration as defined in RCW 82.35.020; and

(ii) Electrical energy or gas produced or generated from renewable energy resources such as solar energy, wind energy, hydroelectric energy, geothermal energy, wood, wood wastes, municipal wastes, agricultural products and wastes, and end-use waste heat; and

(b) Those amounts expended to improve consumers' efficiency of energy end-use or to otherwise reduce the use of electrical energy or gas by the consumer.

(2) This section applies only to new facilities for the production or generation of energy from cogeneration or renewable energy resources or measures to improve the efficiency of energy end-use on which construction or installation is begun after June 12, 1980, and before January 1, 1990.

(3) Deductions under subsection (1)(a) of this section shall be allowed for a period not to exceed thirty years after the project is placed in operation.

(4) Measures or projects encouraged under this section shall at the time they are placed in service be reasonably expected to save, produce, or generate energy at a total incremental system cost per unit of energy delivered to end-use which is less than or equal to the incremental system cost per unit of energy delivered to end-use from similarly available conventional energy resources which utilize nuclear energy or fossil fuels and which the gas or electric utility could acquire to meet energy demand in the same time period.

(5) The department of revenue, after consultation with the utilities and transportation commission in the case of investor-owned utilities, and the governing bodies of locally regulated utilities, shall determine the eligibility of individual projects and measures for deductions under this section.

The department of revenue has complied with the consultation requirements of RCW 82.16.055(5). The provisions of subsection (1)(a)(i) through (ii) of this section, deal with new facilities designed and intended for the production of energy. The department will rule upon eligibility of such facilities and the attendant cost of energy production for purposes of determining deductibility from the public utility tax upon an individual project basis using the cost figures reported on the appropriate Federal Energy Regulatory Commission (FERC) schedules that are required to be filed by public and private electric utilities and by private gas utilities. The allowable deductions consist of production expenses, eligible fuel costs and book depreciation of capital costs. Eligible fuel costs are all fuels if used for cogeneration or nonfossil fuel costs if not a cogeneration facility. Plans for the construction of such facilities and pertinent details, including energy production and production costs projections relative to the planned facility or construction details and energy production costs for facilities already in service must be submitted to the department for determination of eligibility for tax deductions.

Subsection (1)(b) and (4) of this section are applicable to projects conducted by utilities which are designed and projected to result in a reduction in the amount of electrical energy or gas used by the consumer.

Pursuant to subsection (5) of this section, the department of revenue has determined the eligibility of individual measures to improve consumers' efficiency of energy end-use or otherwise reduce the use of electrical energy or gas by the consumer. Such measures include residential and commercial buildings weatherization programs as well as energy end-user conservation programs, however designated and however funded or financed.

Under the general rules of statutory construction, tax exemption provisions must be strictly construed against the person claiming the exemption and in favor of imposing tax. Also, under such general rules the words and terms used in statutes must be given their common and ordinary meaning. By the terms of RCW 82.16.055 (1)(b) deductions are restricted to amounts expended for programs and measures which have as their purpose some reduction of energy use by utilities' customers. Some incidental and generally related costs which may be incurred in the development and implementation of energy conservation measures may be too remote from the purpose of improving energy efficiency or reducing consumers' energy consumption. For these reasons and pursuant to RCW 82.16.055(5) the department has consulted with publicly and privately operated utilities to determine the kinds of costs which will satisfy the statutory intent by achieving the purpose of reducing energy consumption.

Accordingly, the term "amounts expended to improve consumers' efficiency of energy end-use" means the costs incurred by public and private utilities which are exclusively attributable to the development and implementation of energy end-use conservation projects and measures. This term does not include the costs attributable to the operation of a public or private utility business which were incurred before, or are incurred separate from the development and implementation of energy conservation programs. A portion of expenditures for personnel and facilities serving both energy conservation purposes and other utility purposes may be deducted if the portion attributable to energy conservation is supported by direct cost accounting records prepared during the tax reporting period for which such energy conservation expenditures are claimed for deduction. However, merely estimating an allocable portion of costs or apportioning some percentage of total overhead expense claimed to be related to energy conservation projects or measures will not support a deduction. The accounting should be based on actual experience. For example, expenditures for personnel or such facilities as computers could be accounted for on a time-use basis. However the expenses are accounted for, the burden rests upon the utility company to clearly show the direct relationship between any costs claimed for deduction and the energy conservation projects or measures claimed to have generated such costs.

The department has determined the following specific costs to be eligible for tax deduction:

1. CONSTRUCTION AND INSTALLATION. All costs actually incurred by a utility representing the value of materials and labor applied or installed in any facility of or for an energy end-user, whether provided by the utility itself or by third party prime or subcontractors. Such eligible costs include, but are not limited to:

a. Insulation for floors, ceilings, walls, water pipes and the complete installation thereof.

b. Weatherstripping, caulking, batting, and any similar materials applied for weatherization of facilities and the complete installation thereof.

c. Storm windows, insulated and other weather resistant glass or similar materials and installation.

d. Electric or gas thermostatic controls and installation.

e. Water heater wraps, shower head restrictors, and all similar devices installed to reduce heat loss or reduce the actual units of energy consumed, and the installation thereof.

f. Energy efficient lighting and installation.

2. ENERGY AUDITS AND POST INSTALLATION INSPECTION. All direct costs actually incurred for providing:

a. Energy audit training.

b. Auditor payroll.

c. Auditor uniforms.

d. Special tools and equipment specifically needed for carrying out audit programs.

e. Auditor and inspector private vehicle mileage allowance.

f. Post installation inspection, labor, and materials costs.

3. ADMINISTRATION. All administrative, clerical, professional, and technical salary and payroll costs actually and directly incurred for:

a. Conservation program management and supervision including but not limited to audit, BPA buy-back, commercial, solar, and loan programs.

b. Secretarial and clerical expense.

c. Data entry and information processing operators.

d. Engineering.

e. Outside legal expense and inhouse legal expense which is directly cost accounted.

f. General energy conservation employee training.

g. Conservation programs accounting and auditing.

h. Separate telephone and third party provided services separately billed.

4. CONSUMABLE SUPPLIES AND EQUIPMENT. The cost of consumable materials and equipment utilized in energy conservation programs and directly cost accounted or separately billed, including but not limited to:

a. Equipment rental.

b. Custom software programs.

c. Computer lease time.

d. Computer print-out paper.

e. Special conservation program stationery, program instruction and installation manuals and office clerical supplies.

f. Periodic costs of capital equipment and rolling stock if:

(i) Such equipment and rolling stock are dedicated exclusively to an energy end-user conservation program; and

(ii) Such costs are incurred during the duration of such program.  
 g. Direct costs of repair and maintenance of the above items.  
 5. FINANCING. Deduction is allowed for all direct financing and loan expenses relative to:

a. Loan manager, supervisor, inspectors, secretaries, and clerks payroll which is directly cost accounted.

b. Net interest differential (loans to consumers at lower than the utilities' interest rates on such acquired funds).

6. ADVERTISING AND EDUCATION.

a. Information, dissemination, and advertising charges for radio, television, newspaper services, bill stuffers, brochures, handouts, displays, and related costs of producing and presenting such advertising materials, which are exclusively dedicated to promoting energy conservation projects and measures.

b. Community education and outreach efforts conducted for the exclusive purpose of promoting energy conservation and achieving reduction of end-user energy consumption.

The department has determined the following specific costs as being ineligible for tax deduction for the reason that they are too remote from the purpose of improving energy efficiency and reducing end-user's consumption:

a. Legislative services.

b. Dues, memberships and subscriptions.

c. Information, dissemination, and advertising charges for radio, television, newspaper services, bill stuffers, brochures, handouts, displays, and related costs of producing advertising materials which are not exclusively for the purpose of encouraging or promoting energy conservation.

d. Experimental programs. Caveat: If and when experimental programs and the facilities, projects, or measures developed through such experimentation, research, and development are actually placed in service or placed in the rate base, and upon written approval of eligibility by the department, the total of expenditures for such facilities, projects, or measures including experimental stage costs may be allowed for deduction.

e. Community education and outreach efforts which are not exclusively dedicated to energy conservation projects and measures.

f. Allocated facility costs which are not directly cost accounted.

g. Allocated vehicle rolling stock.

h. Convention, out-of-state travel, meals, entertainment expense.

Utilities may deduct from the measure of public utility tax deductible expenses as set forth in this rule at the time such costs are actually incurred and may include such deductions on excise tax returns covering the period during which the costs were actually incurred. For purposes of reporting public utility tax liability, utilities must include and report Bonneville Power Administration (BPA) and other providers' cash grants, reimbursements, and buy-back payments attributable to energy conservation programs as gross income of the business when it is received. "Gross income of the business" shall also include the value of electrical energy units from BPA for performing approved energy conservation services.

Any recurring costs determined to be eligible for deduction under this rule shall cease to be eligible in whole or in part at time of termination of any energy conservation measure or project which originally authorized the deduction under RCW 82.16.055.

The question of the deductibility of any expenditures not expressly covered in this rule must be submitted to the department in writing for an express ruling before deduction may be taken.

**WSR 85-22-041**

**ADOPTED RULES**

**DEPARTMENT OF REVENUE**

[Order 85-6—Filed November 1, 1985]

I, Matthew J. Coyle, acting director of the Department of Revenue, do promulgate and adopt at Olympia, Washington, the annexed rules relating to:

Amd WAC 458-20-179 Public utility tax.  
 Amd WAC 458-20-189 Sales to and by the state of Washington, counties, cities, school districts, and other municipal subdivisions.

This action is taken pursuant to Notice Nos. WSR 85-18-069 and 85-21-057 filed with the code reviser on September 4, 1985, and October 16, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Department of Revenue as authorized in RCW 82.32.300.

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

APPROVED AND ADOPTED November 1, 1985.

By Matthew J. Coyle  
 Acting Director

**AMENDATORY SECTION (Amending Order ET 82-13, filed 12/15/82)**

WAC 458-20-179 PUBLIC UTILITY TAX. Persons engaged in certain public service businesses are taxable under the public utility tax, and are exempt from tax under the business and occupation tax with respect to such businesses. However, many persons taxable under the public utility tax are also engaged in some other business which is taxable under the business and occupation tax. For example, a light and power company engaged in operating a plant or system for distribution of electrical energy for sale, may also be engaged in selling at retail various electrical appliances. Such a company would be taxable under the public utility tax with respect to its last distribution of electric energy, and also taxable under the business and occupation tax with respect to its sale of electrical appliances.

Persons who are taxable under the public utility tax, ~~((and the rate of such tax,))~~ which is applied to gross income, are those engaged in the following businesses:

~~((+)) Railroad, express, railroad car, water distribution, sewerage collection, refuse collection, light and power, ~~((telephone and)) telegraph~~ ~~(. Rate of tax 3.6%.~~~~

~~(2) Gas distribution. Rate of tax 3%.~~

~~(3) Urban transportation and common carrier vessels under 65 feet in length except tug boats operating upon the waters of the state of Washington. Rate of tax .6%.~~

~~(4) Motor transportation, tugboat businesses, and all public service businesses other than those heretofore mentioned. Rate of tax 1.8%)), gas distribution, urban transportation and common carrier vessels under 65 feet in length, motor transportation, tugboat businesses, and all public service businesses other than those heretofore mentioned.~~

The rates of tax ~~((shown))~~ for each business activity are imposed under RCW 82.16.020 and set forth on appropriate lines of the combined excise tax return forms.

The terms "sewerage collection" and "refuse collection" business include all activities engaged in relating to the collection, transfer, treatment, and ultimate disposition of sewage and refuse, including all operations incidental thereto. These terms are broadly construed to include the operations of all persons who render direct and/or indirect services in the process of gathering and disposing of sewage and/or refuse, whether such persons

are acting as prime contractors, subcontractors, or independent service providers.

The term "sewerage" means waste material deposited into and carried off by sewers and sewer drains. The term "sewerage collection" does not include the activity of pumping or cleaning septic tanks or renting, removing, and/or cleaning portable toilets.

The term "refuse" means garbage, trash, rubbish, or other materials discarded as worthless. The term "refuse collection" does not include the activity of collecting recyclable materials or salvaging other materials which contain valuable, recoverable ingredients, e.g., battery cores, used clothing, etc. Nor does this term include the removal, disposal, or treatment of hazardous or toxic waste, e.g. cleaning up oil or chemical spills, nuclear waste management, etc.

The term "public service businesses" includes any of the businesses defined in RCW 82.16.010 (1), (2), (3), (4), (5), (6), (7), (8), (9), (10) and (12) or any business subject to control by the state, or having the powers of eminent domain and the duties incident thereto, or any business declared by the legislature to be of a public ((utility)) service nature, irrespective of whether eminent domain powers are had or state control is exercised. It includes, among others, without limiting the scope thereof: Airplane transportation, boom, dock, ferry, log patrol, pipe line, warehouse, toll bridge, toll logging road, water transportation and wharf businesses.

The term "subject to control by the state" means control by the utilities and transportation commission or any other state department required by law to exercise control of business of a public service nature as to rates charged or services rendered. However, businesses may be taxed under the public utility tax as public service businesses whether or not they are or have been regulated by the state.

The term "gross income" means "the value proceeding or accruing from the performance of the particular public service or transportation businesses involved, including operations incidental thereto, but without any deduction on account of the cost of the commodity furnished or sold, the cost of materials used, labor costs, interest, discount, delivery costs, taxes, or any other expense whatsoever paid or accrued and without any deduction on account of losses." The term "gross income" of a light and power business means those amounts or value accruing to a taxpayer from the "last distribution" of electrical energy which is a taxable event within this state. RCW 82.16.010(13).

LIGHT AND POWER BUSINESS – SPECIAL PROVISIONS. RCW 82.16.010(5) defines "light and power business" to mean the business of operating a plant or system for the generation, production, or distribution of electrical energy for hire or sale. It is the intent of the law that, except as provided below, all electrical energy generated, or produced, or distributed within this state shall be subject to the uniform tax rate for light and power business, but only at the time of its "last distribution" within this state.

The term "last distribution" means the final transmission or transfer of electrical energy before it is consumed in this state or before it is transmitted or transferred for

sale to any point outside of this state. Thus, the taxable last distribution of electrical energy consumed within this state is the transmission or transfer of such energy to the consumer. The taxable last distribution of electrical energy for sale outside of this state is the transmission or transfer of such energy to the transmission system from which it will be directly further transmitted or transferred to points outside this state whether under any wheeling arrangement or through the distributor's own transmission system or the transmission system of any out-of-state person. When a light and power business within this state delivers electric energy to an entity outside of this state in consideration of such entity's agreement to deliver electric energy to such business for consumption within this state, the taxable last distribution of such electrical energy is the transmission or transfer of energy to such business' consumers in this state.

An "exchange" of electrical energy or the rights thereto is not the last distribution of such energy. An exchange is a transaction involving a delivery or transfer of energy or the rights thereto by one party to another for which the second party agrees, subject to the terms and conditions of the agreement, to deliver electrical energy at the same or another time. Examples of nontaxable exchange transactions include, but are not limited to, the following:

(1) The residential exchange of electric power entered into between a light and power business and the administrator of the Bonneville Power Administration pursuant to the Pacific Northwest Electric Power Planning and Conservation Act, P.L. 96-501, Sec. 5(c), 16 U.S.C. 839(c) (Supp. 1982);

(2) The exchange of electric power for electric power between one light and power business and another light and power business;

(3) The transmission or transfer of electric power by one light and power business to another light and power business pursuant to the agreement for coordination of operations among power systems of the Pacific Northwest executed as of September 15, 1964;

(4) The Bonneville Power Administration's acquisition of electric power for resale to its Washington customers in the light and power business.

Any consideration received in addition to or in excess of exchange power constitutes taxable consideration.

The taxpayer liable for the payment of public utility tax under the light and power business classification is the "person" (as defined by RCW 82.04.030) who last distributes electrical energy within this state as explained above. Electrical energy generated or transmitted by the United States Army Corps of Engineers, United States Bureau of Reclamation, or the Bonneville Power Administration is not subject to this tax unless and until it is transferred by such federal entity to another person engaged in the light and power business within this state and then only upon the last distribution of such energy by such light and power business.

For purposes of measuring the public utility tax liability, the "amount or value derived from the last distribution of electrical energy" (RCW 82.16.010(13) definition of "gross income") is the total consideration in

terms of money or other value, however designated, received by or accruing to the taxpayer: PROVIDED, That the tax measure is the cost of production but not to exceed the fair market value of the electrical energy at the time it is generated in this state for any of the following: (a) For electrical energy generated in this state and transmitted or transferred by the person who generated the same to points outside this state without prior sale; and (b) for electrical energy sold pursuant to an agreement which requires the purchaser to pay certain costs of the generating facility without regard to the amount of electrical energy produced by such facility.

In distinguishing gross income taxable under the public utility tax from gross income taxable under the business and occupation tax, the department of revenue will be guided by the uniform system of accounts established for the specific type of utility concerned. However, because of differences in the uniform systems of accounts established for various types of utility businesses, such guides will not be deemed controlling for the purposes of classifying revenue under the Revenue Act.

VOLUME EXEMPTION. Persons subject to the public utility tax are exempt from the payment of this tax for any reporting period in which taxable income reported under the combined total of all public utility tax classifications does not equal or exceed the minimum taxable amount for the reporting periods assigned to such persons according to the following schedule:

Monthly reporting basis . . . . .	\$500 per month
Quarterly reporting basis . . . . .	\$1500 per quarter
Annual reporting basis . . . . .	\$6000 per annum

DEDUCTIONS. Amounts derived from the following sources do not constitute taxable income in computing tax under the public utility tax:

(1) Amounts derived by municipally owned or operated public services businesses directly from taxes levied for the support thereof, but not including service charges which are spread on the property tax rolls and collected as taxes.

(2) Amounts derived by persons engaged in the water distribution, or gas distribution business, from the sale of commodities to persons in the same public service business for resale as such within this state.

(3) Amounts actually paid by a taxpayer to another person taxable under chapter 82.16 RCW as the latter's portion of the consideration due for services jointly furnished by both. This includes the amount paid to a ferry company for the transportation of a vehicle and its contents (but not amounts paid to state owned or operated ferries) when such vehicle is carrying freight or passengers for hire and is being operated by a person engaged in the business of urban transportation or motor transportation. It does not include amounts paid for the privilege of moving such vehicles over toll bridges. Also, for purposes of this deduction, all services rendered in connection with the collection, transfer, treatment, and disposal of sewage or refuse are deemed to be jointly rendered by service providers. (The effect of this deduction is to prevent the pyramiding or compounding of the public utility tax.)

(4) Amounts derived from the distribution of water through an irrigation system, solely for irrigation purposes.

(5) Amounts derived from the transportation of commodities from points of origin in this state to final destination outside this state, or from points of origin outside this state to final destination in this state with respect to which the carrier grants to the shipper the privilege of stopping the shipment in transit at some point in this state for the purpose of storing, manufacturing, milling, or other processing, and thereafter forwards the same commodity, or its equivalent, in the same or converted form, under a through freight rate from point of origin to final destination; and amounts derived from the transportation of commodities from points of origin in the state to an export elevator, wharf, dock or shipside on tidewater or navigable tributaries thereto from which such commodities are forwarded, without intervening transportation, by vessel, in their original form, to interstate or foreign destination: PROVIDED, That no deduction will be allowed when the point of origin and the point of delivery to such export elevator, wharf, dock, or shipside are located within the corporate limits of the same city or town.

(6) Amounts or value paid or contributed to any county, city, town, political subdivision, or municipal or quasi municipal corporation of the state of Washington representing payments of special assessments or installments thereof and interests and penalties thereon, charges in lieu of assessments, or any other charges, payments or contributions representing a share of the cost of capital facilities constructed or to be constructed or for the retirement of obligations and payment of interest thereon issued for capital purposes. The business and occupation tax is likewise inapplicable to such amounts. Service charges shall not be included in this exemption even though used wholly or in part for capital purposes.

(7) Amounts derived from the distribution of water by a nonprofit water association which are used for capital improvements by that association.

(8) Amounts received by cities, counties, towns, or municipal corporations as payment of a share of the cost of capital facilities, but excluding charges for utility services which may be used for capital purposes.

(9) Amounts received for providing commuter share riding or ride sharing for the elderly and the handicapped in accordance with RCW 46.74.010.

(10) Amounts expended to improve consumers' efficiency of energy end use or to otherwise reduce the use of electrical energy or gas by the consumer. (For details see WAC 458-20-17901.)

(11) Amounts equal to the cost of production at the plant for consumption in this state of:

(a) Electrical energy produced from cogeneration as defined in RCW 82.35.020; and

(b) Electrical energy or gas produced from renewable energy resources (e.g., solar, wind, hydro, geothermal, wood, wastes, and end-use waste heat. (For details see WAC 458-20-17901.)

~~(This deduction is allowable only for production facilities which at the time of placement into service have~~

~~a total incremental system cost per unit of energy delivered to end use which is no greater than that of conventional production facilities using nuclear or fossil fuel resources which could be acquired to meet the same energy demand.~~

~~When revenue)) Income derived from any of the foregoing sources is to be included within the reported gross income, and the ((amount thereof)) applicable deductions may be ((deducted)) taken in computing tax liability.~~

Contributions in aid of construction not falling within item "6" above are subject to public utility tax, except that amounts received for line extensions, connection fees, and other charges for services rendered prior to the receipt of utility services by the customer against whom the charges are made are subject to business and occupation tax under the service and other activities classification rather than the public utility tax.

In addition to the foregoing deductions there also may be deducted from the reported gross income (if included therein), the following:

- (a) The amount of cash discount actually taken by the purchaser or customer.
- (b) The amount of credit losses actually sustained.
- (c) Amounts received from insurance companies in payment of losses.
- (d) Amounts received from individuals and others in payment of damages caused by them to the utility's plant or equipment.

(For specific rules pertaining to the classifications of "urban transportation" and "motor transportation," see WAC 458-20-180, and of "warehouses," see WAC 458-20-182.)

#### AMENDATORY SECTION (Amending Order 85-1, filed 1/29/85)

#### WAC 458-20-189 SALES TO AND BY THE STATE OF WASHINGTON, COUNTIES, CITIES, SCHOOL DISTRICTS AND OTHER MUNICIPAL SUBDIVISIONS.

##### BUSINESS AND OCCUPATION TAX

No deduction is allowed a seller in computing tax under the provisions of the business and occupation tax with respect to sales to the state of Washington, its departments and institutions or to counties, cities, school districts, or other municipal subdivisions thereof.

The state of Washington, its departments and institutions, as distinct from its corporate agencies or instrumentalities, are not subject to the provisions of the business and occupation tax. Counties, cities, and other municipal subdivisions are not subject to the business and occupation tax upon amounts derived from license and permit fees, inspection fees, fees for copies of public records, reports and studies, processing fees involving fingerprinting and environmental impact statements, and taxes, fines or penalties, and interest thereon.

Counties, cities and other municipal subdivisions are taxable with respect to amounts derived, however designated, from any "utility or enterprise activity" for which a specific charge is made.

##### UTILITY ACTIVITIES

"Utility activities," which are taxable under the public utility tax, include water and electrical energy distribution ~~((and)),~~ public transportation services ~~((taxable under the public utility tax; see WAC 458-20-179); and)),~~ sewer services, solid waste treatment, and ~~((garbage)) refuse collection~~ ~~((taxable under the service and other activities classification of the business and occupation tax))~~ services. (See WAC 458-20-179.)

##### ENTERPRISE ACTIVITY

An "enterprise activity," for the purposes of this rule, is an activity financed and operated in a manner similar to private business enterprises. The term includes activities which are generally in competition with private business enterprises and are over fifty percent funded by user fees. The term does not include activities which are exclusively governmental.

Amounts derived from enterprise activities consisting of or from admission fees to special events, user fees (lockers, checkrooms), moorage fees (less than thirty days), cemetery and crematory fees, the granting of media broadcasting rights, and the granting of a license to use real property are taxable under the service and other activities classification of the business and occupation tax.

Amounts derived from enterprise activities consisting of or from fees for participation in amusement or recreation (pay for play), user fees for off-street parking and garages, and charges for sale and rental of tangible personal property are taxable under the retailing classification of the business and occupation tax.

Under RCW 82.04.419, amounts derived from an activity which is not a "utility or enterprise activity" are tax exempt. Such tax exempt amounts include admission fees other than to special events, fees for on-street metered parking and parking permits, instruction fees, health program fees, athletic team registration fees, and interagency and intergovernmental charges for services rendered.

All counties, cities and other municipal subdivisions engaging in utility or enterprise activities and all corporate agencies or instrumentalities of the state of Washington engaging in business activities are subject to tax as follows:

- (1) Extracting or manufacturing – taxable upon the value of products manufactured or extracted.
- (2) Retailing or wholesaling – taxable upon gross proceeds of sales.
- (3) Persons taxable under either the retailing or wholesaling classifications are not taxable under either extracting or manufacturing in respect to sales of articles extracted or manufactured by them in this state.
- (4) Service and other business activities – taxable under the service and other business activities classification upon the gross income derived from services rendered by them.

(5) Public utility activities – taxable upon the gross income of the business (see WAC 458-20-179 and 458-20-17901).

Counties and cities are not subject to the business and occupation tax on the cost of labor and service in the mining, sorting, crushing, screening, washing, hauling and stockpiling of sand, gravel and rock taken from a pit or quarry owned by or leased to the county or city when these materials are sold at cost to another county or city for use on public roads. (See also WAC 458-20-171.)

For operation of hospitals by the state or its political subdivisions see WAC 458-20-168 and 458-20-188.

The business and occupation tax does not apply to the value of materials printed solely for their own use by school districts, educational service districts, counties, cities, towns, libraries, or library districts.

#### RETAIL SALES TAX

The retail sales tax applies to all retail sales made to the state of Washington, its departments and institutions and to counties, cities, school districts and all other municipal subdivisions of the state. The retail sales tax does not apply to sales to city or county housing authorities which were created under the provisions of the Washington housing authorities law, chapter 35.82 RCW. An exemption is also allowed municipal corporations, the state and all political subdivisions thereof for that portion of the selling price of contracts for watershed protection or flood control which is reimbursed by the United States government according to the provisions of the Watershed Protection and Flood Prevention Act, Public Law 566, as amended. The retail sales tax does not apply to sales of the entire operating property of a publicly or privately owned public utility, or of a complete operating integral section thereof, to the state or a political subdivision thereof for use in conducting any public utility enterprise except a tugboat business (RCW 82.08.0256).

Where tangible personal property or taxable services are purchased by the state of Washington, its departments or institutions for the purpose of resale to any other department or institution of the state of Washington, or for the purpose of consuming the property purchased in manufacturing or producing for use or for resale to any other department or institution of the state of Washington a new article of which such property is an ingredient or component part, the transaction is deemed a purchase at retail and the retail sales tax must be paid by the state of Washington to its vendors. So-called sales between a department or institution of the state of Washington and any other such department or institution constitute interdepartmental charges (see WAC 458-20-201) and the retail sales tax is not applicable.

The state of Washington, its departments and institutions and all counties, cities, and other municipal subdivisions are required to collect the retail sales tax on all retail sales of tangible personal property or services classified as retail sales, including sales of equipment or other capital assets. The retail sales tax is not applicable to charges for the production, searching, or copying of public records or documents by such public agencies

charged with the responsibility to keep and provide such information. However, the tax does apply to charges for the sale of books, rules, regulations, and other materials sold from an inventory of such things, even though the charge is required by law or covers only the costs of production and distribution of such materials. The retail sales tax is not applicable to the cost of labor and services in the mining, sorting, crushing, screening, washing, hauling and stockpiling of sand, gravel and rock taken from a pit or quarry owned by or leased to the county or city when these materials are sold at cost to another county or city for use on public roads. (See also WAC 458-20-171.)

The sales tax does not apply to sales to the state or a local governmental unit thereof of ferry vessels, component parts thereof, nor labor and services in respect to construction or improvement of such vessels.

#### USE TAX

The state of Washington, its departments and institutions and all counties, cities, school districts, and other municipal subdivisions are required to report the use tax upon the use of all tangible personal property purchased or acquired under conditions whereby the Washington retail sales tax has not been paid.

Counties and cities are not subject to use tax upon the cost of labor and services in the mining, sorting, crushing, screening, washing, hauling, and stockpiling of sand, gravel, and rock taken from a pit or quarry owned or leased to a county or city when the materials are for use on public roads.

The use tax does not apply to the use of ferry vessels or component parts thereof by the state or local governmental units.

#### PUBLIC UTILITY TAX

No deduction in computing tax liability under the provisions of the public utility tax is allowed to any person or firm by reason of the fact that sales are to the state of Washington or any of its municipal subdivisions.

Counties, cities and other municipal subdivisions of the state operating public utilities or public service businesses are subject to the provisions of the public utility tax.

Neither the public utility tax nor the business tax apply to amounts or value paid or contributed to any county, city, town, political subdivision, or municipal or quasi municipal corporation of the state of Washington representing payments of special assessments or installments thereof and interests and penalties thereon, charges in lieu of assessments, or any other charges, payments or contributions representing a share of the cost of capital facilities constructed or to be constructed or for the retirement of obligations and payment of interest thereon issued for capital purposes. Service charges shall not be included in this exemption even though used wholly or in part for capital purposes (see WAC 458-20-179).

Where there is doubt as to the tax consequences applicable to any activity or transaction, the question should be submitted to the department of revenue for determination.

**WSR 85-22-042**  
**PROPOSED RULES**  
**DEPARTMENT OF ECOLOGY**  
 [Filed November 1, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Ecology intends to adopt, amend, or repeal rules concerning Nooksack instream resources protection program, chapter 173-501 WAC;

that the agency will at 2:00 p.m., Tuesday, November 19, 1985, in the Abbot Raphael Hall, Room 131, St. Martin's College, Lacey, Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is chapters 43.21A, 90.22 and 90.54 RCW.

The specific statute these rules are intended to implement is chapter 90.54 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 19, 1985.

This notice is connected to and continues the matter in Notice No. WSR 85-16-112 filed with the code reviser's office on August 7, 1985.

Dated: October 28, 1985

By: Glen H. Fiedler  
 Acting Deputy Director

**WSR 85-22-043**  
**NOTICE OF PUBLIC MEETINGS**  
**DATA PROCESSING AUTHORITY**  
 [Memorandum—November 1, 1985]

The Washington State Data Processing Authority will meet the first Wednesday of each month at 1:30 p.m. in Olympia, Washington, in the Commission Board Room of the Transportation Building, Wing 1D, Room 16.

**WSR 85-22-044**  
**PROPOSED RULES**  
**BELLEVUE COMMUNITY COLLEGE**  
 [Filed November 1, 1985]

Notice is hereby given in accordance with the provisions of RCW 28B.19.030, that Bellevue Community College, Community College District VIII, intends to adopt, amend, or repeal rules concerning the student code, WAC 132H-120-200, 132H-120-220, 132H-120-230, 132H-120-330, 132H-120-340 and 132H-120-360 which address student discipline and appeal procedures are hereby amended. WAC 132H-120-490 procedural guidelines for liquor implementation is hereby added;

that the institution will at 1:30 p.m., Wednesday, December 11, 1985, in the Board Room, Bellevue Campus, 3000 Landerholm Circle S.E., Bellevue, WA 98007, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 28B.50.140.

Interested persons may submit data, views, or arguments to this institution in writing to be received by this institution before Wednesday, December 11, 1985.

Dated: October 29, 1985

By: Paul N. Thompson  
 President, Bellevue Community College  
 Secretary, Board of Trustees

**STATEMENT OF PURPOSE**

Description of Purpose: Amend and add to permanent rules of the student code of Community College District VIII, pertaining to student discipline and appeal procedures and procedural guidelines for liquor implementation.

Statutory Authority: RCW 28B.50.140.

Summary of Rule: The student code of Community College District VIII speaks to appropriate conditions for an atmosphere of learning and self-development. The rights, freedoms and responsibilities addressed in the student code of Community College District VIII are critical ingredients toward the free, creative, and spirited educational environment to which the students, faculty, and staff of Bellevue Community College are committed.

Reasons Supporting Proposed Action: To clarify the procedures in these sections for students and the general public.

Agency Personnel Responsible for Drafting, Implementation and Enforcement: Paul N. Thompson, President, Bellevue Community College, 3000 Landerholm Circle S.E., P.O. Box 92700, Bellevue, WA 98009-2037.

Person or Organization Proposing Rule, and Whether Public, Private, or Governmental: Board of Trustees, Bellevue Community College District VIII, public.

Institution Comments or Recommendations, if any: None.

Rule Necessary as Result of Federal Law or Federal or State Court Action: No.

**AMENDATORY SECTION** (Amending Order 84, Resolution No. 155, filed 4/13/81 [5/23/83])

WAC 132H-120-200 STUDENT RESPONSIBILITIES. Any student shall be subject to disciplinary action who either as a principal actor or aide or abettor:

(1) Materially and substantially interferes with the personal rights or privileges of others or the educational process of the college;

(2) Violates any provisions of this chapter; or

(3) Commits any of the following acts which are hereby prohibited:

(a) Possessing or consuming any form of liquor or alcoholic beverage except as a participant of legal age in a student program, banquet or educational program which has the special written authorization of the college president or his designee. (See WAC 132H-200-490)

((b) Procedural guidelines for liquor policy implementation are as follows:

(i) When approved by the president or his designee, alcoholic beverages may be served by a recognized student organization, college administrative unit or a community organization. Such groups must adhere to the stipulation of building use policies (chapter 132H-140 WAC) and fully meet all laws, rules and regulations as set forth in the Washington state liquor control board regulations, RCW 66.20.010; which permits consumption of spirits.

(ii) Approval for the serving of alcoholic beverages must be requested at least seven calendar days prior to the date of use. A student organization request (Form BCC-010-116 6-78) must be filed with the

office of the dean of student programs and personnel services. If, in the judgment of the dean of student programs and personnel services, the request is congruent with the best interests of the student group and the college, the dean will forward the request to the president for final approval. All other requests (Form 010-116 (6-78)) shall be filed with the office of the president. The request shall be approved or denied at least three calendar days prior to the proposed event. The application for utilization of alcoholic beverages must be completed by an authorized representative who accepts responsibility for compliance with the college and other governmental rules and regulations, where applicable, and agrees to be present at the function. The associate dean of student programs and activities or designee shall be available at all student functions involving alcoholic beverages and is empowered to make decisions that might arise covering college policies or procedures.

(iii) Upon approval for the use of alcoholic beverages at Bellevue Community College, it shall be the responsibility of the sponsor to obtain all necessary licenses from the Washington state liquor control board and to display such licenses at the time of the event.

(iv) Banquet events (sit-down dinners) are recognized as different in nature from student program events. At student program events, permission to serve alcoholic beverages shall be restricted to beer and light wine and food appropriate for the event must be available. Banquet events shall be approved in accordance with Washington state liquor control board regulations, RCW 66.20.010, which permits the consumption of spirits.

(v) The matrix shall be set aside as the only location for the sale and/or consumption of beer and wine at student program-sponsored events. There shall be no out-of-room consumption of any alcoholic beverage at such program sponsored events.

(vi) A driver's license with picture or a Washington state liquor control board identification card are the only acceptable identification sources in determining legal age.

(vii) The policing of identification cards shall be the responsibility of campus security if the function is a student program sponsored event.

(viii) No person who is under the influence of alcohol or dangerous substances or who is disorderly in conduct shall be allowed to serve, consume or dispense alcoholic beverages.

(ix) All sales and use of alcoholic beverages shall be governed by the Washington state law as interpreted by the Washington state liquor control board. The regulation shall be posted outside of the room where alcoholic beverages are consumed.

(x) No alcoholic beverages may be consumed outside the approved area for the event (building, room etc.).

(xi) Nonalcoholic beverages shall be available to persons under the legal age at all events where alcoholic beverages are permitted.

(xii) No state monies shall be used to purchase any alcoholic beverages or to pay any license fees or related expense. All revenues generated by the sale of alcoholic beverages shall be processed in accordance with normal College policy and procedures.

(xiii) To insure variety in programming, the use of alcoholic beverages shall be approved for only a limited number of major collegewide activities:))

((e)) (b) Using, possessing, selling or being under the influence of any narcotic drug or controlled substance as defined in RCW 69.50.101 now law or hereafter amended, or any dangerous drug as defined in RCW 69.50.308 as now law or hereafter amended, except when the use or possession of a drug is specifically prescribed as medication by an authorized medical doctor or dentist. For the purpose of this regulation, "sale" shall include the statutory meaning defined in RCW 69.04.005 as now law or hereafter amended.

((d)) (c) Entering any locked or otherwise closed college facility in any manner, at any time, without permission of the college employee or agent in charge thereof.

((c)) (d) Forgery, as defined in RCW 9.44.010 of any district record of instrument or tendering any forged record of instrument to any employee or agent of the district acting in his official capacity as such.

((b)) (e) Participation in an assembly which materially and substantially interferes with vehicular or pedestrian traffic, classes, hearings, meetings, the education and administrative functions of the college, or the private rights and privileges of others.

((a)) (f) Intentionally destroying or damaging any college facility or other public or private real or personal property.

((b)) (g) Failure to comply with directions of properly identified college officials acting in performance of their duties.

((c)) (h) Physical abuse of any person or conduct which is intended unlawfully to threaten imminent bodily harm or to endanger the

health or safety of any person on college-owned or controlled property or at college-sponsored or supervised functions.

((b)) (i) Malicious damage to or malicious misuse of college property, or the property of any person where such property is located on the college campus.

((c)) (j) Possession or use of firearms, explosives, dangerous chemicals or other dangerous weapons or instrumentalities of the college campus, except for authorized college purposes or for law enforcement officers, unless written approval has been obtained from the dean of student programs and personnel services, or any other person designated by the president.

((d)) (k) Engaging in lewd, indecent or obscene behavior on college-owned or controlled property or at college-sponsored or supervised functions.

((e)) (l) Falsely setting off or otherwise tampering with any emergency safety equipment, alarm or other device established for the safety of individuals and/or college facilities.

((f)) (m) Being under the influence of liquor or alcoholic beverages or narcotic drugs while on college property or while participating in any college program, class or event or while in attendance in any class or college-sponsored or supervised activity.

((g)) (n) ((Engages)) Engaging in cheating, stealing, plagiarizing, or knowingly furnishing false information to the college.

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

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

Reviser's note: RCW 28B.19.077 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

WAC 132H-120-205 APPLICATION FOR UTILIZATION OF ALCOHOLIC BEVERAGES.

COMMUNITY COLLEGE DISTRICT VIII  
((Bellevue Community College))  
BELLEVUE COMMUNITY COLLEGE  
((3000 Landerholm Circle S.E.))  
3000 LANDERHOLM CIRCLE, S.E.  
P.O. BOX 92700  
((Bellevue, Washington 98007))  
BELLEVUE, WASHINGTON 98009-2037

((APPLICATION FOR UTILIZATION OF ALCOHOLIC BEVERAGES))  
APPLICATION FOR UTILIZATION OF ALCOHOLIC BEVERAGES

Authorized representative please complete the information requested and file with: ((1- Student Organization - Dean for Student Services and Development; 2- College Administrative Unit - President's Office; 3- Community Organization - President's Office:)) 1. Student Organization: Dean of Student Programs & Personnel Services; 2. College Administrative Unit: President's Office; 3. Community Organization: President's Office.

DATE OF EVENT ..... DATE OF REQUEST .....

((NAME OF SPONSORING GROUP .....))

SPONSORING GROUP ( ) Community Organization  
( ) College Personnel  
( ) Student Organization  
(check security requirements)

((AUTHORIZED BCC REPRESENTATIVE .....))

ADDRESS ..... PHONE NO. ....

TYPE OF EVENT (Circle appropriate group: Student Organization; College ((Admin.)) Administrative Group; Community Organization. Describe function and the appropriate serving of food.)

.....  
.....  
FACILITY REQUESTED .....

((I have read "Procedural Guidelines for Liquor Policy Implementation" which are excerpted from WAC 132H-120-200 Student responsibilities and agree to abide by these regulations. I further agree to hold Bellevue Community College, Community College District VIII harmless from any claim, course of action, costs, liability or losses which may arise out of the provision of alcoholic beverages at this event and I agree to and assume total and complete responsibility for the total and complete adherence to all the rules and regulations that apply to the provision of alcoholic beverages at this event and to the forfeiture of the deposit paid if any such action is brought against Bellevue Community College, Community College District VIII or violation of rules occurs.))

I have read the WAC 132H-120-490 "Procedural Guidelines for Liquor Policy Implementation" on the reverse side of this form and agree to abide by these regulations. I further agree to indemnify and hold harmless Bellevue Community College, Community College District VIII, its officers, employees and agents (the "indemnitees") against and from any and all Liability, Loss or Damage the indemnitees may suffer as a result of claims, demands, costs, or judgments, including reasonable attorneys' fees against the indemnitees arising from the event described above in general, and in particular arising out of the use of alcoholic beverages at this event. I further agree to assume total and complete responsibility for the total and complete adherence to all the rules and regulations that apply to the provision of alcoholic beverages at this event and to the forfeiture of the deposit paid if any such action is brought against the above-named indemnitees or if violation of rules occur.

Name of Person Representing Sponsoring Group and Responsible for Purchasing Banquet License and Liquor.

Address

Phone No.

Driver's License No.

Signature of BCC Authorized Representative

Granted ..... Denied ..... Granted ..... Denied ..... Date ..... Date ..... Date ..... Date .....

((Dean for Student Services & Development)) President or Designee

Dean of Student Programs & Personnel Services

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

Reviser's note: RCW 28B.19.077 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

AMENDATORY SECTION (Amending Order 16, Resolution No. 173, filed 4/13/81 [3/15/73])

WAC 132H-120-220 ((COLLEGE DISCIPLINE COMMITTEE)) RESPONSIBILITY/COLLEGE DISCIPLINE COMMITTEE. The Dean of Student Programs and Personnel Services is the college administrator responsible for student discipline. All discipline procedures will be initiated by the dean and he/she is responsible for assembling all facts on cases referred to his/her office, making provisions for suitable hearings, convening the College Discipline Committee, reporting students and others concerned, keeping confidential files and reports on cases, following up each discipline case until it is closed, and destroying out-of-date files on discipline cases.

The composition of the College Discipline Committee shall be as follows: The committee shall be established each fall. It will be composed of the following persons: (1) A faculty member appointed by the president of the college.

(2) A member of the faculty, appointed by the president of the Bellevue Community College professional association.

(3) Two representatives ((elected)) selected by the ((student personnel council members)) Student Services Council.

(4) Three (3) students. The three students will be appointed by the president of the student body association.

None of the above-named persons shall sit in any case in which he/she has a conflict of interest, is a complainant or witness, has a direct or personal interest, or has acted previously in an advisory capacity. Decisions in this regard, including the selection of alternates, shall be made by the College Discipline Committee as a whole.

The College Discipline Committee chairman will be elected by the members of the College Discipline Committee.

There shall be a list of alternates provided in the same manner and number in which membership was obtained.

Reviser's note: RCW 28B.19.077 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

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

WAC 132H-120-230 INITIAL PROCEEDINGS. While the primary purpose of college disciplinary actions, other than those requiring expulsion, are intended to be developmental rather than punitive, formal procedures must be specified to insure that students receive due process of law. (1) INITIATION OF PROSECUTION. Students, faculty members, administrators and other employees of the district shall have concurrent authority to report violations which will be acted upon by the ((dean for student services and development)) Dean of Student Programs and Personnel Services or his/her designated representative. ((All disciplinary proceedings will be initiated by the dean for student services and development or his designated representative.))

(2) REQUIREMENTS OF NOTICE. Any student charged in a report filed pursuant to WAC 132H-120-200 with a violation of the code of student rights and responsibilities shall be notified by the ((dean for student services and development)) Dean of Student Programs and Personnel Services or ((his)) his/her designated representative within three (3) academic calendar days after the filing of such a report, if possible. The notice shall not be ineffective if presented later due to the student's absence. Such notice shall:

(a) Inform the student that a report has been filed alleging that the student violated specific provisions of the code and the date of the violation;

(b) Set forth those provisions allegedly violated and inform the student as to what appears to be maximum penalties which might result from consideration of same;

(c) Specify the exact time and date the student is required to meet with the ((dean for student services and development)) Dean of Student Programs and Personnel Services;

(d) After considering the evidence in the case and interviewing the student accused of violating specific provisions of the code, the ((dean for student services and development)) Dean of Student Programs and Personnel Services or ((his)) his/her designee may take any of the following actions:

((1)) (i) Terminate the proceedings, exonerating the student.

((2)) (ii) Dismiss the case after whatever counseling and advice may be appropriate.

((3)) (iii) Impose the minor sanction directly (disciplinary warning) subject to the student's right of appeal described below. The student shall be notified of the action taken; this notification must be in writing. ((In the case of an unmarried student under 18 years of age being suspended or expelled, written notice shall also be sent to the parents or guardian of the student.))

((4)) (iv) Refer the matter to the College Discipline Committee. The student shall be notified in writing that the matter has been referred to the committee. In all cases, the student shall be advised of his rights by reference to the appropriate section of this document.

(e) If, after the preliminary conference with the student, the recommendation of the Dean of Student Programs and Personnel Services is for disciplinary action, the student shall receive the following in writing:

(i) Notification of the findings of the investigation and conclusion of the Dean of Student Programs and Personnel Services.

(ii) Notification of the disciplinary action which is to be recommended.

(iii) Notification that the student may either accept the disciplinary action, or, within seven (7) calendar days following receipt of the notification, file a written request for a hearing by the College Discipline Committee. If the request is not filed within the prescribed time, the right to do so is waived.

(iv) If the student does not request a hearing, the president or designee shall review the recommendation of the Dean of Student Programs and Personnel Services and within seven (7) calendar days announce a decision with regard to the disciplinary action to be taken.

**Reviser's note:** RCW 28B.19.077 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

**WAC 132H-120-330 APPEALS.** An appeal by a student shall be made in writing and addressed to the chairman of the College Discipline Committee within ((+5)) 7 days after the student has been notified of the action taken. In all proceedings where the student is not exonerated, there shall be one automatic review by a reviewing authority. (1) Disciplinary action by the ((~~dean for student services and development~~)) Dean of Student Programs and Personnel Services may be appealed to, and shall be reviewed by, the College Discipline Committee.

(2) Disciplinary action by the College Discipline Committee may be appealed to, and shall be reviewed by, the college President.

(3) Final authority in all disciplinary action shall rest with the Board of Trustees of the college.

**WAC 132H-120-340 DISCIPLINARY TERMS.** The following definitions of disciplinary terms have been established to provide consistency in the application of penalties: (1) **DISCIPLINARY WARNING:** Formal action censoring a student for violation of college rules or regulations or for failure to satisfy the college's expectations regarding conduct. Disciplinary warnings are always made in writing to the student by the ((~~dean for student services and development~~)) Dean of Student Programs and Personnel Services. A disciplinary warning indicates to the student that continuation of the specific conduct involved or other misconduct will result in one of the more serious disciplinary actions described below.

(2) **DISCIPLINARY PROBATION:** Formal action placing conditions upon the student's continued attendance for violation of college rules or regulations or failure to satisfy the college's expectations regarding conduct. ((~~The college discipline committee will specify, in writing, the period of probation and the conditions.~~)) Disciplinary probation warns the student that any further misconduct will make him liable to suspension or expulsion from the college. Disciplinary probation may be for a specific term or for an indefinite period ((~~which may extend to graduation or other termination of the student's enrollment in the college~~)).

(3) **SUSPENSION:** Formal action ((~~by an authorized disciplinary agency~~)) dismissing a student temporarily from the college for unacceptable conduct or violation of college rules or regulations. Suspension may be for an indefinite period, but the implication of the action is that the student may eventually return if evidence or other assurance is presented that the unacceptable conduct will not be repeated.

(4) **EXPULSION:** Students may be expelled only on the approval of the president of the college and on the recommendation of the ((~~dean for student services and development~~)) Dean of Student Programs and Personnel Services or the College Discipline Committee. The notification expelling a student will indicate, in writing, the term of the expulsion and any conditions which must be met before readmission. There is no refund of fees for the quarter in which the action is taken, but fees paid in advance for a subsequent quarter are to be refunded.

(5) **REGISTRATION DENIED:** Formal action refusing to allow a student to register for subsequent quarters, for violation of college rules or regulations, or failure to satisfy the college's expectations regarding conduct, or failure to fulfill obligations to the college. Students may be denied registration only on the approval of the President and on the recommendation of the Dean of Student Programs and Personnel Services or College Discipline Committee. The initiating authority, in his written notification to the student, will detail the reasons for the denial of registration and the conditions to be met before registration will be allowed. Registration may be denied for a fixed or indefinite period. Future registration will not be allowed until the initiating authority is satisfied that the conditions have been met.

**WAC 132H-120-360 REPORTING, RECORDING AND MAINTENANCE OF RECORDS.** Records of all disciplinary cases shall be kept ((~~by the office taking or initiating the action~~)) in the Office of the Dean of Student Programs and Personnel Services. Except in proceedings wherein the student is exonerated, all documentary

or other physical evidence produced or considered in disciplinary proceedings and all recorded testimony shall be preserved for not more than 5 years. No record of proceedings wherein the student is exonerated, other than the fact of exonerated, shall be maintained in the student's file or other college repository after the date of the student's graduation.

**Reviser's note:** RCW 28B.19.077 requires the use of underlining and deletion marks to indicate amendments to existing rules. The rule published above varies from its predecessor in certain respects not indicated by the use of these markings.

#### NEW SECTION

**WAC 132H-120-490 PROCEDURAL GUIDELINES FOR LIQUOR POLICY IMPLEMENTATION.** (1) When approved by the president or his designee, alcoholic beverages may be served by a recognized Student Organization, College Administrative Unit or a Community Organization. Such groups must adhere to the stipulation of building use policies (Chapter 132H-140 WAC) and fully meet all laws, rules and regulations as set forth in the Washington State Liquor Control Board regulations, RCW 66.20.010, which permits consumption of spirits.

(2) Approval for the serving of alcoholic beverages must be requested at least seven calendar days prior to the date of use. A Student Organization request (Form BCC 010-116 (9-85)) must be filed with the office of the Dean of Student Programs and Personnel Services. If, in the judgment of the Dean, the request is congruent with the best interests of the student group and the College, the Dean will forward the request to the president for final approval. All other requests (Form BCC 010-116(9-85)) shall be filed with the Office of the President. The request shall be approved or denied at least three calendar days prior to the proposed event. The application for utilization of alcoholic beverages must be completed by an authorized representative who accepts responsibility for compliance with the College and other governmental rules and regulations, where applicable, and agrees to be present at the function. The Dean of Student Programs and Personnel Services shall designate an appropriate person to be available at all student functions involving alcoholic beverages and empower that person to make decisions that might arise covering College policies or procedures.

(3) Upon approval for the use of alcoholic beverages at Bellevue Community College, it shall be the responsibility of the sponsor to obtain all necessary licenses from the Washington State Liquor Control Board and to display such licenses at the time of the event.

(4) Banquet events (sit-down dinners) are recognized as different in nature from student program events. At student program events, permission to serve alcoholic beverages shall be restricted to beer and wine and food appropriate for the event must be available. Banquet events shall be approved in accordance with Washington State Liquor Control Board regulations, RCW 66.20.010, which permits the consumption of spirits.

(5) The Student Union Complex shall be set aside as the only location for the sale and/or consumption of beer and wine at student program-sponsored events. There shall be no consumption of any alcoholic beverage at such program sponsored events outside this complex.

(6) A driver's license with picture or a Washington State Liquor Control Board identification card are the only acceptable identification sources in determining legal age.

(7) The policing of identification cards shall be the responsibility of campus security if the function is a student program sponsored event.

(8) No person who is under the influence of alcohol or dangerous substances or who is disorderly in conduct shall be allowed to serve, consume or dispense alcoholic beverages.

(9) All sales and use of alcoholic beverages shall be governed by the Washington State law as interpreted by the Washington State Liquor Control Board. The regulation shall be posted outside of the room where alcoholic beverages are consumed.

(10) No alcoholic beverages may be consumed outside the approved area for the event (building, room etc.).

(11) Non alcoholic beverages shall be available to persons under the legal age at all events where alcoholic beverages are permitted.

(12) No state monies shall be used to purchase any alcoholic beverages or to pay any license fees or related expense. All revenues generated by the sale of alcoholic beverages shall be processed in accordance with normal College policy and procedures.

(13) To insure variety in programming, the use of alcoholic beverages shall be approved for only a limited number of major collegewide activities.

**Reviser's note:** The unnecessary underscoring in the above section occurred in the copy filed by the institution and appears herein pursuant to the requirements of RCW 34.08.040.

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

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

## WSR 85-22-045

### ADOPTED RULES

#### EMPLOYMENT SECURITY DEPARTMENT

[Order 7-85—Filed November 1, 1985]

I, Ernest F. LaPalm, deputy commissioner of the Employment Security Department, do promulgate and adopt at Olympia, Washington, the annexed rules relating to WAC 192-12-018, Definitions relating to musicians—Conditions for exemption of musicians and entertainers under chapter 50.04 RCW (section 1, chapter 47, Laws of 1985).

This action is taken pursuant to Notice No. WSR 85-18-077 filed with the code reviser on September 4, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to chapter 50.04 RCW and section 1, chapter 47, Laws of 1985, and is intended to administratively implement that statute.

This rule is promulgated under the general rule-making authority of the Employment Security Department as authorized in RCW 50.12.010 and 50.12.040.

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

APPROVED AND ADOPTED November 1, 1985.

By Ernest F. LaPalm  
Deputy Commissioner

#### NEW SECTION

WAC 192-12-018 DEFINITIONS RELATING TO MUSICIANS—CONDITIONS FOR EXEMPTION OF MUSICIANS AND ENTERTAINERS UNDER RCW 50.04 (Laws of 1985, sec. 1 Ch. 47). (1) A purchaser of musical or entertainment services will not be deemed the employer of the musician(s) or entertainers(s) if the following conditions are met:

(a) There is a written contract for a specific engagement or engagements, in which the dates and/or times of performance are clearly set forth; and

(b) Such contract identifies the owner(s) or leader of the music or entertainment group, or such contract is with a sole entertainer; and

(c) The musician or entertainer performs no other duties for the purchaser other than those musical or entertainment services specifically contracted for; and

(d) The musician or entertainer is not regularly and continuously employed by the purchaser.

Additionally, the purchaser will not incur secondary tax liability under RCW 50.24.130 if, at the time of performance of the services, the business, group, or individual providing the services is registered as an employer with the department.

(2) The music or entertainment business or the owner(s) or leader of a music or entertainment group, is/are deemed to be the employer of all other musicians and entertainers who perform as members of the group for unemployment insurance tax purposes when the conditions in subsection (1) are met. In such instances, the owner(s) or leader must register with the department for the purpose of determining reporting requirements.

(3) "Individuals employing musicians or entertainers on a casual basis" are not considered to be a music or entertainment business, nor are they considered to be a music or entertainment leader.

(4) Definitions as used in this section:

(a) A "music or entertainment business" is an organization whose principal business activity is music or entertainment, but does not include an organization which provides music or entertainment that is only incidental to its business activity.

(b) A "music or entertainment group" is an association whose principal business activity is music or entertainment.

(c) A "music or entertainment group leader" is an individual whose group's principal business activity is music or entertainment.

(d) "Regularly and continuously employed" means:

(i) Working for someone for a sufficient period of time that one could objectively be deemed to be an employee and not an independent venturer (the value and ownership of musical or sound equipment should be considered); or

(ii) An employment (or contractual) relationship in which the musician or group is regularly available on an "on call" basis during the span of the contract; or

(iii) A working relationship in which the individual musician(s) are hired by and under the direct control of the purchaser (or his or her agent) for an indefinite period of time.

(e) "Performs no other duties for the purchaser" means that a musician or entertainer provides no other duties under the contract outside of those in music or entertainment for which hired.

(f) "Employing on a casual basis" means:

(i) Hiring performers on an occasional, random basis to perform services that are unrelated to the purchaser's business activity; or

(ii) The services are not for the promotion of a business venture which is the purchaser's business activity.

**WSR 85-22-046**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-176—Filed November 1, 1985]

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

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

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

**NEW SECTION**

**WAC 220-36-02100V GRAYS HARBOR—GILLNET SEASON.** *Notwithstanding the provisions of WAC 220-32-021 and WAC 220-36-024 effective immediately until further notice it is unlawful to fish for or possess salmon taken for commercial purposes from any Grays Harbor Salmon Management and Catch Reporting Area except as provided for in this section:*

*Areas 2B and 2C – Open 10:00 a.m. to 5:00 p.m. November 2, 1985. 5 inch minimum mesh.*

**REPEALER**

*The following section of the Washington Administrative Code is repealed:*

**WAC 220-36-02100V GRAYS HARBOR—GILLNET SEASON.** (85-170)

**WSR 85-22-047**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-175—Filed November 1, 1985]

I, William R. Wilkerson, director of the Department of Fisheries, do promulgate and adopt at Olympia,

Washington, the annexed rules relating to commercial fishing regulations.

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is openings in Areas 7B and 8 provide opportunity to harvest non-Indian allocation of chum. All other marine and freshwater areas are closed to prevent overharvest.

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

**NEW SECTION**

**WAC 220-47-619 PUGET SOUND ALL-CITIZEN COMMERCIAL SALMON FISHERY.** *Notwithstanding the provisions of Chapter 220-47 WAC, effective November 3, 1985 until further notice, it is unlawful to take, fish for, or possess salmon for commercial purposes taken from the following Puget Sound Salmon Management and Catch Reporting Areas except in accordance with the following restrictions:*

*\*Area 7B – Closed except gill nets using 6-inch minimum mesh may fish from 4:00 PM to 8:00 AM nightly, the night of November 3 through the morning of November 5, and purse seines may fish from 5:00 AM to 8:00 PM daily, November 4 and 5. Fishery exclusion zones applicable to Area 7B commercial fisheries are described in WAC 220-47-307.*

*\*Area 8 – Closed except gill nets using 6-inch minimum mesh may fish from 4:00 PM to 8:00 AM the night of November 3 through the morning of November 4, and purse seines using the 5-inch strip may fish from 5:00 AM to 8:00 PM November 4. Fishery exclusion zones applicable to Area 8 commercial fisheries are described in WAC 220-47-307.*

*\*Areas 4B, 5, 6, 6A, 6B, 6C, 6D, 7, 7A, 7C, 7D, 7E, 8A, 8D, 9, 9A, 10, 10A, 10C, 10D, 10E, 10F, 10G, 11, 11A, 12, 12A, 12B, 12C, 12D, 13, 13A, 13C, 13D, 13E, 13F, 13G, 13H, 13I, 13J, and 13K and all freshwater areas – Closed.*

**REPEALER**

The following section of the Washington Administrative Code is repealed effective November 3, 1985.

WAC 220-47-618 PUGET SOUND COMMERCIAL FISHERY RESTRICTIONS (85-171)

**WSR 85-22-048**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-174—Filed November 1, 1985]

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

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is restrictions in Area 10 provide protection for summer/fall chinook and chum returning to Suquamish Hatchery. Restrictions in the Skagit River provide protection for coho and spawning salmon stocks. Restrictions in the Samish River and Area 7C provide protection for natural coho and chum after the high hatchery harvest rate in marine waters. Restrictions in Area 10C, 10D and the Cedar River protect Lake Washington origin sockeye. Restrictions in Area 7 and 7A protect Fraser River origin chum. Restrictions in Area 12C protect chum returning to Hoodspout and Enetai hatcheries.

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

**NEW SECTION**

WAC 220-28-521 PUGET SOUND COMMERCIAL SALMON FISHERY RESTRICTIONS. Effective November 3, 1985, it is unlawful for treaty Indian fishermen to take, fish for, or possess salmon for commercial purposes taken from the following Puget Sound Salmon Management and Catch Reporting Areas except in accordance with the following restrictions:

\*Areas 7 and 7A – Effective through December 7, closed to all commercial fishing.

Area 10 – Effective through December 31, closed to all commercial fishing in that portion northwest of a line from the flashing buoy at the entrance to Agate Passage to the flashing light at the end of the Indianola dock.

Area 10C and Cedar River – Closed to all commercial fishing until further notice.

Area 10D – Effective until further notice, closed to all commercial fishing in that portion within 250 yards of the eastern and northern shoreline of Lake Sammamish between the Sammamish River and Issaquah Creek.

\*Area 7C and Samish River – Closed to all commercial fishing until further notice.

\*Area 12C – Effective through November 30, closed to all commercial fishing in that portion within 1,000 feet of the western shoreline between Glen Ayr Trailer Park and Hoodspout Marina Dock and in that portion within 1,000 feet of the western shoreline between Potlatch State Park and the mouth of Nalley's Slough.

Skagit River (upstream of Gilligan Creek) – Closed to all commercial fishing until further notice.

**REPEALER**

The following section of the Washington Administrative Code is repealed effective November 3, 1985.

WAC 220-28-520 PUGET SOUND COMMERCIAL SALMON FISHERY RESTRICTIONS (85-164)

**WSR 85-22-049**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**  
 [Filed November 1, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Social and Health Services intends to adopt, amend, or repeal rules concerning Medical care—Drugs, amending chapter 388-91 WAC.

It is the intention of the secretary to adopt these rules on an emergency basis on November 1, 1985;

that the agency will at 10:00 a.m., Wednesday, December 11, 1985, in the Auditorium, Office Building #2, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 18, 1985.

The authority under which these rules are proposed is RCW 74.08.090.

The specific statute these rules are intended to implement is chapter 74.09 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Correspondence concerning this notice and proposed rules attached should be addressed to:

David A. Hogan, Director  
Division of Administration and Personnel  
Department of Social and Health Services  
Mailstop OB 14  
Olympia, WA 98504

Interpreters for people with hearing impairments and brailled or taped information for people with visual impairments can be provided. Please contact Administrative Regulations Section, at State Office Building #2, 12th and Franklin, Olympia, WA, phone (206) 753-7015 by November 27, 1985. The meeting site is in a location which is barrier free.

Dated: October 31, 1985

By: David A. Hogan, Director  
Division of Administration and Personnel

#### STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.045.

Re: Amending chapter 388-91 WAC.

Purpose of the Rule Change: To implement the modified unit dose system policies and to remove procedures in order to more effectively control expenditures.

The Rules are Necessary: There are not currently any regulations on modified unit dose systems, and to allow for more flexible approval procedures.

Statutory Authority: RCW 74.08.090.

Summary of Rule Change: All procedures relating to the medical consultants have been deleted. Regulations on the modified unit dose system have been added. Other changes are for clarification.

Person Responsible for the Drafting, Implementation and Enforcement of the Rule: Jim Sparks, Program Manager, Division of Medical Assistance, phone 753-7316, mailstop HB-41.

These rules are not necessary as a result of federal law, federal court decision or state court decision.

#### AMENDATORY SECTION (Amending Order 2233, filed 5/15/85)

##### WAC 388-91-016 DRUGS—LIMITATIONS TO PAYMENT.

(1) The department does not provide:

(a) Any drug regularly supplied as an integral part of program activity by other public agencies such as the ~~((U.S.))~~ United States Veterans' Administration, ((U.S.)) United States Department of Health and Human Services, Division of Indian Health, local health department, etc.;

(b) Drugs, biologicals, supplies, appliances, and equipment furnished by an extended care facility under Title XVIII of the Social Security Act;

(c) Drugs ordered for a hospitalized patient. These are to be furnished by the hospital;

(d) Drugs to individuals who have elected to be enrolled in a special group medical coverage contract which includes the provision of drugs as a part of the contract.

(e) Drugs listed in the federal register as "less than effective." Payment will not be made for such prescriptions under any circumstances.

(2) Prescribed nonformulary drugs will be allowed for unusual conditions only when approved by the ~~((local medical consultant))~~ department see WAC 388-91-020.

(3) The physician who provides a drug (oral or by injection) incidental to an office call may include a fee established by the ~~((division))~~ department on the basis of the acquisition cost of the drug in addition to his office call fee. In the event the cost of the drug given the patient

exceeds this fee, the physician may include on his invoice for his professional services to the patient the actual cost of the drug indicating name of manufacturer and strength of dosage.

(4) Payment shall not be made for a prescription ordered for an individual recipient and used to replace drugs drawn from the doctor's stock for the treatment of such recipient. Payment shall not be allowed for experimental or controversial medications ~~((and those unrelated to the above)).~~

#### AMENDATORY SECTION (Amending Order 2233, filed 5/15/85)

WAC 388-91-020 NONFORMULARY PRESCRIPTION DRUGS ~~((=MEDICAL CONSULTANT APPROVAL)).~~ (1) ~~((Normal requests:))~~ A request for nonformulary ~~((prescription))~~ drugs must be submitted by the attending physician to the ~~((local medical consultant))~~ department for prior approval. The request must be ~~((to meet a medically mandatory condition))~~ supported by ~~((proper))~~ the medical diagnosis and include proper justification for the nonformulary drug.

(2) ~~((Emergency requests:))~~ Payment may be made for nonformulary drugs prescribed without prior approval only ~~((on))~~ in an acute emergency, and if the physician can substantiate that a nonformulary drug is mandatory. Justification must be ~~((it))~~ received by the ((department's CSO)) department within seventy-two hours for consideration ((by the medical consultant)).

#### AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-91-040 DRUGS—PRICING STANDARDS. (1) ~~((Whenever possible all drugs and prescriptions must be confined to those listed in the department's current drug formulary:))~~ Maximum cost allowed for all drugs, including generic drugs, will be determined by the department.

(2) The department shall not be charged more than the general public. Pricing practices such as granting discounts, special commissions, fees, etc., to patients, institutions, or corporations shall be taken into account by the department and the pharmacist in defining the charge to the general public.

(3) There shall be no differential in pricing prescriptions issued in less than manufacturer's size.

(4) The department will not pay more than the lower of ingredient cost plus a dispensing fee or the provider's usual and customary charge to the public. Ingredient cost will be set at the estimated acquisition cost, which is the department's best estimate of the price providers generally are paying for a drug. The dispensing fee will be set by taking into account the results of surveys and the costs of pharmacy operation. Reimbursement may also be made through exclusive service contracts for the provision of prescription drugs for nursing home patients.

(5) True unit dose systems recognized by the department require ~~((s))~~ each patient's medication to be delivered to the facility a minimum of five days a week or delivery of medical carts every other day with daily service available.

(6) Modified unit dose systems (also known as blister packs, "bingo" or punch cards) recognized by the department require each patient's medication be delivered in individually sealed single or multiple dose packages, and in quantities sufficient to meet specified minimums or one month's supply. Providers shall be paid a special dispensing fee per prescription. This special fee shall not apply to creams, ointments, ophthalmic preparations, and oral liquids.

#### AMENDATORY SECTION (Amending Order 1684, filed 7/29/81)

WAC 388-91-050 OUT-OF-STATE PRESCRIPTIONS. (1) Drugs provided residents of the state of Washington who are temporarily out of the state as defined in WAC 388-26-060 and 388-30-055 shall be authorized as part of medical care within the scope of WAC 388-86-115. Border situations as described by WAC ~~((388-82-030))~~ ~~((4))~~ ~~((5))~~ 388-82-130 are not subject to out-of-state rules and are to be considered as care provided in the state of Washington.

(2) Drugs provided by out-of-state pharmacists (bordering cities excepted) shall require the approval of the ~~((local medical consultant))~~ department before payment can be made.

#### AMENDATORY SECTION (Amending Order 2090, filed 4/10/84)

WAC 388-91-010 DRUGS—PERSONS ELIGIBLE. (1) A drug formulary will list all drug preparations which ~~((are))~~ may be provided

without prior approval (~~(of medical consultant)~~). It will include a description of program limitations, rules (~~(and program policy)~~), policies, and penalties. The decision to place drugs in the division of medical assistance program drug formulary is based on these criteria:

(a) The drug must be established as a part of necessary and essential care for the condition for which it is to be used.

(b) The drug must be in general use by the physicians practicing in Washington.

(c) The drug must be of moderate cost. Generic forms will be used when listed under DSHS or federal maximum allowable cost (MAC) programs. When two preparations of equal effectiveness but disparate costs are presented, the less expensive one will be selected for the formulary.

(d) Drugs must not be classified "less than effective" by the food and drug administration.

(e) The drug must not be experimental.

(2) The following process is used to determine the acceptability of a drug preparation for possible listing in the formulary:

(a) Objective, scientific information and utilization data is reviewed for appropriateness according to the criteria in subsection (1) of this section, (~~(by the program medical staff)~~), or,

(b) The secretary may appoint an advisory committee in accordance with RCW 43.20A.360 to review and advise the division of medical assistance on the acceptability of the drug preparation.

(c) The (~~(medical director or his designee)~~) division of medical assistance may make appropriate changes in the formulary consistent with subsection (1) of this section, and may accept recommendations of the advisory committee providing that action is in compliance with regulations governing the program and with acceptable management policies.

(d) Acceptable drugs will be included in the next subsequent edition of the formulary.

(3) In accordance with the department's rules and regulations drugs are provided for the necessary and essential medical care of recipients of medical assistance, medical care services and the limited casualty program.

#### AMENDATORY SECTION (Amending Order 2233, filed 5/15/85)

WAC 388-91-030 DRUGS—PRESCRIPTION CLAIM, FORM 525-106 (PHARMACY STATEMENT). (1) The department's official prescription claim, Form 525-106, must be used by the pharmacist. A supply may be obtained from provider services, division of medical assistance.

(2) Only four prescriptions may be entered on Form 525-106. Each prescription must bear specified unit and interval dosage.

(3) Only prescriptions for formulary drugs (~~(only)~~) may be refilled at the discretion and choice of the prescribing physician. The use of presigned prescription blanks to be filled out by the nursing home operators or pharmacists is prohibited. This practice shall be considered sufficient grounds for cancelling the vendor agreement of participating providers involved.

(4) To assure prompt payment, a coupon from the recipient's medical care identification booklet, Form DSHS 13-30, should be attached by the pharmacist to the individual's prescriptions. When a coupon is not available the provider may submit a billing without this coupon although the processing by the department may be somewhat slower. Payment will be made for all appropriate goods and/or services provided to eligible recipients.

(5) Accurate recording of all data on the pharmacy statement is essential. Any error or lack of clarity in the prescription national drug code (NDC) number or number of units dispensed will delay payment. Typed prescriptions are preferred and expedite payment.

**WSR 85-22-050**  
**EMERGENCY RULES**  
**DEPARTMENT OF**  
**SOCIAL AND HEALTH SERVICES**  
**(Public Assistance)**

[Order 2301—Filed November 1, 1985]

I, David A. Hogan, director of the Division of Administration and Personnel, do promulgate and adopt at

Olympia, Washington, the annexed rules relating to Medical care—Drugs, amending chapter 388-91 WAC.

I, David A. Hogan, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules will result in substantial improvement in service to certain recipients.

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By David A. Hogan, Director  
Division of Administration and Personnel

#### AMENDATORY SECTION (Amending Order 2233, filed 5/15/85)

WAC 388-91-016 DRUGS—LIMITATIONS TO PAYMENT. (1) The department does not provide:

(a) Any drug regularly supplied as an integral part of program activity by other public agencies such as the (~~(U.S.)~~) United States Veterans' Administration, (~~(U.S.)~~) United States Department of Health and Human Services, Division of Indian Health, local health department, etc.;

(b) Drugs, biologicals, supplies, appliances, and equipment furnished by an extended care facility under Title XVIII of the Social Security Act;

(c) Drugs ordered for a hospitalized patient. These are to be furnished by the hospital;

(d) Drugs to individuals who have elected to be enrolled in a special group medical coverage contract which includes the provision of drugs as a part of the contract.

(e) Drugs listed in the federal register as "less than effective." Payment will not be made for such prescriptions under any circumstances.

(2) Prescribed nonformulary drugs will be allowed for unusual conditions only when approved by the (~~(local medical consultant)~~) department see WAC 388-91-020.

(3) The physician who provides a drug (oral or by injection) incidental to an office call may include a fee established by the (~~(division)~~) department on the basis of the acquisition cost of the drug in addition to his office call fee. In the event the cost of the drug given the patient exceeds this fee, the physician may include on his invoice for his professional services to the patient the actual cost of the drug indicating name of manufacturer and strength of dosage.

(4) Payment shall not be made for a prescription ordered for an individual recipient and used to replace drugs drawn from the doctor's stock for the treatment of

such recipient. Payment shall not be allowed for experimental or controversial medications (~~and those unrelated to the above~~).

AMENDATORY SECTION (Amending Order 2233, filed 5/15/85)

WAC 388-91-020 NONFORMULARY PRESCRIPTION DRUGS(~~(=MEDICAL CONSULTANT APPROVAL)~~). (1) (~~Normal requests:~~) A request for nonformulary (~~prescription~~) drugs must be submitted by the attending physician to the (~~local medical consultant~~) department for prior approval. The request must be (~~to meet a medically mandatory condition~~) supported by (~~proper~~) the medical diagnosis and include proper justification for the nonformulary drug.

(2) (~~Emergency requests:~~) Payment may be made for nonformulary drugs prescribed without prior approval only (~~on~~) in an acute emergency, and if the physician can substantiate that a nonformulary drug is mandatory. Justification must be (~~in~~) received by the (~~department's CSO~~) department within seventy-two hours for consideration (~~by the medical consultant~~).

AMENDATORY SECTION (Amending Order 1725, filed 12/3/81)

WAC 388-91-040 DRUGS—PRICING STANDARDS. (1) (~~Whenever possible all drugs and prescriptions must be confined to those listed in the department's current drug formulary:~~) Maximum cost allowed for all drugs, including generic drugs, will be determined by the department.

(2) The department shall not be charged more than the general public. Pricing practices such as granting discounts, special commissions, fees, etc., to patients, institutions, or corporations shall be taken into account by the department and the pharmacist in defining the charge to the general public.

(3) There shall be no differential in pricing prescriptions issued in less than manufacturer's size.

(4) The department will not pay more than the lower of ingredient cost plus a dispensing fee or the provider's usual and customary charge to the public. Ingredient cost will be set at the estimated acquisition cost, which is the department's best estimate of the price providers generally are paying for a drug. The dispensing fee will be set by taking into account the results of surveys and the costs of pharmacy operation. Reimbursement may also be made through exclusive service contracts for the provision of prescription drugs for nursing home patients.

(5) True unit dose systems recognized by the department require(~~s~~) each patient's medication to be delivered to the facility a minimum of five days a week or delivery of medical carts every other day with daily service available.

(6) Modified unit dose systems (also known as blister packs, "bingo" or punch cards) recognized by the department require each patient's medication be delivered in individually sealed single or multiple dose packages, and in quantities sufficient to meet specified minimums

or one month's supply. Providers shall be paid a special dispensing fee per prescription. This special fee shall not apply to creams, ointments, ophthalmic preparations, and oral liquids.

AMENDATORY SECTION (Amending Order 1684, filed 7/29/81)

WAC 388-91-050 OUT-OF-STATE PRESCRIPTIONS. (1) Drugs provided residents of the state of Washington who are temporarily out of the state as defined in WAC 388-26-060 and 388-30-055 shall be authorized as part of medical care within the scope of WAC 388-86-115. Border situations as described by WAC (~~388-82-030 (4) and (5)~~) 388-82-130 are not subject to out-of-state rules and are to be considered as care provided in the state of Washington.

(2) Drugs provided by out-of-state pharmacists (bordering cities excepted) shall require the approval of the (~~local medical consultant~~) department before payment can be made.

AMENDATORY SECTION (Amending Order 2090, filed 4/10/84)

WAC 388-91-010 DRUGS—PERSONS ELIGIBLE. (1) A drug formulary will list all drug preparations which (~~are~~) may be provided without prior approval (~~of medical consultant~~). It will include a description of program limitations, rules (~~and program policy~~), policies, and penalties. The decision to place drugs in the division of medical assistance program drug formulary is based on these criteria:

(a) The drug must be established as a part of necessary and essential care for the condition for which it is to be used.

(b) The drug must be in general use by the physicians practicing in Washington.

(c) The drug must be of moderate cost. Generic forms will be used when listed under DSHS or federal maximum allowable cost (MAC) programs. When two preparations of equal effectiveness but disparate costs are presented, the less expensive one will be selected for the formulary.

(d) Drugs must not be classified "less than effective" by the food and drug administration.

(e) The drug must not be experimental.

(2) The following process is used to determine the acceptability of a drug preparation for possible listing in the formulary:

(a) Objective, scientific information and utilization data is reviewed for appropriateness according to the criteria in subsection (1) of this section, (~~by the program medical staff~~) or,

(b) The secretary may appoint an advisory committee in accordance with RCW 43.20A.360 to review and advise the division of medical assistance on the acceptability of the drug preparation.

(c) The (~~medical director or his designee~~) division of medical assistance may make appropriate changes in the formulary consistent with subsection (1) of this section,

and may accept recommendations of the advisory committee providing that action is in compliance with regulations governing the program and with acceptable management policies.

(d) Acceptable drugs will be included in the next subsequent edition of the formulary.

(3) In accordance with the department's rules and regulations drugs are provided for the necessary and essential medical care of recipients of medical assistance, medical care services and the limited casualty program.

**AMENDATORY SECTION** (Amending Order 2233, filed 5/15/85)

**WAC 388-91-030 DRUGS—PRESCRIPTION CLAIM, FORM 525-106 (PHARMACY STATEMENT).** (1) The department's official prescription claim, Form 525-106, must be used by the pharmacist. A supply may be obtained from provider services, division of medical assistance.

(2) Only four prescriptions may be entered on Form 525-106. Each prescription must bear specified unit and interval dosage.

(3) Only prescriptions for formulary drugs ((only)) may be refilled at the discretion and choice of the prescribing physician. The use of presigned prescription blanks to be filled out by the nursing home operators or pharmacists is prohibited. This practice shall be considered sufficient grounds for cancelling the vendor agreement of participating providers involved.

(4) To assure prompt payment, a coupon from the recipient's medical care identification booklet, Form DSHS 13-30, should be attached by the pharmacist to the individual's prescriptions. When a coupon is not available the provider may submit a billing without this coupon although the processing by the department may be somewhat slower. Payment will be made for all appropriate goods and/or services provided to eligible recipients.

(5) Accurate recording of all data on the pharmacy statement is essential. Any error or lack of clarity in the prescription national drug code (NDC) number or number of units dispensed will delay payment. Typed prescriptions are preferred and expedite payment.

**WSR 85-22-051**

**EMERGENCY RULES**

**DEPARTMENT OF COMMUNITY DEVELOPMENT**

[Order 85-12—Filed November 1, 1985]

I, Chuck Clarke, deputy director of the Department of Community Development, do promulgate and adopt at the Ninth and Columbia Building, Olympia, Washington, the annexed rules relating to the conditions and procedures under which state funds will be made available to assist local emergency shelter programs.

I, Chuck Clarke, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to

present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is the legislature has directed the department to implement a program of state funding assistance for local emergency shelter programs (section 217, chapter 6, Laws of 1985 1st ex. sess.). The approaching season of inclement weather conditions increases the risks to the health, safety, and general welfare of the homeless. The immediate implementation of this program will help local emergency shelter programs to reduce those risks and provide critical assistance to individuals and families without shelter.

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

This rule is promulgated under the general rule-making authority of the Department of Community Development as authorized in RCW 43.63A.060 and chapter 34.04 RCW.

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

APPROVED AND ADOPTED November 1, 1985.

By Chuck Clarke  
Deputy Director

**Chapter 365-120**

**STATE FUNDING OF LOCAL EMERGENCY SHELTER PROGRAMS**

**WAC**

365-120-010	Authority.
365-120-020	Purpose.
365-120-030	Definitions.
365-120-040	Grantee Funding Allocation.
365-120-050	Applicant Eligibility Criteria.
365-120-060	Financial Support Application Process.

**NEW SECTION**

**WAC 365-120-010 AUTHORITY.** These rules are adopted under the authority of chapter 43.63A RCW which provides that the director shall make such rules and regulations and do all other things necessary and proper to carry out the purposes of chapter 43.63A RCW. RCW 43.63A.065(2) provides that among its functions and responsibilities the department shall administer state and federal grants and programs which are assigned to the department by the governor or the legislature. The program which these rules are designed to implement is found in section 217, chapter 6, laws of 1985, 1st ex. sess.

**NEW SECTION**

**WAC 365-120-020 PURPOSE.** The purpose of this chapter is to set forth the conditions and procedures under which state funding will be made available to assist local emergency shelter programs.

NEW SECTION

WAC 365-120-030 **DEFINITIONS.** (1) "Department" means the department of community development.

(2) "Director" means the director of the department of community development.

(3) "Emergency shelter assistance program" means the statewide administrative activities carried out within the department of community development to allocate, award, and monitor state funds appropriated to assist local emergency shelter programs.

(4) "Emergency shelter program" means a program within a local agency or organization that provides emergency shelter services.

(5) "Applicant" means a public or private nonprofit organization or agency, or a combination thereof, which applies for state emergency shelter funds.

(6) "Grantee" means an applicant which has been awarded state funds under the emergency shelter assistance program and which has entered into a contract with the department of community development to provide emergency shelter services.

(7) "Lead agency grantee" means an applicant which has been awarded state funds under the emergency shelter assistance program and which has entered into a contract with the department of community development to administer subcontracts with one or more local agency providers of emergency shelter services.

(8) "Homeless" means persons, including families, who, on one particular day or night, do not have a decent and safe shelter nor sufficient funds to purchase a place to stay.

(9) "Voucher system" means a method of purchasing emergency shelter services by the night using a notification coupon.

(10) "Religious service" means any sectarian or nondenominational service, rite, or meeting that involves worship of a higher being.

(11) "Short-term" means one to thirty-one days.

(12) "Families" means one or more adults with dependent children under 18.

(13) "Congregate care facility" means a licensed boarding home or a licensed private establishment which has entered into a congregate care contract with the department of social and health services (WAC 388-15-560).

(14) "Group care facility" means an agency maintained and operated for the care of a group of children on a 24-hour basis (WAC 388-73-014[1]).

(15) "Crisis residential center" means an agency operated under contract with the department of social and health services to provide temporary protective care to children in a semi-secure residential facility in the performance of duties specified and in a manner provided in RCW 13.32A.010 through 13.32A.200 and RCW 74.13.032 through 74.13.036 (WAC 388-73-014[6]).

(16) "Detoxification center" means a public or private agency or program of an agency which is operated for the purpose of providing residential detoxification services for those suffering from acute alcoholism.

(17) "Current or continuous provider" means an agency or organization that currently provides or has provided emergency shelter services for some period during the most recent fiscal year.

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

NEW SECTION

WAC 365-120-040 **GRANTEE FUNDING ALLOCATION.** Each county of the state is allocated a portion of the total grantee appropriation by the legislature according to the following formula:

(1) Five thousand dollars minimum allocation to every county to offset the limited resources and higher costs of providing services in rural areas;

(2) Fifty percent of the remaining funds distributed proportionally based on each county's percent of the state's population with an income of one hundred percent of poverty using federal guidelines; and

(3) Fifty percent of the remaining funds distributed proportionally based on each county's percent of the unemployed population during the last state fiscal year.

The department may award the combined allocation of two or more counties to a single applicant or divide a single county's allocation among two or more applicants.

The department may award a contract to a lead agency grantee to administer subcontracts with one or more local agency providers of emergency shelter services.

The department will give priority in the awarding of allocations to applicants who serve families and children in need of shelter.

The department will pay for services provided under the state emergency shelter assistance program after the grantee submits a monthly report of expenditures incurred and a request for reimbursement.

NEW SECTION

WAC 365-120-050 **APPLICANT ELIGIBILITY CRITERIA.** (1) The applicant for funding must be a current or continuous provider of emergency shelter or emergency services.

(2) The applicant must not require participation in a religious service as a condition of receiving emergency shelter.

(3) The applicant must not require residency in the designated service area as a requirement for a homeless person to receive services.

(4) The applicant must practice non-discrimination in providing services and employment.

(5) The applicant must not deny shelter to a homeless person because of his or her inability to pay.

(6) The applicant must provide short-term emergency shelter services either directly through a shelter facility or through a voucher system.

(7) Group care facilities, crisis residential centers, congregate care facilities, and detoxification centers are not eligible to receive emergency shelter assistance funding.

NEW SECTION

**WAC 365-120-060 FINANCIAL SUPPORT APPLICATION PROCESS.** (1) Potential applicants will be notified by the department that in order to be considered for state emergency shelter financial assistance, an application must be submitted to the department.

(2) An applicant must make formal application using forms issued and procedures established by the department. Such application shall be for the period July 1 - June 30, except for the first year, which will be for November 1, 1985 - June 30, 1986. Failure of an applicant to make application in a timely manner, as specified by the department, will result in denial of the funding request.

(3) Department funds may not be substituted for other existing funding sources.

(4) The total amount of funds provided to a grantee under this program may not exceed the total funding received from other sources for emergency shelter services during the contract period.

(5) Administrative costs under this program are limited to five percent of the total contract award. The administrative costs of a grantee that provides direct emergency shelter services and also serves as a lead agency grantee are limited to five percent of the grantee award for providing direct services plus five percent of the multi-agency service provider contract total.

(6) The department shall notify successful applicants and shall provide to each of them a contract for signature. This contract must be signed by an official with authority to bind the applicant and must be returned to the department prior to the award of any funds under this program.

**WSR 85-22-052**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-177—Filed November 1, 1985]

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

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

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

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

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

APPROVED AND ADOPTED November 1, 1985.

By Russell W. Cahill  
for William R. Wilkerson  
Director

NEW SECTION

**WAC 220-32-03000X GILL NET SEASON.** Notwithstanding the provisions of WAC 220-32-031, WAC 220-32-032, and WAC 220-32-033, it is unlawful to take fish for or possess salmon, sturgeon, and shad for commercial purposes with gill net gear in Columbia River Salmon Management and Catch Reporting Areas 1A, 1B, 1C, 1D and 1E except in those areas and at those times designated below:

Areas 1A, 1B, 1C, 1D and 1E

6:00 p.m. November 3 to 6:00 p.m.  
November 8, 1985.

6:00 p.m. November 10 to 6:00 p.m.  
November 15, 1985.

REPEALER

The following section of the Washington Administrative Code is repealed:

**WAC 220-32-03000W GILL NET SEASON.**  
(85-160)

**WSR 85-22-053**  
**ADOPTED RULES**  
**DEPARTMENT OF AGRICULTURE**  
 [Order 1876—Filed November 5, 1985]

I, C. Alan Pettibone, director of the Washington State Department of Agriculture, do promulgate and adopt at Olympia, Washington, the annexed rules relating to chapter 16-426 WAC and rules and standards for certification of caneberry plants in chapters 16-333 and 16-332A WAC.

This action is taken pursuant to Notice No. WSR 85-19-073 filed with the code reviser on September 18, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to chapter 15.14 RCW and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED November 4, 1985.

By C. Alan Pettibone  
Director

Chapter 16-333 WAC  
 RULES AND STANDARDS FOR CERTIFICA-  
 TION OF PLANTS

## WAC

16-333-010	Definitions.
16-333-020	Certifying agency issuance of certificate.
16-333-030	Caneberry certification standards.
16-333-040	Caneberry certification fees.
16-333-050	Requirements for production of caneberry foundation and registered stock.
16-333-060	Requirements for production of caneberry certified planting stock.
16-333-070	Caneberry field inspection.
16-333-080	Caneberry field standards.
16-333-090	Caneberry tagging or stamping and plant inspection.

NEW SECTION

WAC 16-333-010 DEFINITIONS. (1) "Department" means the department of agriculture of the state of Washington.

(2) "Director" means the director of the department of agriculture or his duly appointed representative.

(3) "Virus infected (affected)" means presence of a virus(es) or yellows disease agent in a plant or plant part. The word "virus" shall be used hereafter to include yellows disease in this chapter.

(4) "Virus-like" means a disorder of genetic or non-transmissible origin.

(5) "Off-type" means not true-to-name.

(6) "Indicator plant" means any herbaceous or woody plant used to index or determine virus infection.

(7) "Index or indexing" means to determine virus infection by means of inoculation from the plant to be tested to an indicator plant; or by any other method.

(8) "Root cuttings" means sections of roots which have one or more bud.

(9) "Succulent plants" means small, actively growing plants that are developing from root buds, not having passed through a dormant period.

(10) "One-year old plants" means well rooted plants that have developed during one growing season.

(11) "Caneberry" means any cultivated *Rubus* species.

NEW SECTION

WAC 16-333-020 CERTIFYING AGENCY ISSUANCE OF CERTIFICATE. (1) The issuance of a certified state of Washington plant tag or stamp under this chapter affirms solely that the tagged or stamped caneberry stock has been subjected to certification standards and procedures by the department. The department disclaims all express or implied warranties, including without limitation, implied warranties of merchantability and fitness for particular purpose, regarding all plants, plant parts, and plant materials under this chapter.

(2) The department is not responsible for disease, genetic disorder, off-type, failure of performance, mislabeling, or otherwise, in connection with this chapter. No grower, nursery dealer, government official, or other person is authorized to give any expressed or implied warranty, or to accept financial responsibility on behalf of the department regarding this chapter.

NEW SECTION

WAC 16-333-030 CANEBERRY CERTIFICATION STANDARDS. The following specific rules constitute the requirements and standards for caneberry certification.

NEW SECTION

WAC 16-333-040 CANEBERRY CERTIFICATION FEES. (1) Certification application fee. The certification application fee shall be one hundred dollars for one acre or less; ten dollars for each additional acre or fraction thereof.

(2) Final certification fee. The final certification fee shall be an additional ten dollars for each acre or fraction thereof, due and payable when accepted by the department at the time of completion of last field inspection. Fees shall not be refunded unless notice of withdrawal is received in writing before the first inspection is made. Each separate greenhouse or lot and each field plot of one acre or less shall be considered one acre. A separate application shall be made for each cultivar and/or unit entered for certification. Each lot of each cultivar shall be listed separately on the application. Lots under observation by the department shall pay the usual certification fees.

(3) Applications for certification shall reach the department's seed branch, 2015 South First Street, Yakima, WA 98903, by May 15 each year.

(4) A grower desiring to produce certified caneberry plants as herein provided shall establish with the department facts evidencing sufficient experience to produce healthy, high quality stock.

(5) Failure to pay fees when due shall result in removing the applicant from the certification program.

(6) No application from any grower owing the department for previous fees shall be considered.

NEW SECTION

WAC 16-333-050 REQUIREMENTS FOR PRODUCTION OF CANEBERRY FOUNDATION AND REGISTERED STOCK. (1) Land requirements:

(a) A field to be eligible for the production of foundation or registered planting stock shall not have grown or have been planted to caneberry plants or solanaceous crops during the previous five years, unless planted with plants of same cultivar and classification:

(b) Acceptable records shall be presented to the department of nematode sampling of the land in question which show that plant parasitic nematodes are not present in harmful quantities; and

(c) Fumigate the land in accordance with approved commercial practices compatible with current recommendations of the Washington State University extension service; and

(d) An insect-proof screenhouse or greenhouse may be used for production of foundation or registered planting stock: PROVIDED, That all other land requirements are met.

(2) Isolation requirements:

(a) Plantings entered for certification shall be grown in areas sufficiently isolated from sources of caneberry viruses by distance or natural barriers to minimize current infection.

(b) Cultivars within the plantings entered for certification shall be separated by not less than fourteen feet. The space between cultivars shall be kept deeply cultivated to prevent intermingling roots.

(3) Plant requirements:

(a) Only nuclear planting stock which has been indexed and regularly reindexed for virus diseases by qualified Washington State University or United States Department of Agriculture personnel or personnel acceptable to the director may be entered for the production of foundation stock.

(b) Only foundation or nuclear planting stock may be entered for the production of registered stock.

(i) One percent, not to exceed twelve plants, of each foundation lot shall be maintained by the grower to allow some fruiting in order to permit evaluation for trueness to name and fruit character; or

(ii) Ten percent, not to exceed three plants, of each nuclear lot shall be maintained by Washington State University, or the United States Department of Agriculture, or department personnel to allow some fruiting to permit evaluation for trueness to name and fruit character; and

(iii) Plant harvest from a foundation or registered lot shall be limited to two growing seasons.

(c) Foundation stock shall not be maintained longer than three years.

(4) Miscellaneous requirements:

(a) At the time of the first field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(b) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector within one week from the date of the first field inspection.

(c) At the time of the second field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(d) Growers shall dig or otherwise destroy all off-type plants and their roots which are marked by a department inspector, as well as all plants and their roots in a rectangular area that is not less than ten feet in each direction in the row from the off-type plant and not less than forty inches in each direction across the row from the off-type plant within two weeks from the date of the second field inspection.

(e) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector as being crown and cane-gall infected, virus-infected or showing virus-like symptoms.

(f) Insect pests, diseases and vectors of diseases shall be effectively controlled by dusting, spraying, or any other approved method.

(g) All plant beds shall be relatively free from weeds.

#### NEW SECTION

WAC 16-333-060 REQUIREMENTS FOR PRODUCTION OF CANEBERRY CERTIFIED PLANTING STOCK. (1) Land requirements:

(a) A field to be eligible for the production of certified planting stock shall not have grown or shall not have been planted to caneberry plants or solanaceous crops during the previous five years, unless planted with plants of the same cultivar and classification; and

(b) Acceptable records shall be presented to the department of nematode sampling of the land in question which show that plant parasitic nematodes are not present in harmful quantities; and

(c) Fumigate the land in accordance with approved commercial practices compatible with current recommendations of the Washington State University extension service.

(2) Isolation requirements:

(a) Plantings entered for certification shall be grown in areas sufficiently isolated from sources of caneberry viruses by distance or natural barriers to minimize current infection.

(b) Cultivars within the plantings entered for certification shall be separated by not less than fourteen feet. The space between cultivars shall be kept deeply cultivated to prevent intermingling roots.

(3) Plant requirements:

(a) Fields shall be planted with nuclear planting stock, foundation planting stock, or registered planting stock.

(b) Root cuttings and/or soft succulent plants from like plants may be accepted.

(c) Root or shoot cuttings may be used for sale to plant propagating beds.

(d) Plant harvest from a certified field shall be limited to two growing seasons.

(4) Miscellaneous requirements:

(a) At the time of the first field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(b) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector within one week from the date of the first field inspection.

(c) At the time of the second field inspection, department inspectors shall clearly mark all plants that are off-type, crown and cane-gall infected, virus-infected or exhibiting virus-like symptoms.

(d) Growers shall dig or otherwise destroy all off-type plants and their roots which are marked by a department inspector, as well as all plants and their roots in a rectangular area that is not less than ten feet in each direction in the row from the off-type plant and not less

than forty inches in each direction across the row from the off-type plant within two weeks from the date of the second field inspection.

(e) Growers shall dig or otherwise destroy all plants and their roots which are marked by a department inspector as being crown and cane-gall infected, virus-infected or showing virus-like symptoms.

(f) Insect pests, diseases and vectors of diseases are to be effectively controlled by dusting, spraying or any other approved method.

(g) All plant beds shall be relatively free from weeds.

**NEW SECTION**

WAC 16-333-070 CANE BERRY FIELD INSPECTION. Field inspections shall be made during the growing season and as many times as deemed necessary by the department:

(1) First inspection.....when plants are nine to fifteen inches high.

(2) Second inspection.....one month after first inspection.

(3) Third inspection.....digging time.

**NEW SECTION**

WAC 16-333-080 CANE BERRY FIELD STANDARDS. (1) The unit of certification shall be the entire unit entered for certification.

(2) Specific requirements:

TOLERANCE

Factors	FOUN-DATION REGIS-TERED (FIELD)			Plants Per-cent
	ALL INSP. Per-cent	1st & 2nd Per-cent	(DIG-ING TIME) 3rd Per-cent	
Varietal Mixture	0	0	0	0.5%
Virus Diseases*	0	0.5%	0.5%	0.5%
Crown & Cane Gall	0	0	0.1%	0.1%
Nematode	0.1%	0.1%	0.1%	0.1%
Anthraco-nose	1.0%	5.0%	5.0%	5.0%
Other Diseases	0.5%	0.2%	0.2%	0.1%
Root, crown or cane Inhab-iting Insects	0	0.1%	0.1%	0.1%

\*Visible

(3) Any portion of a certified field, not meeting the above field standards, may be delimited if, in the judgment of the department, it will not jeopardize the remainder.

(a) Nuclear planting stock shall be designated by a certification from the department.

(b) Foundation planting stock shall be designated by the official certified tag or stamp and also stamped "foundation planting stock."

(c) Registered planting stock shall be designated by the official certified tag or stamp and also stamped "registered planting stock."

(d) Certified planting stock shall be tagged with the official tag or stamp of the state of Washington for certified plants.

**NEW SECTION**

WAC 16-333-090 CANE BERRY TAGGING OR STAMPING AND PLANT INSPECTION. (1) "Certified" stock shall be identified with the state of Washington official certified cane berry plant tag or stamp under the supervision of the department after plants have passed inspection.

(2) Only plants meeting Washington standards for cane berry plants shall be tagged or stamped, except those marked foundation or registered.

(3) All containers shall be marked with the name and address of the grower, grade or class of stock, and variety.

(4) The grower is referred to chapter 15.14 RCW, planting stock, for additional information.

**REPEALER**

The following chapter of the Washington Administrative Code is repealed:

WAC 16-332A-001 PROMULGATION.

WAC 16-332A-010 FEES.

WAC 16-332A-020 DEFINITIONS.

WAC 16-332A-030 REQUIREMENTS FOR PRODUCTION OF FOUNDATION AND REGISTERED STOCK.

WAC 16-332A-040 REQUIREMENTS FOR PRODUCTION OF CERTIFIED PLANTING STOCK.

WAC 16-332A-050 FIELD INSPECTION.

WAC 16-332A-060 FIELD STANDARDS.

WAC 16-332A-070 TAGGING OR STAMPING AND PLANT INSPECTION.

WAC 16-332A-080 EFFECTIVE DATE.

**REPEALER**

The following section of the Washington Administrative Code is repealed:

WAC 16-426-025 EFFECTIVE DATE.

**WSR 85-22-054**

**EMERGENCY RULES**

**DEPARTMENT OF FISHERIES**

[Order 85-178—Filed November 5, 1985]

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

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

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

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

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

APPROVED AND ADOPTED November 5, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

and Columbia Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The adoption of the rules will take place immediately following the hearing.

The authority under which these rules are proposed is RCW 43.63A.060 and chapter 34.04 RCW.

The specific statute these rules are intended to implement is section 217, chapter 6, Laws of 1985 1st ex. sess.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 12, 1985.

Dated: November 5, 1985  
By: Chuck Clarke  
Deputy Director

NEW SECTION

WAC 220-36-02100X GRAYS HARBOR—GILLNET SEASON. Notwithstanding the provisions of WAC 220-32-021 and WAC 220-32-024 effective immediately until further notice it is unlawful to fish for or possess salmon taken for commercial purposes from any Grays Harbor Salmon Management and Catch Reporting Area except as provided for in this section:

Area 2B - Open 2:00 p.m. to 8:00 p.m.  
November 5, 1985.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 220-36-02100W GRAYS HARBOR—GILLNET SEASON. (85-176)

**WSR 85-22-055**

**NOTICE OF PUBLIC MEETINGS  
URBAN ARTERIAL BOARD**

[Memorandum—November 5, 1985]

NOTICE  
SPECIAL MEETING  
URBAN ARTERIAL BOARD  
SEA-TAC INTERNATIONAL AIRPORT  
TERMINAL BUILDING

Beginning at 9:00 a.m., Thursday, December 5, 1985.

Note: This is an informal work session of the Urban Arterial Board; no actions will be taken and therefore no testimony will be heard.

**WSR 85-22-056**

**PROPOSED RULES**

**DEPARTMENT OF COMMUNITY DEVELOPMENT**

[Filed November 5, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Community Development intends to adopt rules concerning the conditions and procedures under which state funds will be made available to assist local emergency shelter programs;

that the agency will at 2:00 p.m., Thursday, December 12, 1985, in the Fifth Floor Conference Room, Department of Community Development, 9th

**STATEMENT OF PURPOSE**

Title: Chapter 365-120 WAC, State funding of local emergency shelter programs.

Statutory Authority: RCW 43.63A.060 and chapter 34.04 RCW.

Specific Statute the Rule is Intended to Implement: Section 217, chapter 6, Laws of 1985 1st ex. sess.

Summary of Rule and Reasons Supporting Proposed Action: This chapter sets forth the conditions and procedures under which state funding will be made available to assist local emergency shelter programs.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rule: Katherine Friedt, Assistant Director, Division for Community Services, Department of Community Development, Ninth and Columbia Building, GH-51, Olympia, Washington 98504-4151, (206) 753-4979.

Organization Proposing the Rule: Department of Community Development.

Agency Comments or Recommendations: None.

Rule Necessary as the Result of Federal Law or Federal or State Court Action: No.

Small Business Economic Impact Statement: Not applicable.

Chapter 365-120

**STATE FUNDING OF LOCAL EMERGENCY SHELTER PROGRAMS**

**WAC**

- 365-120-010 Authority.
- 365-120-020 Purpose.
- 365-120-030 Definitions.
- 365-120-040 Grantee Funding Allocation.
- 365-120-050 Applicant Eligibility Criteria.
- 365-120-060 Financial Support Application Process.

NEW SECTION

WAC 365-120-010 AUTHORITY. These rules are adopted under the authority of chapter 43.63A RCW which provides that the director shall make such rules and regulations and do all other things necessary and proper to carry out the purposes of chapter 43.63A RCW. RCW 43.63A.065(2) provides that among its functions and responsibilities the department shall administer state and federal grants and programs which are assigned to the department by the governor or the legislature. The program which these rules are designed to implement is found in section 217, chapter 6, laws of 1985, 1st ex. sess.

NEW SECTION

WAC 365-120-020 PURPOSE. The purpose of this chapter is to set forth the conditions and procedures under which state funding will be made available to assist local emergency shelter programs.

NEW SECTION

WAC 365-120-030 DEFINITIONS. (1) "Department" means the department of community development.

(2) "Director" means the director of the department of community development.

(3) "Emergency shelter assistance program" means the statewide administrative activities carried out within the department of community development to allocate, award, and monitor state funds appropriated to assist local emergency shelter programs.

(4) "Emergency shelter program" means a program within a local agency or organization that provides emergency shelter services.

(5) "Applicant" means a public or private nonprofit organization or agency, or a combination thereof, which applies for state emergency shelter funds.

(6) "Grantee" means an applicant which has been awarded state funds under the emergency shelter assistance program and which has entered into a contract with the department of community development to provide emergency shelter services.

(7) "Lead agency grantee" means an applicant which has been awarded state funds under the emergency shelter assistance program and which has entered into a contract with the department of community development to administer subcontracts with one or more local agency providers of emergency shelter services.

(8) "Homeless" means persons, including families, who, on one particular day or night, do not have a decent and safe shelter nor sufficient funds to purchase a place to stay.

(9) "Voucher system" means a method of purchasing emergency shelter services by the night using a notification coupon.

(10) "Religious service" means any sectarian or nondenominational service, rite, or meeting that involves worship of a higher being.

(11) "Short-term" means one to thirty-one days.

(12) "Families" means one or more adults with dependent children under 18.

(13) "Congregate care facility" means a licensed boarding home or a licensed private establishment which has entered into a congregate care contract with the department of social and health services (WAC 388-15-560).

(14) "Group care facility" means an agency maintained and operated for the care of a group of children on a 24-hour basis (WAC 388-73-014[1]).

(15) "Crisis residential center" means an agency operated under contract with the department of social and health services to provide temporary protective care to children in a semi-secure residential facility in the performance of duties specified and in a manner provided in RCW 13.32A.010 through 13.32A.200 and RCW 74.13.032 through 74.13.036 (WAC 388-73-014[6]).

(16) "Detoxification center" means a public or private agency or program of an agency which is operated for the purpose of providing residential detoxification services for those suffering from acute alcoholism.

(17) "Current or continuous provider" means an agency or organization that currently provides or has provided emergency shelter services for some period during the most recent fiscal year.

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

NEW SECTION

WAC 365-120-040 GRANTEE FUNDING ALLOCATION. Each county of the state is allocated a portion of the total grantee appropriation by the legislature according to the following formula:

(1) Five thousand dollars minimum allocation to every county to offset the limited resources and higher costs of providing services in rural areas;

(2) Fifty percent of the remaining funds distributed proportionally based on each county's percent of the state's population with an income of one hundred percent of poverty using federal guidelines; and

(3) Fifty percent of the remaining funds distributed proportionally based on each county's percent of the unemployed population during the last state fiscal year.

The department may award the combined allocation of two or more counties to a single applicant or divide a single county's allocation among two or more applicants.

The department may award a contract to a lead agency grantee to administer subcontracts with one or more local agency providers of emergency shelter services.

The department will give priority in the awarding of allocations to applicants who serve families and children in need of shelter.

The department will pay for services provided under the state emergency shelter assistance program after the grantee submits a monthly report of expenditures incurred and a request for reimbursement.

NEW SECTION

WAC 365-120-050 APPLICANT ELIGIBILITY CRITERIA.

(1) The applicant for funding must be a current or continuous provider of emergency shelter or emergency services.

(2) The applicant must not require participation in a religious service as a condition of receiving emergency shelter.

(3) The applicant must not require residency in the designated service area as a requirement for a homeless person to receive services.

(4) The applicant must practice non-discrimination in providing services and employment.

(5) The applicant must not deny shelter to a homeless person because of his or her inability to pay.

(6) The applicant must provide short-term emergency shelter services either directly through a shelter facility or through a voucher system.

(7) Group care facilities, crisis residential centers, congregate care facilities, and detoxification centers are not eligible to receive emergency shelter assistance funding.

NEW SECTION

WAC 365-120-060 FINANCIAL SUPPORT APPLICATION PROCESS. (1) Potential applicants will be notified by the department that in order to be considered for state emergency shelter financial assistance, an application must be submitted to the department.

(2) An applicant must make formal application using forms issued and procedures established by the department. Such application shall be for the period July 1 - June 30, except for the first year, which will be for November 1, 1985 - June 30, 1986. Failure of an applicant to make application in a timely manner, as specified by the department, will result in denial of the funding request.

(3) Department funds may not be substituted for other existing funding sources.

(4) The total amount of funds provided to a grantee under this program may not exceed the total funding received from other sources for emergency shelter services during the contract period.

(5) Administrative costs under this program are limited to five percent of the total contract award. The administrative costs of a grantee that provides direct emergency shelter services and also serves as a lead agency grantee are limited to five percent of the grantee award for providing direct services plus five percent of the multi-agency service provider contract total.

(6) The department shall notify successful applicants and shall provide to each of them a contract for signature. This contract must be signed by an official with authority to bind the applicant and must be returned to the department prior to the award of any funds under this program.

**WSR 85-22-057****ADOPTED RULES****LOTTERY COMMISSION**

[Order 81—Filed November 5, 1985]

Be it resolved by the Washington State Lottery Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to:

Amd	WAC 315-10-030	Instant games criteria.
Amd	WAC 315-30-050	Validation requirements.
Amd	WAC 315-30-080	On-line agent selection criteria.
Amd	WAC 315-32-010	Definitions for Lotto.
Amd	WAC 315-32-020	Price of Lotto ticket.
Amd	WAC 315-32-030	Play for Lotto.
Amd	WAC 315-32-040	Prizes for Lotto.
Amd	WAC 315-32-050	Ticket purchases.
Amd	WAC 315-32-060	Drawings.

New	WAC 315-11-180	Definitions for Instant Game Number 18 ("Washington Winners").
New	WAC 315-11-181	Criteria for Instant Game Number 18.
New	WAC 315-11-182	Ticket validation requirements for Instant Game Number 18.

This action is taken pursuant to Notice No. WSR 85-19-085 filed with the code reviser on September 18, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 67.70.040 and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED November 1, 1985.

By Duane Kovacevich  
Deputy Director

AMENDATORY SECTION (Amending Order 77, filed 7/30/85)

WAC 315-10-030 INSTANT GAMES CRITERIA. (1) The price of an instant game ticket shall not be less than \$1.00 and not more than \$5.00.

(2) Winners of an instant game are determined by the matching or specified alignment of the play numbers on the tickets. The ticket bearer must notify the lottery of the win and submit the winning ticket to the lottery as specified by the director. The winning ticket must be validated by the lottery through use of the validation number and/or any other means as specified by the director.

(3) The total of all prizes available to be won in an instant game shall not be less than forty-five percent of the instant game's projected revenue.

(4) The instant game shall pay out both lower tier prizes and higher tier prizes. Lower tier prizes are of less than \$25.00. Higher tier prizes are of \$25.00 or more. The director shall determine the number of lower and higher tier prizes.

(5) ~~((The length of operation of an instant game shall not exceed fifteen weeks.))~~ The start date and closing date of the instant game shall be publicly announced. ~~((Licensed agents))~~ Lottery retailers shall not sell any tickets prior to the start date of a game unless expressly authorized by the director. ~~((Licensed agents))~~ Lottery retailers may continue to sell tickets for each instant game for up to fourteen days after the official end of game as authorized by WAC 315-10-060.

(6) There is no required frequency of drawing or method of selection of a winner in an instant game.

(7) At the director's discretion, an instant game may include a grand prize drawing(s). The criteria for the grand prize drawing shall be as follows:

(a) Finalists for a grand prize drawing shall be selected in an elimination drawing(s) from redeemed tickets meeting the criteria stated in specific game rules as determined by the director. Participation in the elimination

drawing(s) shall be limited to such tickets which are actually received and validated by the director on or before a date to be announced by the director. The director may reserve the right to place any semi-finalist whose entry was not entered in the elimination drawing(s) and who is subsequently determined to have been entitled to such entry into an elimination drawing of a subsequent instant game, and the determination of the director shall be final.

(b) The number of prizes and the amount of each prize in the grand prize drawing(s) shall be determined by the director to correspond with the size and length of the instant game and to comply with subsection (3) of this section.

(c) The dates and times as well as the procedures for conducting the elimination drawing and grand prize drawing shall be determined by the director.

(8) Procedures for claiming instant game prizes are as follows:

(a) To claim an instant game prize of less than \$25.00, the claimant shall present the apparent winning ticket to the ~~((licensed agent))~~ lottery retailer from whom the ticket was purchased. The ~~((licensed agent))~~ lottery retailer shall verify the claim and, if acceptable, make payment of the amount due the claimant. In the event the ~~((licensed agent))~~ lottery retailer cannot verify the claim, the claimant shall fill out a claim form, as provided in WAC 315-06-120, which shall be obtained from the ~~((licensed agent))~~ lottery retailer and present the completed form, together with the disputed ticket to the director. If the claim is validated by the director, a check shall be forwarded to the claimant in payment of the amount due. In the event that the claim is not validated by the director, the claim shall be denied and the claimant shall be promptly notified.

(b) To claim an instant prize of \$25.00 or more, the claimant shall complete a claim form, as provided in WAC 315-06-120, which is obtained from the ~~((licensed agent))~~ lottery retailer or the director and mail the completed form together with the winning ticket to the director. Upon validation by the director, a check shall be forwarded to the claimant in payment of the amount due, less any applicable federal income tax withholding. In the event that the claim is not validated by the director, the claim shall be denied and the claimant shall be promptly notified.

(c) To claim an instant prize pursuant to WAC 315-10-070(2), the claimant shall notify the lottery of the claim and request reconstruction of the ticket not later than one hundred eighty days after the official end of that instant game. If the director authorizes reconstruction, the ticket shall not be validated nor the prize paid prior to the one hundred eighty-first day following the official end of that instant game. A ticket(s) validated pursuant to WAC 315-10-070(2) shall not entitle the claimant entry into the grand prize drawing, if any, for that or any subsequent instant game.

(d) Any ticket not passing all the validation checks specified by the director is invalid and ineligible for any prize and shall not be paid. However, the director may, solely at his or her option, replace an invalid ticket with an unplayed ticket (or tickets of equivalent sales price

from any other current game). In the event a defective ticket is purchased, the only responsibility or liability of the director shall be the replacement of the defective ticket with another unplayed ticket (or tickets of equivalent sale price from any other current game).

AMENDATORY SECTION (Amending Order 44, filed 12/8/83)

WAC 315-30-050 VALIDATION REQUIREMENTS. (1) To be a valid winning on-line ticket, all of the following conditions must be met:

(a) All printing on the ticket shall be present in its entirety, be legible, and correspond, using the computer validation file, to the combination and date printed on the ticket.

(b) The ticket shall be intact.

(c) The ticket shall not be mutilated, altered, or tampered with in any manner.

(d) The ticket shall not be counterfeit or an exact duplicate of another winning ticket.

(e) The ticket must have been issued by an authorized ~~((licensed agent))~~ on-line retailer in an authorized manner.

(f) The ticket must not have been stolen ~~((or cancelled))~~.

(g) The ticket must not have been cancelled or previously paid.

(h) The ticket shall pass all other confidential security checks of the lottery.

(2) Any ticket failing any validation requirement listed in WAC 315-30-050(1) is invalid and ineligible for a prize. Provided, if a court of competent jurisdiction determines that a claim based on a ticket which has failed to validate solely because of subsection (1)(g) of this section is valid, the claim shall be paid as a prize pursuant to WAC 315-06-120, 315-30-030, and the rules for that specific type of game. The agent that cancelled or paid such ticket shall indemnify the lottery for payment of the prize and from any other claim, suit, or action based on that ticket.

(3) The director may replace an invalid on-line ticket with an on-line ticket for a future drawing of the same game. The director may pay the prize for a ticket that is partially mutilated or is not intact if the on-line ticket can still be validated by the other validation requirements.

(4) In the event a defective on-line ticket is purchased, the only responsibility or liability of the lottery or the on-line ~~((agent))~~ retailer shall be the replacement of the defective on-line ticket with another on-line ticket for a future drawing of the same game.

AMENDATORY SECTION (Amending Order 72, filed 4/5/85)

WAC 315-30-080 ON-LINE ~~((AGENT))~~ RETAILER SELECTION CRITERIA. (1) The selection and distribution of on-line ~~((agents))~~ retailers throughout the state will be based on:

(a) The number of licensed ~~((agents))~~ retailers in each of the regions identified in WAC 315-12-030, and then;

(b) The potential for revenue generation, demographics, and public accessibility within that region.

(2) An on-line license endorsement shall be issued only to a person who possesses a valid general license, provided, the director may issue an on-line endorsement to ~~((an agent))~~ a lottery retailer who possesses a valid provisional license if that ~~((agent))~~ retailer is a new owner of a previously established on-line location.

(3) In addition, the director shall consider the following factors in the selection of on-line ~~((agents))~~ retailers.

(a) Business and security considerations which include but are not limited to: (i) Instant game accounts receivable record, (ii) criminal history of owners and officers, (iii) history of criminal activity at the business establishment, (iv) past security problems, (v) credit rating as defined in WAC 315-30-090, (vi) licensing requirements, and (vii) history of administrative or regulatory actions.

(b) Marketing considerations which include but are not limited to: (i) ~~((Customer traffic and sales volume))~~ Instant ticket sales history, (ii) ~~((lottery-oriented consumers))~~ outside vehicle traffic, (iii) ~~((market potential, and))~~ retail customer count, (iv) access to location, and (v) management ~~((commitment to))~~ attitude and willingness to promote lottery products.

(4) ~~((The lottery will install approximately five hundred TDMs initially with approximately fifty TDMs added each month for the first twelve months and approximately twenty-five TDMs per month thereafter.))~~ The director shall determine the total number of TDM's to be installed throughout the state and shall establish procedures for on-line site selection. In determining the order in which TDMs will be installed within a given geographic area an on-line site selection survey will be completed in which, the ~~((following))~~ factors ~~((will be))~~ considered will include but not be limited to:

(a) ~~((Demonstrated high-volume instant ticket sales))~~ General information;

(b) ~~((High customer traffic))~~ Description of proposed site;

(c) ~~((Easy in and out access))~~ Proposed TDM location;

(d) ~~((Management commitment to lottery products, and))~~ Products sold;

(e) ~~((Store traffic patterns relative to TDM placement))~~ Services available;

(f) Store's hours;

(g) Estimated on-line sales;

(h) Instant sales per week;

(i) Nearest four on-line agents' sales per week;

(j) District sales representative's assessment; and

(k) Regional sales manager's assessment.

(5) The director may, after a TDM has been in operation for six months, order the removal of a TDM from ~~((an))~~ a low producing on-line ~~((agent))~~ retailer location after considering marketing factors which include but are not limited to:

(a) ~~((Accessibility of the on-line agent's place of business to the public))~~ Sales volume not increasing at state-wide average;

~~(b) ((Sufficiency of TDMs in the geographic area to provide public accessibility; and)) Weekly sales volume below that of similar businesses with similar market potential;~~

~~(c) ((A nonmetropolitan area on-line agent's average on-line sales volume over four consecutive weeks; or)) Sales volume below \$5,000 per week in metropolitan areas;~~

~~(d) ((A metropolitan area on-line agent's failure to meet the average on-line minimum sales volume requirement of two thousand five hundred dollars per week over four consecutive weeks:)) Public is adequately served by other on-line agent locations; and~~

~~(e) Failure to generate sufficient sales volume to cover the lottery's administrative costs.~~

(6) The director may immediately discontinue a TDM's operation, order removal of a TDM from an on-line ~~((agent))~~ retailer location, or take any other action authorized under WAC 315-04-200 in the event that the on-line agent:

(a) Fails to comply with any rule established by the commission, any instruction issued by the director;

(b) Tamper with or attempts to tamper with the TDM or on-line system;

(c) Fails to make payment of a prize; or

(d) Makes payment with a business check and the check is dishonored for any reason.

Chapter 315-32 WAC  
 ((EVERGREEN)) LOTTO

- WAC
- 315-32-010 Definitions for ((Evergreen)) Lotto.
  - 315-32-020 Price of ((Evergreen)) Lotto ticket.
  - 315-32-030 Play for ((Evergreen)) Lotto.
  - 315-32-040 Prizes for ((Evergreen)) Lotto.
  - 315-32-050 Ticket purchases.
  - 315-32-060 Drawings.

AMENDATORY SECTION (Amending Order 61, filed 8/3/84)

WAC 315-32-010 DEFINITIONS FOR ((EVERGREEN)) LOTTO. (1) Number: Any play integer from 1 through ~~((40))~~ 44 inclusive.

(2) Game grids: A field of the ~~((40))~~ 44 numbers found on the play slip.

(3) Play slip: A mark-sense game card used by players of ((Evergreen)) Lotto to select plays. There shall be ten game grids on each play slip identified as A, B, C, D, E, F, G, H, I and J.

AMENDATORY SECTION (Amending Order 61, filed 8/3/84)

WAC 315-32-020 PRICE OF ((EVERGREEN)) LOTTO TICKET. The price of each ((Evergreen)) Lotto ticket shall be \$1.00 and shall contain two plays. A player may use a play slip to purchase up to 5 tickets as follows:

- 1 ticket: \$1 - game grids A and B.
- 2 tickets: \$2 - game grids A, B, C and D.
- 3 tickets: \$3 - game grids A, B, C, D, E and F.
- 4 tickets: \$4 - game grids A, B, C, D, E, F, G and H.
- 5 tickets: \$5 - game grids A, B, C, D, E, F, G, H, I and J.

AMENDATORY SECTION (Amending Order 61, filed 8/3/84)

WAC 315-32-030 PLAY FOR ((EVERGREEN)) LOTTO. (1) Type of play: ~~((An Evergreen))~~ A Lotto player must select six numbers in each play. A winning play is achieved only when 3, 4, 5, or 6 of the numbers selected by the player match, in any order, the six winning numbers drawn by the lottery.

(2) Method of play: The player will use play slips to make number selections. The TDM will read the play slip and issue ticket(s) with corresponding plays. If a play slip is not available, the ~~((agent))~~ on-line retailer may enter the selected numbers via the keyboard. A player may leave all play selections to a random number generator operated by the computer, commonly referred to as "quick play."

AMENDATORY SECTION (Amending Order 75, filed 6/10/85)

WAC 315-32-040 PRIZES FOR ((EVERGREEN)) LOTTO. (1) The prize amounts to be paid to each ((Evergreen)) Lotto player who selects a winning combination of numbers in the first, second, and third prize categories vary due to the parimutuel calculation of prizes. The prize amounts are based on the total amount in the prize pool for that ((Evergreen)) Lotto drawing distributed over the number of winning tickets in each ~~((of the following categories))~~ category. The prize amount to be paid in the fourth prize category is a fixed value and shall be the same regardless of the number of fourth prize winners.

WINNING COMBINATIONS	PRIZE CATEGORIES	ODDS OF WINNING (ONE PLAY)
All six winning numbers in one play	First Prize (Jackpot)	1:7,059,052
Any five but not six winning numbers in one play	Second Prize	1:30,960
Any four but not five or six winning numbers in one play	Third Prize	1:670
<del>Any three but not four, five, or six winning numbers in one play</del>	Fourth Prize	1:42

(2) Prize ~~((pool))~~ allocation. The prize ~~((pool))~~ allocation consists of forty-five percent of ((Evergreen)) Lotto revenue. The prize allocation will be divided between the prize pool and the prize reserve as follows: Prize pool—forty-three percent of Lotto revenue and prize reserve—two percent of Lotto revenue.

(3) Prize amounts.  
 (a) First prize (jackpot). Fifty-eight percent of the prize pool is to be divided equally among all players who selected all six winning numbers in one play (in any sequence)~~((, provided, that the jackpot shall have a minimum cash value of \$500,000))~~. The director may increase the ~~((minimum))~~ cash value of the jackpot by

an amount not to exceed the amount added to the jackpot from the prior week's sales.

(b) ~~Second prize. ((Twenty))~~ Ten percent of the prize pool is to be divided equally among all players who selected five of the six winning numbers in one play (in any sequence).

(c) ~~Third prize. ((Twenty))~~ Nineteen percent of the prize pool is to be divided equally among all players who selected four of the six winning numbers in one play (in any sequence).

(d) Fourth prize. All players who selected three of the six winning numbers in one play (in any sequence) will receive a free ticket of \$1.00 value for a future purchase of Lotto or Daily Number Game tickets.

(e) ~~Prize reserve. ((Two percent of))~~ The prize ((pool is to)) reserve will be held for payment of ((jackpot)) prizes at the discretion of the director.

((~~t~~)) (f) All prize allocations will be rounded down to nearest dollar, and the remainder, if any, from the rounding process shall be placed in the prize reserve.

((~~f~~)) (g) The holder of a winning ticket may win only one prize per play in connection with the winning number drawn but shall be entitled only to the highest prize category won by those numbers.

((~~g~~)) (h) The holder of two or more jackpot winning tickets with a cumulative total cash value of \$250,000 or more may elect to receive a single prize based on the total cash value with prize payments in accordance with subsection (5)(a) or (b) or this section.

((~~h~~)) (i) In the event any player who has selected three, four, five, or six of the six winning numbers does not claim the prize won within one hundred eighty days after the drawing in which the prize was won, that player's prize shall be retained in the state lottery ((fund)) account for further use as prizes, pursuant to RCW 67.70.190.

(4) Roll-over feature.

(a) If no player selects all six winning numbers for any given drawing, the jackpot accumulated for that drawing will be added to the jackpot accumulation for the next drawing. This process is repeated until the jackpot is won.

(b) If no player selects five of the six winning numbers for any given drawing, the second prize allocation will be added to the jackpot accumulation for the next drawing or placed in the prize reserve for future consideration at the discretion of the director.

(c) If no player selects four of the six winning numbers for any given drawing, the third prize allocation will be added to the jackpot accumulation for the next drawing or placed in the prize reserve for future consideration at the discretion of the director.

(d) If no player selects three of the six winning numbers for any given drawing, the fourth prize allocation will be added to the jackpot accumulation for the next drawing or placed in the prize reserve for future consideration at the discretion of the director.

(5) Prize payments will be made in accordance with WAC 315-30-030(6), provided, fourth prize winning tickets submitted to the lottery for payment will receive \$1.00 in lieu of a free ticket.

(a) Each prize that has a cash value of \$500,000 or more shall be paid in twenty equal annual payments.

(b) Each prize that has a cash value from \$250,000 up to but not including \$500,000 shall be paid in ten equal annual payments.

(c) Each prize that has a cash value of less than \$250,000 shall be paid in a single ~~((lump sum))~~ payment.

(d) For prizes paid over a period of years, the lottery will make the first annual payment. The remaining payments will be paid in the form ((of fixed term annuity)) designated by the director.

AMENDATORY SECTION (Amending Order 61, filed 8/3/84)

WAC 315-32-050 TICKET PURCHASES. (1) ~~((Evergreen))~~ Lotto tickets may be purchased between 6:00 a.m. and 11:00 p.m., Sunday through Friday and from 6:00 a.m. to the time established under WAC 315-30-040(2) on Saturdays, provided that on-line ~~((agents))~~ retailers shall sell tickets only during their normal business hours.

(2) ~~((Evergreen))~~ Lotto tickets may be purchased only from a ~~((licensed agent))~~ lottery retailer authorized by the director to sell on-line tickets.

(3) ~~((Evergreen))~~ Lotto tickets shall on the front of the ticket contain the player's selection of numbers, amount, game grids played, ~~((and))~~ drawing date, and validation and reference numbers. The back of the ticket shall contain overall odds of winning, player instructions, player information and signature area, and the ticket serial number.

(4) ~~((Evergreen))~~ Lotto tickets may be purchased for the next drawing only.

AMENDATORY SECTION (Amending Order 61, filed 8/3/84)

WAC 315-32-060 DRAWINGS. (1) ~~((An Evergreen))~~ A Lotto drawing shall be held each week on Saturday evening, except that the director may change the drawing schedule if Saturday is a holiday.

(2) The drawing will be conducted by lottery officials.

(3) Each drawing shall determine, at random, six winning numbers with the aid of mechanical drawing equipment which shall be tested before and after that drawing. Any drawn numbers shall not be declared winning numbers until the drawing is certified by the lottery. The winning numbers shall be used in determining all Lotto winners for that drawing. If a drawing is not certified, another drawing will be conducted to determine actual winners.

(4) The drawing shall not be invalidated based on the liability of the lottery.

NEW SECTION

WAC 315-11-180 DEFINITIONS FOR INSTANT GAME NUMBER 18 ("WASHINGTON WINNERS"). (1) Play symbols: The following are the "play symbols":

""; ""; ""; ""; ""; ""; ""; "".

One of these symbols appears under each of the six rub-off spots on the front of the ticket.

(2) Validation number: The unique nine-digit number on the lower right portion of the front of the ticket. The number is covered by latex which is overprinted "DO NOT REMOVE."

(3) Pack-ticket number: The ten-digit number of the form 8000001-000 printed on the front of the ticket. The first seven digits of the pack-ticket number for Instant Game Number 18 constitute the "pack number" which starts at 8000001; the last three digits constitute the "ticket number" which starts at 000 and continues through 399 within each pack of tickets.

(4) Captions: The small printed characters appearing below each play symbol which verifies and corresponds with that play symbol. The caption is a spelling out, in full or abbreviated form of the play symbol. One and only one of these captions appears under each play symbol. For Instant Game Number 18, the captions which correspond with and verify the play symbols are:

<u>PLAY SYMBOL</u>	<u>CAPTION</u>
	SAIL
	FISH
	APPL
	SKI
	TREE
	WHT
	MTN
	ENT

(5) Agent verification codes: Codes consisting of small letters found under the removable covering on the front of the ticket which the licensed agent uses to verify instant winners below \$25. For Instant Game Number 18, the agent verification code is a three-letter code, with each letter appearing in a varying three of five locations beneath the removable covering and among the play symbols on the front of the ticket. The agent verification codes are:

<u>VERIFICATION CODE</u>	<u>PRIZE</u>
TWO	\$2.00
FIV	\$5.00
TEN	\$10.00
TTY	\$20.00

(6) Pack: A set of four hundred fanfolded instant game tickets separated by perforations and packaged in a plastic bag or plastic shrinkwrapping.

**NEW SECTION**

WAC 315-11-181 CRITERIA FOR INSTANT GAME NUMBER 18. (1) The price of each instant game ticket shall be \$1.00.

(2) Determination of prize winning tickets: An instant prize winner is determined in the following manner:

(a) The bearer of a ticket having the following play symbols in any three of the six spots beneath the removable covering on the front of the ticket shall win the following prize:

- Three  play symbols – Win \$2.00
- Three  play symbols – Win \$5.00
- Three  play symbols – Win \$10.00
- Three  play symbols – Win \$20.00
- Three  play symbols – Win \$50.00
- Three  play symbols – Win \$100.00
- Three  play symbols – Win \$5,000
- Three  play symbols – Win Entry into Grand Prize Drawing

(b) In any event, only the highest instant prize amount meeting the standards of (a) of this subsection will be paid on a given ticket.

(3) No portion of the display printing nor any extraneous matter whatever shall be usable or playable as a part of the instant game.

(4) The determination of prize winners shall be subject to the general ticket validation requirements of the lottery as set forth in WAC 315-10-070, to the particular ticket validation requirements for Instant Game Number 18 set forth in WAC 315-11-182, to the confidential validation requirements established by the director, and to the requirements stated on the back of each ticket.

(5) There will be one grand prize drawing for Instant Game Number 18. It will be conducted at a time and place and pursuant to procedures to be established and announced by the director. The prizes awarded at the grand prize drawing will be: First prize, \$250,000; second prize, \$25,000; third, fourth, and fifth prizes, \$10,000 each; sixth, seventh, eighth, ninth, and tenth prizes, \$5,000 each. In the event that an entry is not included in the grand prize drawing process and the director determines that the entry was entitled to participation in the process, the director reserves the right to place that entry into a subsequent grand prize drawing process.

(a) To be eligible for entry into a preliminary drawing, an entrant must:

(i) Be eligible to win a prize pursuant to chapter 67.70 RCW and Title 315 WAC.

(ii) Have a valid winning "Washington Winners" "Entry" ticket.

(iii) Write or print legibly, the entrant's name and address on the back of the ticket or on a separate sheet of paper. An entry containing more than one name and/or address shall be disqualified.

(iv) Place the ticket in an envelope. An envelope which contains extraneous material or which has had the exterior altered for the apparent sole purpose of making the envelope more prominent shall be disqualified.

(v) Mail the envelope with proper postage and a legible return address of the entrant to the address specified on the back of the ticket and in the player's brochure ("WASHINGTON WINNERS" Grand Prize Drawing,

Tacoma, WA 98450), or deliver it in person during normal business hours to:

Office of the Director  
Washington State Lottery  
600 Park Village Plaza  
1200 Cooper Point Road SW  
Olympia, WA 98502

(b) There is no limit to the number of entries a person may submit, but each entry must be submitted in a separate envelope and both the entry and the entrant of each must meet the qualifications set forth above.

(c) Entries must be received by the lottery no later than fourteen days after the announced end of game.

(d) An entry which contains one or more stolen tickets may be disqualified by the director.

(e) A nonconforming entry, at the sole discretion of the director, may be disqualified.

(f) The lottery shall not be responsible for any other material, including winning tickets, mailed or delivered to the "WASHINGTON WINNERS" Grand Prize Drawing. All mail not drawn will be incinerated unopened.

(6) Notwithstanding any other provisions of these rules, the director may:

(a) Vary the length of Instant Game Number 18; and/or

(b) Vary the number of tickets sold in Instant Game Number 18 in a manner that will maintain the estimated average odds of purchasing a winning ticket.

**NEW SECTION**

WAC 315-11-182 TICKET VALIDATION REQUIREMENTS FOR INSTANT GAME NUMBER 18. (1) In addition to meeting all other requirements in these rules and regulations, to be a valid instant game ticket for Instant Game Number 18 all of the following validation requirements apply.

(a) Exactly one play symbol must appear under each of the six rub-off spots on the front of the ticket.

(b) Each of the six play symbols must have a caption below and each must agree with its caption.

(c) The display printing and the printed numbers, letters, and symbols on the ticket must be regular in every respect and correspond precisely with the artwork on file with the director. The numbers, letters, and symbols shall be printed as follows:

Play Symbol	Mead 20 Point font
Captions	Mead 5 x 11 Matrix font
Pack-Ticket Number	OCR-A Size 1 Condensed font
Validation Number	OCR-A Size 1 Condensed font
Agent Verification Code	Mead 7 x 12 Matrix font

(d) Each of the play symbols and their captions, the validation number, pack-ticket number and the agent verification code must be printed in black ink.

(e) Each of the play symbols must be exactly one of those described in WAC 315-11-180(1) and each of the captions must be exactly one of those described in WAC 315-11-180(4).

(2) Removal of part or all of the latex overprinted "DO NOT REMOVE" covering of the validation number will not invalidate an otherwise valid ticket.

(3) Any ticket not passing all the validation requirements in WAC 315-10-070 and subsection (1) of this section is invalid and ineligible for any prize.

**WSR 85-22-058**  
**EMERGENCY RULES**  
**LOTTERY COMMISSION**  
[Order 82—Filed November 5, 1985]

Be it resolved by the Washington State Lottery Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to:

- Amd WAC 315-02-160 Lottery retailer defined.
- Amd WAC 315-04-132 Change of business structure, ownership or officers.
- Amd WAC 315-30-030 On-line games criteria.
- Amd WAC 315-30-060 Payment of prizes by on-line retailers.

We, the Washington State Lottery Commission, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is these rules are required before permanent rules could be adopted. Delay in implementation would be contrary to public interest.

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

This rule is promulgated pursuant to RCW 67.70.040 and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED November 1, 1985.

By Duane Kovacevich  
Deputy Director

AMENDATORY SECTION (Amending Order 3, filed 10/15/82)

WAC 315-02-160 (~~LICENSED AGENT~~) LOTTERY RETAILER DEFINED. "Lottery retailer," formerly known as "licensed agent" means a person licensed by the director or any retail outlet of the state liquor control board. The term "licensed agent" used in conjunction with the lottery in any context or document shall have the same meaning as "lottery retailer."

AMENDATORY SECTION (Amending Order 72, filed 4/5/85)

WAC 315-04-132 CHANGE OF BUSINESS STRUCTURE, OWNERSHIP, OR OFFICERS. (1) Every change of business structure of a person to whom a license has been issued must be reported to the lottery prior to the change. A change of business structure shall mean the change from one form of business organization

to another, such as from sole proprietorship to partnership or corporation.

(2) Every substantial change of ownership of a person to whom a license has been issued must be reported to the lottery prior to the change. A substantial change of ownership shall mean the transfer of ten percent or more equity.

(3) Every change of officers of a person to whom a license has been issued must be reported to the lottery not later than ten days following the effective day of the change.

(4) If such change involves the addition or deletion of one or more owners or officers, the licensed agent shall submit a license application reflecting the change(s) and any other documentation the director may require.

(5) If such change involves the addition of one or more owners or officers who does not have on file with the lottery a current "personal information form," each such owner or officer shall submit a "personal information form." (~~The lottery shall assess a fee for a background check pursuant to WAC 315-04-070.~~)

AMENDATORY SECTION (Amending Order 77, filed 7/30/85)

WAC 315-30-030 ON-LINE GAMES CRITERIA. (1) The base price of an on-line ticket shall not be less than \$.50 and not more than \$5.00.

(2) On the average the total of all prizes available to be won in an on-line game shall not be less than forty-five percent of the on-line game's projected revenue.

(3) The manner and frequency of drawings may vary with the type of on-line game.

(4) The times, locations, and drawing procedures shall be determined by the director.

(5) A ticket bearer claiming a prize shall submit the apparent winning ticket as specified by the director. The ticket must be validated pursuant to WAC 315-30-050 by the lottery or an on-line ((agent)) retailer through use of the validation number and any other means as specified by the director.

(6) Procedures for claiming on-line prizes are as follows:

(a) To claim an on-line game prize of \$600.00 or less (~~within thirty days of the drawing~~), the claimant shall present the winning on-line ticket to any on-line ((agent)) retailer or to the lottery.

(i) If the claim is presented to an on-line ((agent)) retailer, the on-line ((agent)) retailer shall validate the claim and, if determined to be a winning ticket, make payment of the amount due the claimant. If the on-line ((agent)) retailer cannot validate the claim, the claimant may obtain and complete a claim form, as provided in WAC 315-06-120, and submit it with the disputed ticket to the lottery by mail or in person. Upon determination that the ticket is a winning ticket, the lottery shall present or mail a check to the claimant in payment of the amount due. If the ticket is determined to be a nonwinning ticket, the claim shall be denied and the claimant shall be promptly notified. Nonwinning tickets will not be returned to the claimant.

(ii) If the claim is presented to the lottery, the claimant shall complete a claim form, as provided in WAC

315-06-120, and submit it with the apparent winning ticket to the lottery by mail or in person. Upon determination that the ticket is a winning ticket, the lottery shall present or mail a check to the claimant in payment of the amount due, less the withholding required by the Internal Revenue Code. If the ticket is determined to be a nonwinning ticket, the claim shall be denied and the claimant shall be promptly notified. Nonwinning tickets will not be returned to the claimant.

(b) To claim an on-line prize of more than \$600.00, (~~or any prize more than thirty days after the date of the drawing~~;) the claimant shall obtain and complete a claim form, as provided in WAC 315-06-120, and submit it with the apparent winning ticket to the lottery by mail or in person. Upon determination that the ticket is a winning ticket, the lottery shall present or mail a check to the claimant in payment of the amount due, less the withholding required by the Internal Revenue Code. If the ticket is determined to be a nonwinning ticket, the claim shall be denied and the claimant shall be promptly notified. Nonwinning tickets will not be returned to the claimant.

AMENDATORY SECTION (Amending Order 72, filed 4/5/85)

WAC 315-30-060 PAYMENT OF PRIZES BY ON-LINE ((AGENTS)) RETAILERS. (1) An on-line ((agent)) retailer shall pay to the ticket bearer on-line game prizes of \$600.00 or less for any validated claims presented (~~within thirty days of the drawing~~) to that on-line ((agent)) retailer regardless of where the on-line ticket was purchased. These prizes shall be paid during all normal business hours of that on-line ((agent)) retailer, provided, the on-line system is operational and claims can be validated. The on-line ((agent)) retailer shall not charge the claimant any fee for payment of the prize or for cashing a business check drawn on the (~~licensed agent's~~) lottery retailer's account.

(2) An on-line ((agent)) retailer may pay prizes in cash or by business check, certified check, or money order. An on-line ((agent)) retailer that pays a prize with a check which is dishonored may be subject to suspension or revocation of its license, pursuant to WAC 315-04-200.

WSR 85-22-059  
PROPOSED RULES  
DEPARTMENT OF GAME  
(Game Commission)  
[Filed November 5, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Game Commission intends to adopt, amend, or repeal rules concerning Duplicate licenses, tags, etc.—Rules for issuance, amending WAC 232-12-189;

that the agency will at 9:00 a.m., Monday, January 6, 1986, and at 8:00 a.m., Tuesday, January 7, 1986, in the Westwater Inn, Evergreen Park Drive S.W., Olympia,

Washington 98502, conduct public hearings on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on January 6 or 7, 1986.

The authority under which these rules are proposed is RCW 77.12.040.

The specific statute these rules are intended to implement is RCW 77.32.256.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before January 6, 1986.

Dated: November 5, 1985

By: James R. Carlin  
Game License Manager

#### STATEMENT OF PURPOSE

Title and Number of Rule Section: WAC 232-12-189  
Duplicate licenses, tags, etc.—Rules for issuance.

Statutory Authority: RCW 77.12.040.

Specific Statute that Rule is Intended to Implement: RCW 77.32.256.

Summary of the Rule: Allows that game license dealers may charge an agent fee of \$1.00 for the issuance of each license document and \$.50 for the issuance of each tag, permit, special hunting permit, applications and stamps.

Reasons Supporting the Proposed Rule: Department has determined that game license dealers requesting an increase in the agent fee was justified due to increases in their costs associated with handling game licenses; mail costs, bond costs, etc.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rule: James R. Carlin, Game License Manager, Management Services Division, Department of Game, 600 North Capitol Way, Olympia, Washington 98504, phone (206) 753-5719.

Name of the Person or Organization Whether Private, Public or Governmental that is Proposing the Rule: Department of Game.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to the Rule: No comments.

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

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: None.

A small business economic impact statement is not required.

#### AMENDATORY SECTION (Amending Order 174, filed 10/22/81)

WAC 232-12-189 DUPLICATE LICENSES, TAGS, ETC.—RULES FOR ISSUANCE. (~~(Application)~~) Request for replacement of licenses, permits, tags, stamps or punchcards required by chapter 77.32 RCW, which have been lost, mutilated, or stolen, must be made (~~(on a form supplied by the department)~~) by the licensee.

~~((All applicable information indicated on the form must be provided and the form must be notarized.))~~

Duplicate licenses, permits, tags, stamps and punchcards may be issued (~~(only)~~) at department offices or by (~~(department employees authorized by the director)~~) game license dealers.

**WSR 85-22-060**  
**PROPOSED RULES**  
**DEPARTMENT OF GAME**  
**(Game Commission)**  
[Filed November 5, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Game Commission intends to adopt, amend, or repeal rules concerning requirements of license dealers, amending WAC 232-12-241;

that the agency will at 9:00 a.m., Monday, January 6, 1986, and at 8:00 a.m., Tuesday, January 7, 1986, in the Westwater Inn, Evergreen Park Drive S.W., Olympia, Washington 98502, conduct public hearings on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on January 6 or 7, 1986.

The authority under which these rules are proposed is RCW 77.12.040.

The specific statute these rules are intended to implement is RCW 77.32.256, 77.12.040 and 77.32.050.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before January 6, 1986.

Dated: November 5, 1985

By: James R. Carlin  
Game License Manager

#### STATEMENT OF PURPOSE

Title and Number of Rule Section: WAC 232-12-241  
Requirements for license dealers.

Statutory Authority: RCW 77.12.040.

Specific Statute that Rule is Intended to Implement: RCW 77.32.256, 77.12.040 and 77.32.050.

Summary of the Rule: Allows that game license dealers may charge an agent fee of \$1.00 for the issuance of each license document and \$.50 for the issuance of each tag, permit, special hunting permit, applications and stamps.

Reasons Supporting the Proposed Rule: Department has determined that game license dealers requesting an increase in the agent fee was justified due to increases in their costs associated with handling game licenses; mail costs, bond costs, etc.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rule: James R. Carlin, Game License Manager, Management Services Division, Department of Game, 600 North Capitol Way, Olympia, Washington 98504, phone (206) 753-5719.

Name of the Person or Organization Whether Private, Public or Governmental that is Proposing the Rule: Department of Game.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to the Rule: No comments.

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

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: None.

A small business economic impact statement is not required.

**AMENDATORY SECTION** (Amending Order 174, filed 10/22/81)

**WAC 232-12-241 REQUIREMENTS OF LICENSE DEALERS.** (1) The director may deputize persons, firms or corporations as license dealers in such numbers as deemed necessary, for the purpose of issuing licenses, permits, tags, stamps, and punchcards.

(2) All persons, firms or corporations so deputized shall provide the director with a good and sufficient bond in such amount as the director shall determine, such bond to guarantee full and complete payment for all licenses, permits, tags, stamps, and punchcards sold or not remitted by the dealer.

(3) License dealers shall remit all moneys collected from the sale of licenses, permits, tags, stamps, and punchcards by the 10th day of the following month in which the licenses are sold.

(4) License dealers must issue licenses, permits, tags, stamps, and punchcards in accordance with instructions provided by the department in the license dealer's manual.

(5) All records held pursuant to the statutes and regulations dealing with license dealers must be open to inspection by a wildlife agent or department designee at reasonable times.

(6) License dealers may charge an agent fee of \$1.00 for the issuance of each license document and 50¢ for the issuance of each tag, permit, special hunting permit application, and stamp.

**WSR 85-22-061  
PROPOSED RULES  
DEPARTMENT OF GAME  
(Game Commission)  
[Filed November 5, 1985]**

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the State Game Commission intends to adopt, amend, or repeal rules concerning description of central and field organization of the Department of Game, amending WAC 232-12-804;

that the agency will at 9:00 a.m., Monday, January 6, 1986, and at 8:00 a.m., Tuesday, January 7, 1986, in the Westwater Inn, Evergreen Park Drive S.W., Olympia, Washington 98502, conduct public hearings on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on January 6 or 7, 1986.

The authority under which these rules are proposed is RCW 77.12.040.

The specific statute these rules are intended to implement is RCW 77.12.040.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before January 6, 1986.

Dated: November 5, 1985  
By: Fred Hosea  
Deputy Director

**STATEMENT OF PURPOSE**

Title and Number of Rule Section: WAC 232-12-804  
Description of central and field organization of the Department of Game.

Statutory Authority: RCW 77.12.040.

Specific Statute that Rule is Intended to Implement: RCW 77.12.040.

Summary of the Rule: Updates WAC to reflect address change of regional office.

Reasons Supporting the Proposed Rule: Updates information contained in WAC.

Agency Personnel Responsible for Drafting and Implementation: Fred Hosea, Deputy Director, Department of Game, 600 North Capitol Way, Olympia, WA 98504, phone (206) 753-5720; and Enforcement: Dave Schultz, Administrator, Wildlife Enforcement Division, Department of Game, 600 North Capitol Way, Olympia, WA 98504, phone (206) 753-5740.

Name of the Person or Organization Whether Private, Public, or Governmental, that is Proposing the Rule: Department of Game.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement, and Fiscal Matters Pertaining to the Rule: No comments.

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

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: None.

This proposed rule does not require a small business economic impact statement.

**AMENDATORY SECTION** (Amending Order 174, filed 10/22/81)

**WAC 232-12-804 DESCRIPTION OF CENTRAL AND FIELD ORGANIZATION OF THE DEPARTMENT OF GAME.** The headquarters of the department of game, the director and the administrative staff is located at 600 No. Capitol Way, Olympia, Washington, 98504. In addition, the department has six regional offices, each of which supervises department activities within its respective area. Their locations are:

- Region 1 North 8702 Division Street  
Spokane, WA 99218
- Region 2 1540 Alder Street N.W.  
Ephrata, WA 98823
- Region 3 2802 Fruitvale Blvd.  
Yakima, WA 98902
- Subregional office Wenatchee District Office  
3860 Chelan Highway North  
Wenatchee, WA 98801
- Region 4 ~~((509 Fairview Ave. North  
Seattle, WA 98109))~~  
16018 Mill Creek Blvd.  
Mill Creek, WA 98012
- Region 5 5405 N.E. Hazel Dell Ave.  
Vancouver, WA 98663
- Region 6 905 E. Heron  
Aberdeen, WA 98520

**WSR 85-22-062  
EMERGENCY RULES  
DEPARTMENT OF GAME  
(Game Commission)  
[Order 278--Filed November 5, 1985]**

Be it resolved by the State Game Commission, acting at Olympia, Washington, that it does adopt the annexed rules relating to amendment to Washington game fish seasons and catch limits—Purdy Creek (Mason County), WAC 232-28-61422.

We, the State Game Commission, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is this order continues the intent of Administrative Order 273 filed with the code reviser's office August 16, 1985. As stated in WSR 85-17-041, this closure was at the request of the Skokomish Tribe, with the support of the Department of Fisheries. A significant poaching problem exists on Purdy Creek below the George Adams Hatchery (WDF) beginning in late August. Purdy Creek is closed to salmon fishing, but open for trout, so the poachers have an excuse to be on the stream. This order continues this closure through November 30, 1985, which is the original closing date shown in WAC 232-28-614.

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

This rule is promulgated pursuant to RCW 77.12.040 and is intended to administratively implement that statute.

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

APPROVED AND ADOPTED November 5, 1985.  
By Jack S. Wayland  
Director

NEW SECTION

WAC 232-28-61422 AMENDMENT TO WASHINGTON GAME FISH SEASONS AND CATCH LIMITS—PURDY CREEK (MASON COUNTY). Notwithstanding the provisions of WAC 232-28-614, Purdy Creek (Mason County) is closed to fishing for game fish effective 12:01 a.m. November 13, 1985.

WSR 85-22-063  
PROPOSED RULES  
BOARD OF PILOTAGE COMMISSIONERS  
[Filed November 5, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Pilotage Commissioners intends to adopt, amend, or repeal rules concerning tariffs and pilotage rates for the Grays Harbor pilotage district, WAC 296-116-185;

that the agency will at 8:00 a.m., Thursday, December 12, 1985, in the Washington State Ferries Conference Room, Colman Dock, Seattle, Washington 98104, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 88.16.035(4).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 6, 1985.

Dated: November 4, 1985  
By: Marjorie T. Smitch  
Assistant Attorney General

STATEMENT OF PURPOSE

Rule: WAC 296-116-185.  
Statutory Authority: RCW 88.16.035(4).

Reason for Amendment: RCW 88.16.035(4) requires that the Board of Pilotage Commissioners shall annually fix the pilotage tariffs for pilotage services performed aboard vessels. The purpose of this amendment is to fix tariffs for the Grays Harbor pilotage district for the forthcoming year.

Drafting: These rules have been drafted by Marjorie Smitch, Assistant Attorney General, 5th Floor, Highways-Licenses Building, Olympia, WA 98504, phone (206) 753-6126; and Implementation: These rules will be implemented by the Washington State Board of Pilotage Commissioners, Colman Dock, Seattle, WA 98104, phone (206) 464-7818.

Proposer: Board of Pilotage Commissioners.  
Agency Comments: None.  
Federal/Law/Court Decision: None.

Small Business Economic Impact Statement: WAC 296-116-300, cost for small business per \$100 of sales estimated at 50 cents. Cost for larger business per \$100 of sales estimated at 45 cents.

AMENDATORY SECTION (Amending Order 84-5, Resolution No. 84-5, filed 12/31/84)

WAC 296-116-185 TARIFFS, AND PILOTAGE RATES FOR THE GRAYS HARBOR PILOTAGE DISTRICT. The following rates shall become effective on January 1, 1985.

CLASSIFICATION OF PILOTAGE SERVICE RATE

Piloting of vessels in the inland waters and tributaries of Grays Harbor:

Each vessel shall be charged according to its draft and tonnage. The draft charges shall be \$((33.51))34.51 per meter (or \$((10.22))10.53 per foot) and the tonnage charge shall be \$((1069))1101 per net registered ton. The minimum net registered tonnage charge is \$((374.15))385.37. The charge for an extra vessel (in case of tow) is \$((213.80))220.21.

Boarding fee:

Per each boarding/deboarding from a boat . . . . . \$((160.35))  
165.16

Harbor shifts:

For each shift from dock to dock, dock to anchorage, anchorage to dock, or anchorage to anchorage . . . . \$((267.25))  
275.26  
Delays per hour . . . . . \$ ((64.14))  
66.06  
Cancellation charge (pilot only) . . . . . \$((106.90))  
110.11  
Cancellation charge (pilot boat only) . . . . . \$((320.70))  
330.32

CLASSIFICATION OF PILOTAGE SERVICE RATE

Travel allowance:

Boarding or debarking a vessel off Grays Harbor entrance ..... \$50.00  
 Pilot when traveling to an outlying port to join a vessel or returning through an outlying port from a vessel which has been piloted to sea shall be paid ~~\$(374.15)~~ 385.37 for each day or fraction thereof, and the travel expense incurred.

Bridge transit:

Charge for each bridge transited ..... ~~\$(117.59)~~  
121.11

Miscellaneous:

The balance of amounts due for pilotage rates not paid within ~~((45))~~ forty-five days of invoice will be assessed at ~~((1+1/2%))~~ one and one-half percent per month late charge. At least a four hour notice shall be given for an arrival, sailing, or change of ETA or ETD.

**WSR 85-22-064**  
**PROPOSED RULES**  
**BOARD OF PILOTAGE COMMISSIONERS**  
 [Filed November 5, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Pilotage Commissioners intends to adopt, amend, or repeal rules concerning pilotage rates for the Puget Sound pilotage district, WAC 296-116-300;

that the agency will at 8:00 a.m., Thursday, December 12, 1985, in the Washington State Ferries Conference Room, Colman Dock, Seattle, Washington 98104, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 88.16.035(4).

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 6, 1985.

Dated: November 4, 1985

By: Marjorie T. Smitch  
 Assistant Attorney General

STATEMENT OF PURPOSE

Rule: WAC 296-116-300.

Statutory Authority: RCW 88.16.035(4).

Reason for Amendment: RCW 88.16.035(4) requires that the Board of Pilotage Commissioners shall annually fix the pilotage tariffs for pilotage services performed aboard vessels. The purpose of this amendment is to fix tariffs for the Puget Sound pilotage district for the forthcoming year.

Drafting: These rules have been drafted by Marjorie T. Smitch, Assistant Attorney General, 5th Floor, Highways-Licenses Building, Olympia, WA 98504, phone (206) 753-6126; and Implementation: These rules will

be implemented by the Washington State Board of Pilotage Commissioners, Colman Dock, Seattle, WA 98104, phone (206) 464-7818.

Proposer: Board of Pilotage Commissioners.

Agency Comments: None.

Federal/Law/Court Decision: None.

Small Business Economic Impact Statement: WAC 296-116-300, cost for small business per \$100 of sales estimated at 50 cents. Cost for larger business per \$100 of sales estimated at 45 cents.

AMENDATORY SECTION (Amending Order 84-5, Resolution No. 84-5, filed 12/31/84)

WAC 296-116-300 PILOTAGE RATES FOR THE PUGET SOUND PILOTAGE DISTRICT. These rates shall become effective on January 1, 1985.

CLASSIFICATION RATE

Ship length overall (LOA) Charges: per LOA rate schedule in this section

Boarding fee: ~~(\$26.00)~~  
\$ 27.00

Per each boarding/deboarding at the Port Angeles pilot station.

Harbor shift - Live ship (Seattle Port) LOA Zone I  
 Harbor shift - Live ship (other than Seattle Port) LOA Zone I

Harbor shift - Dead ship Double LOA Zone I  
 Dead ship towing charge: Double LOA Zone

LOA of tug + LOA of tow + beam of tow  
 Any tow exceeding seven hours, two pilots are mandatory.  
 Harbor shifts shall constitute and be limited to those services in moving vessels from dock to dock, from anchorage to dock, from dock to anchorage, or from anchorage to anchorage in the same port after all other applicable tariff charges for pilotage services have been recognized as payable.

Waterway and bridge charges:  
 Ships up to 90' beam:  
 A charge of ~~(\$132.00)~~ \$136.00 shall be in addition to bridge fees for any vessel movements both inbound and outbound required to transit south of Spokane Street Bridge in Seattle, south of Eleventh Street Bridge in any of the Tacoma waterways, in Port Gamble, or in the Snohomish River. Any vessel movements required to transit through bridges shall have an additional charge of ~~(\$63.00)~~ \$65.00 per bridge.

Ships 90' beam and/or over:  
 A charge of ~~(\$178.00)~~ \$183.00 shall be in addition to bridge fees for any vessel movements both inbound and outbound required to transit south of Spokane Street Bridge in Seattle and south of Eleventh Street Bridge in any of the Tacoma waterways. Any vessel movements required to transit through bridges shall have an additional charge of ~~(\$125.00)~~ \$129.00 per bridge.  
 (The above charges shall not apply to transit of vessels from Shilshole Bay to the limits of Lake Washington.)

In a case where two pilots are employed for a single vessel waterway or bridge transit, a second pilot charge shall include the bridge and waterway charge in addition to the harbor shift rate.

Compass adjustment ~~(\$177.00)~~  
\$182.00  
 Radio direction finder calibration ~~(\$177.00)~~  
\$182.00  
 Launching vessels ~~(\$265.00)~~  
\$273.00  
 Trial trips, 6 hours or less ~~(\$72.00)~~  
\$ 74.00  
 per hr.  
 (Minimum ~~(\$432.00)~~ \$445.00)  
 Trial trips, over 6 hours (two pilots) ~~(\$141.00)~~  
\$145.00  
 per hr.

CLASSIFICATION	RATE
Shilshole Bay — Salmon Bay	<del>(((\$103.00))</del> \$106.00
Salmon Bay — Lake Union	<del>(((\$83.00))</del> \$ 85.00
Lake Union — Lake Washington (plus LOA zone from Webster Point)	<del>(((\$103.00))</del> \$106.00
Cancellation charge	LOA Zone I
Cancellation charge — Port Angeles (when pilot is ordered and vessel proceeds without stopping for pilot.)	LOA Zone I
Docking delay after anchoring:	<del>(((\$72.00))</del> \$ 74.00
Applicable harbor shift rate to apply, plus <del>(((\$72.00))</del> \$74.00 per hour standby. No charge if delay is 60 minutes or less. If the delay is more than 60 minutes, charge is <del>(((\$72.00))</del> \$74.00 for every hour or fraction thereof.	
Sailing delay	<del>(((\$72.00))</del> \$ 74.00 per hour
No charge if delay is 60 minutes or less. If the delay is more than 60 minutes, charge is <del>(((\$72.00))</del> \$74.00 for every hour or fraction thereof.	
Slow-down — <del>(((\$72.00))</del> \$74.00 per hour for all time in excess of time spent in that particular transit for that speed of advance normal for vessel that is slowed.	<del>(((\$72.00))</del> \$ 74.00 per hour
Super ships — Additional charge to LOA zone mileage of <del>(((\$0.0441))</del> \$0.0454 a gross ton for all gross tonnage in excess of 20,000 gross tons up to 50,000 gross tons. In excess of 50,000 gross tons, the charge shall be <del>(((\$0.0528))</del> \$0.0544 per gross ton.	
Delayed arrival Port Angeles	<del>(((\$72.00))</del> \$ 74.00 per hour
(When pilot is ordered and vessel does not arrive within two hours without notification of change of ETA.)	
Transportation to vessels on Puget Sound:	
March Point or Anacortes	\$ 96.00
Bangor	56.00
Bellingham	106.00
Bremerton	29.00
Cherry Point	125.00
Dupont	56.00
Edmonds	20.00
Everett	36.00
Ferndale	115.00
Manchester	44.00
Mukilteo	35.00
Olympia	72.00
Point Wells	20.00
Port Gamble	51.00
Port Townsend (Indian Island)	73.00
Semiahmoo (Blaine)	131.00
Tacoma	37.00
Tacoma Smelter	42.00
Winslow	29.00

- (a) Interport shifts: Transportation paid to and from both points.
- (b) Intraharbor shifts: Transportation to be paid both ways. If intraharbor shift is cancelled on or before scheduled reporting time, transportation paid one way only.
- (c) Cancellation: Transportation both ways unless notice of cancellation is received prior to scheduled reporting time in which case transportation need only be paid one way.
- (d) Any new facilities or other seldom used terminals, not covered above, shall be based on mileage x \$1.40 per mile.

Delinquent payment charge: 1 1/2% per month after 45 days from first billing.

Nonuse of pilots: Ships taking and discharging pilots without using their services through all Puget Sound and adjacent inland waters shall pay full pilotage fees on the LOA zone mileage basis from Port Angeles to destination, from place of departure to Port Angeles, or for entire distance between two ports on Puget Sound and adjacent inland waters.

LOA rate schedule  
The following rate schedule is based upon distances furnished by National Oceanic and Atmospheric Administration, computed to the nearest half-mile and includes retirement fund contributions.

LOA	ZONE I Intra Harbor	ZONE II 0-30 Miles	ZONE III 31-50 Miles	ZONE IV 51-75 Miles	ZONE V 76-100 Miles	ZONE VI 101 Miles & Over
((Up to 449	125	194	338	506	683	888
450 - 459	127	199	341	515	692	891
460 - 469	131	202	344	522	703	895
470 - 479	136	206	349	533	706	898
480 - 489	138	211	351	542	712	901
490 - 499	141	213	355	552	719	907
500 - 509	147	217	360	560	725	912
510 - 519	149	223	364	568	731	915
520 - 529	151	231	371	571	738	923
530 - 539	157	234	376	577	749	932
540 - 549	160	238	382	583	762	940
550 - 559	163	244	385	590	768	949
560 - 569	169	252	393	595	776	960
570 - 579	173	256	397	597	783	966
580 - 589	180	260	404	602	789	976
590 - 599	188	265	407	606	799	986
600 - 609	194	274	413	608	808	992
610 - 619	205	277	419	612	817	1002
620 - 629	214	281	425	617	826	1012
630 - 639	226	287	429	619	833	1022
640 - 649	236	293	434	622	843	1029
650 - 659	249	299	441	627	852	1039
660 - 669	256	302	446	630	861	1047
670 - 679	263	308	450	640	870	1055
680 - 689	269	314	456	647	878	1065
690 - 699	277	320	461	658	888	1084
700 - 719	290	330	471	666	904	1099
720 - 739	306	341	482	675	923	1117
740 - 759	320	355	493	683	940	1136
760 - 779	333	370	504	692	960	1153
780 - 799	349	383	515	703	976	1173
800 - 819	362	397	524	709	992	1189
820 - 839	376	410	535	719	1012	1205
840 - 859	392	426	546	727	1029	1225
860 - 879	405	441	557	746	1047	1242
880 - 899	419	455	568	763	1065	1260
900 - 919	432	469	578	781	1084	1278
920 - 939	447	482	590	799	1099	1296
940 - 959	461	496	598	817	1117	1312
960 - 979	474	511	610	833	1136	1331
980 - 999	491	524	620	852	1153	1349
1000 & over	504	541	632	870	1173	1366
Up to 449	129	200	348	521	703	915
450 - 459	131	205	351	530	713	918
460 - 469	135	207	354	538	724	922
470 - 479	140	212	359	549	727	925
480 - 489	142	217	362	558	733	928
490 - 499	145	219	366	569	741	934
500 - 509	151	224	371	577	747	939
510 - 519	153	230	375	585	753	942
520 - 529	156	238	382	588	760	951
530 - 539	162	241	387	594	771	960
540 - 549	165	245	393	600	785	968
550 - 559	168	251	397	608	791	977
560 - 569	174	260	405	613	799	989
570 - 579	178	264	409	615	806	995
580 - 589	185	268	416	620	813	1005
590 - 599	194	273	419	624	823	1016
600 - 609	200	282	425	626	832	1022
610 - 619	211	285	432	630	842	1032
620 - 629	220	289	438	636	851	1042
630 - 639	233	296	442	638	858	1053
640 - 649	243	302	447	641	868	1060
650 - 659	256	308	454	646	878	1070
660 - 669	264	311	459	649	887	1078
670 - 679	271	317	464	659	896	1087
680 - 689	277	323	470	666	904	1097
690 - 699	285	330	475	678	915	1117
700 - 719	299	340	485	686	931	1132
720 - 739	315	351	496	695	951	1151
740 - 759	330	366	508	703	968	1170
760 - 779	343	381	519	713	989	1188
780 - 799	359	394	530	724	1005	1208

LOA	ZONE I Intra Harbor	ZONE II 0-30 Miles	ZONE III 31-50 Miles	ZONE IV 51-75 Miles	ZONE V 76-100 Miles	ZONE VI 101 Miles & Over
800 - 819	373	409	540	730	1022	1225
820 - 839	387	422	551	741	1042	1241
840 - 859	404	439	562	749	1060	1261
860 - 879	417	454	574	768	1078	1279
880 - 899	432	469	585	786	1097	1298
900 - 919	445	483	595	804	1117	1316
920 - 939	460	496	608	823	1132	1335
940 - 959	475	511	616	842	1151	1351
960 - 979	488	526	628	858	1170	1371
980 - 999	506	540	639	878	1188	1389
1000 & over	519	557	651	896	1208	1407

**WSR 85-22-065**  
**EMERGENCY RULES**  
**DEPARTMENT OF FISHERIES**  
 [Order 85-179—Filed November 5, 1985]

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

I, William R. Wilkerson, find that an emergency exists and that this order is necessary for the preservation of the public health, safety, or general welfare and that observance of the requirements of notice and opportunity to present views on the proposed action would be contrary to public interest. A statement of the facts constituting the emergency is harvestable numbers of chum salmon are available for a limited tribal harvest.

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

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

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

APPROVED AND ADOPTED November 6, 1985.

By Gene DiDonato  
for William R. Wilkerson  
Director

NEW SECTION

**WAC 220-36-02500R CLOSED AREAS—CHEHALIS RIVER.** Notwithstanding the provisions of WAC 220-36-025, effective immediately until further notice it is unlawful for any fishermen, including treaty Indian fishermen, to fish for or possess foodfish taken for commercial purposes from the waters of the Chehalis River except that it is lawful for Chehalis tribal fishermen to fish for salmon from 12:00 noon, November 6, to 12:00 noon, November 8, 1985.

REPEALER

The following section of the Washington Administrative Code is repealed:

**WAC 220-36-02500Q CLOSED AREAS—CHEHALIS RIVER. (85-170)**

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

**WSR 85-22-066**  
**ADOPTED RULES**  
**DEPARTMENT OF NATURAL RESOURCES**  
**(Board of Natural Resources)**

[Resolution No. 500—Filed November 5, 1985]

Be it resolved by the Board of Natural Resources, acting at Olympia, Washington, that it does adopt the annexed rules relating to aquatic land management, chapter 332-30 WAC.

This action is taken pursuant to Notice No. WSR 85-21-001 filed with the code reviser on October 3, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 79.90.105, 79.90.300, 79.90.455, 79.90.460, 79.90.470, 79.90.475, 79.90.520, 79.68.010, 79.68.68 [79.68.080] and chapter 79.93 RCW and is intended to administratively implement that statute.

This rule is promulgated under the general rule-making authority of the Board of Natural Resources as authorized in RCW 43.30.150.

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

APPROVED AND ADOPTED November 5, 1985.

By Brian J. Boyle  
Chairman

AMENDATORY SECTION (Amending Order 343, filed 7/3/80)

WAC 332-30-100 ((BACKGROUND)) INTRODUCTION. ~~((+)) Introduction. The department manages~~ Subsection (2)(e) of this section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114). State-owned aquatic lands include approximately 1,300 miles of tide-lands, 6,700 acres of constitutionally established harbor areas and all of the submerged land below extreme low tide which amounts to some 2,000 square miles of marine beds of navigable waters and an undetermined amount of fresh water shoreland and bed. These lands are managed as a public trust and provide a rich land base for a variety of recreational, economic and natural process activities. ~~((As the manager of these public lands, it is important to introduce sound))~~ Management

concepts, philosophies, and programs (~~(which are)~~) for state-owned aquatic lands should be consistent with this responsibility to the public ((trust and multiple use. These lands are managed to maximize the benefit to all citizens of the state)). ((These benefits are realized when:

(a) Navigational needs are met which are of benefit to the general public;

(b) Space is provided for a variety of aquatic recreational and economic activities;

(c) When environmental standards required by enforcement agencies are adhered to;

(d) When the productivity and environmental quality of the aquatic lands are maintained while continuing to provide for the needs of the public; and

(e) The public is compensated for withdrawal of lands by private and public activities which reduce the use options of the general public.

All of these benefits are of importance, unlike department managed uplands where revenue production is the primary benefit.

The department exercises its control over land use of state-owned lands through leases, use easements, permits and deeds. Conveyance of public rights to private parties on these public lands by gift without adequate compensation is unconstitutional. State law requires that the public be compensated whenever public land is withdrawn from open public use.))

These lands are "a finite natural resource of great value and an irreplaceable public heritage" and will be managed to "provide a balance of public benefits for all citizens of the state." (RCW 79.90.450 and 79.90.455)

(1) Management goals. Management of state-owned aquatic lands will strive to:

(a) Foster water-dependent uses;

(b) Ensure environmental protection;

(c) Encourage direct public use and access;

(d) Promote production on a continuing basis of renewable resources;

(e) Allow suitable state aquatic lands to be used for mineral and material production; and

(f) Generate income from use of aquatic lands in a manner consistent with the above goals.

(2) Management methods. To achieve the above, state-owned aquatic lands will be managed particularly to promote uses and protect resources of state-wide value.

(a) Planning will be used to prevent conflicts and mitigate adverse effects of proposed activities involving resources and aquatic land uses of state-wide value. Mitigation shall be provided for as set forth in WAC 332-30-107(6).

(b) Areas having unique suitability for uses of state-wide value or containing resources of state-wide value may be managed for these special purposes. Harbor areas and scientific reserves are examples. Unique use requirements or priorities for these areas may supersede the need for mitigation.

(c) Special management programs may be developed for those resources and activities having state-wide value. Based on the needs of each case, programs may prescribe special management procedures or standards such

as lease auctions, resource inventory, shorter lease terms, use preferences, operating requirements, bonding, or environmental protection standards.

(d) Water-dependent uses shall be given a preferential lease rate in accordance with RCW 79.90.480. Fees for nonwater-dependent aquatic land uses will be based on fair market value.

(e) Research and development may be conducted to enhance production of renewable resources.

((~~Other governmental agencies, local, state and federal, administer laws and regulations which also govern activities on aquatic lands. In order to benefit from the expertise and experience of these agencies, the commissioner of public lands seeks the advice of the marine resources advisory committee. This is an ad hoc committee composed of state, federal and local government units.~~

The department of ecology and local units of government have been directed by the legislature through the Management Act of 1971 (chapter 90.58 RCW) to develop comprehensive shoreline master programs for the shorelines and aquatic lands of the state. City and county programs have been approved and adopted as state regulations to control development on aquatic lands. The department will insure that its allocations, leases, uses and activities are consistent with local programs.

(2) Public trust concept. The concept of public trust is that state-owned tidlands, shorelands and all beds of navigable waters are held in trust by the state for all citizens with each citizen having an equal and undivided interest in all land. The department has the responsibility to manage these lands in the best interest of the general public.

Embodied in the concept of compensating the public for private use, is the recognition that our natural resources are not free and aquatic lands are as valuable or more valuable than other lands. Under competitive economic climates, fair market values placed on these lands will result in better land use decisions.

In addition, various uses of the aquatic lands have different impacts on the public's use of the water column and surface. Therefore monetary return to the public by way of leases for uses that occupy and impede the water surface and column is greater than where a lessee uses the aquatic lands but does not occupy the water surface and column. However impediments which are associated with public use may pay lower lease fees.

Equally important is the use of supplemental assessments charged to the lessee for land use impacts that withdraw from use existing natural biological resources.

The funds derived from monetary compensation to the public for uses that withdraw the aquatic land base and impact natural biological resources can be used to reduce the general tax burden, expand public use facilities and improve the productivity and quality of aquatic lands and waters. This approach requires a management plan for the use of these dollars that establishes priorities and schedules for such programs as public beach marking, underwater habitat improvement, seaweed and shellfish research and enhancement, and inventory of and planning for the use of these lands.

(3) Multiple use management. Since the aquatic lands of Washington are a limited and finite resource, it is

necessary that management of these lands allow for multiple use by compatible activities to the greatest extent feasible. The management program is designed to provide for the best combination of aquatic uses that are compatible, yet minimize adverse environmental impacts. Under careful planning and multiple use management a variety of uses and activities, such as navigation; public use; production of food, energy, minerals and chemicals; and improvement of aquatic plant and animal habitat, can occur simultaneously or seasonally on department of natural resources managed land suited for those purposes. This concept has incorporated in it, the avoidance of permanent single purpose uses on aquatic lands that have multiple use potential (except for reserves, harbor areas, and public places). In most cases, the concept includes the identification of the primary use of the land, but provides for compatible secondary uses.

Management of the aquatic land base outside a harbor area is designed to provide for most of the area to remain free of surface structures that obstruct use of the water column and surface, however, certain primary uses that do obstruct surface navigation may be authorized under RCW 79.16.530. Lease provisions allow for periodic consideration of renewal and for reevaluation of compensation to the public for uses that withdraw the surface area.

Another aspect of multiple use management, whether considering planned single uses or simultaneous uses, is protection and maintenance of marine plants and animals. This is accomplished through lease restrictions and consultation with other resource and regulatory agencies. See also RCW 79.68.020.)

#### AMENDATORY SECTION (Amending Order 343, filed 7/3/80)

WAC 332-30-103 PURPOSE AND APPLICABILITY. (1) ~~((These regulations implement existing policies and guidelines adopted by the board of natural resources as authorized under RCW 43.30.150. They apply to all department of natural resources managed tidelands, shorelands, harbor areas and beds of navigable waters and equally to all persons and public entities.~~

~~These regulations apply only to department of natural resources managed activities on aquatic lands, but not to activities carried out on lands conveyed to other agencies for public purposes or on activities on private lands. They)) This chapter applies to all state-owned aquatic lands. Except when specifically exempted, this chapter applies to aquatic lands covered under management agreements with port districts (WAC 332-30-114).~~

~~(2) These regulations do not supersede laws and regulations administered by other governmental agencies covering activities falling under their jurisdiction on these same lands.~~

~~((2)) (3) These regulations ((represent)) contain performance standards as well as operational procedures to be used in lease management, land use ((allocation)) planning and development actions by the department and port districts. These regulations shall apply each to the department and to the port districts, when such districts manage aquatic lands as the result of management agreements, and neither entity shall impose management~~

control over the other under these regulations except as provided for in such management agreements.

~~((3) These regulations represent the departments expression of state-wide interest on those lands managed by the department. As such they may be of value to local government in their administration of the Shoreline Management Act (chapter 90.58 RCW).))~~

#### AMENDATORY SECTION (Amending Resolution No. 470, filed 11/9/84)

WAC 332-30-106 DEFINITIONS. All definitions in this section shall apply to the department and to port districts managing aquatic lands under a management agreement (WAC 332-30-114). For the purpose of this chapter:

(1) "Accretion" means the natural buildup of shoreline through the gradual deposit of alluvium. The general principle of common law applicable is that a riparian or littoral owner gains by accretion and reliction, and loses by erosion. Boundary lines generally will change with accretion.

(2) "Alluvium" means material deposited by water on the bed or shores.

(3) "Anniversary date" means the month and day of the start date of an authorization instrument unless otherwise specified in the instrument.

(4) "Aquaculture" means the culture and/or farming of food fish, shellfish, and other aquatic plants and animals in fresh water, brackish water or salt water areas. Aquaculture practices may include but are not limited to hatching, seeding or planting, cultivating, feeding, raising, harvesting of planted crops or of natural crops so as to maintain an optimum yield, and processing of aquatic plants or animals.

(5) "Aquatic lands" means all state-owned tidelands, shorelands, harbor areas, and the beds of navigable waters (RCW 79.90.010). Aquatic lands are part of the public lands of the state of Washington (see subsection (49) of this section). Included in aquatic lands are public places subsection (51) of this section, waterways subsection (74) of this section, bar islands, avulsively abandoned beds and channels of navigable bodies of water, managed by the department of natural resources directly, or indirectly through management agreements with other governmental entities.

(6) "Aquatic land use classes" means classes of uses of tideland, shorelands and beds of navigable waters that display varying degrees of water dependency. See WAC 332-30-121.

(7) "Authorization instrument" means a lease, material purchase, easement, permit, or other document authorizing use of state-owned aquatic lands and/or materials.

(8) "Avulsion" means a sudden and perceptible change in the shoreline of a body of water. Generally no change in boundary lines occurs.

(9) "Beds of navigable waters" means those submerged lands lying waterward of the line of extreme low tide in navigable tidal waters and waterward of the line of navigability in navigable lakes, rivers and streams. The term, "bedlands" means beds of navigable waters.

(10) "Commerce" means the exchange or buying and selling of goods and services. As it applies to aquatic land, commerce usually involves transport and a land/water interface.

(11) "Covered moorage" means slips and mooring floats that are covered by a single roof with no dividing walls.

(12) "Department" means the department of natural resources.

(13) "Dredging" means enlarging or cleaning out a river channel, harbor, etc. ~~((for navigation purposes.))~~

(14) "Educational reserves" means accessible areas of aquatic lands typical of selected habitat types which are suitable for educational projects.

(15) "Enclosed moorage" means moorage that has completely enclosed roof, side and end walls similar to a car garage i.e. boathouse.

(16) "Environmental reserves" means areas of environmental importance, sites established for the continuance of environmental baseline monitoring, and/or areas of historical, geological or biological interest requiring special protective management.

(17) "Erosion" means the gradual cutting away of a shore by natural processes. Title is generally lost by erosion, just as it is gained by accretion.

(18) "Extreme low tide" means the line as estimated by the federal government below which it might reasonably be expected that the tide would not ebb. In Puget Sound area generally, this point is estimated by the federal government to be a point in elevation 4.50 feet below the datum plane of mean lower low water, (0.0). Along the Pacific Ocean and in the bays fronting thereon and the Strait of Juan de Fuca, the elevation ranges down to a minus 3.5 feet in several locations.

(19) "Fair market value" means the amount of money which a purchaser willing, but not obligated, to buy the property would pay an owner willing, but not obligated, to sell it, taking into consideration all uses to which the property is adapted and might in reason be applied (Donaldson v. Greenwood, 40 Wash.2d 238, 1952). Such uses must be consistent with applicable federal, state and local laws and regulations affecting the property as of the date of valuation.

(20) "First class shorelands" means the shores of a navigable lake or river belonging to the state not subject to tidal flow, lying between the line of ordinary high water and the line of navigability, or the inner harbor line where established and within or in front of the corporate limits of any city, or within two miles thereof upon either side (RCW 79.90.040). These boundary descriptions represent the general rule; however exceptions do exist. To determine if the shorelands are within two miles of the corporate limits of a city, the distance is measured along the shoreline from the intersection of the corporate limit with the shoreline.

(21) "First class tidelands" means the shores of navigable tidal waters belonging to the state lying within or in front of the corporate limits of any city, or within one mile thereof upon either side and between the line of ordinary high tide and the inner harbor line; and within

two miles of the corporate limits on either side and between the line of ordinary high tide and the line of extreme low tide (RCW 79.90.030). In general, the line of ordinary high tide is the landward boundary. The line of extreme low tide, or the inner harbor line where established, is the waterward boundary. To determine if the tidelands are within two miles of the corporate limits of a city, the distance is measured along the shoreline from the intersection of the corporate limit with the shoreline.

(22) "Fiscal year" means a period of time commencing on the first day of July and ending on the thirtieth day of June of the succeeding year. A fiscal year is identified by the year in which it ends, e.g., fiscal year 1985 is the period July 1, 1984 through June 30, 1985.

(23) "Governmental entity" means the federal government, the state, ~~((or a))~~ county, city, port district, or other municipal corporation or political subdivision thereof.

(24) "Harbor area" means the area of navigable waters determined as provided in section 1 of Article XV of the state Constitution which shall be forever reserved for landings, wharves, streets, and other conveniences of navigation and commerce (RCW 79.90.020). Harbor areas exist between the inner and outer harbor lines as established by the state harbor line commission.

(25) "Harbor area use classes" means classes of uses of harbor areas that display varying degrees of conformance to the purpose for which harbor areas were established under the Constitution.

(26) "Harbor line" means either or both: (a) A line [outer harbor line] located and established in navigable waters as provided for in section 1 of Article XV of the state Constitution beyond which the state shall never sell or lease any rights whatever to private persons (RCW 79.90.015). (b) A line [inner harbor line] located and established in navigable waters between the line of ordinary high tide and the outer harbor line, constituting the inner boundary of the harbor area (RCW 79.90.025).

(27) "Houseboat" means a floating structure normally incapable of self propulsion and usually permanently moored that serves as a place of residence or business. Otherwise called a floating home.

(28) "Inflation rate" means, for a given year, the percentage rate of change in the previous calendar year's all commodity producer price index of the bureau of labor statistics of the United States department of commerce (RCW 79.90.465). The rate published by the bureau during May of each year for the previous calendar year shall be the rate for the previous calendar year.

(29) "Interest rate" means, for a given year, the average rate of return for the prior calendar year on conventional real property mortgages as reported by the federal home loan bank board (RCW 79.90.520).

(30) "Interim ~~((nonconforming))~~ uses" means ~~((an activity which is not authorized by the state Constitution in harbor areas. However because of short term need it is permitted to occur for a period of time less than that for a constitutional use of the harbor area))~~ certain uses which may, under special circumstances, be allowed to locate in harbor areas (see WAC 332-30-115(5)).

(31) "Inventory" means both a compilation of existing data on man's uses, and the biology and geology of

aquatic lands as well as the gathering of new information on aquatic lands through field and laboratory analysis. Such data is usually presented in map form such as the Washington Marine Atlas.

(32) "Island" means a body of land entirely and customarily surrounded by water. Land in navigable waters which is only surrounded by water in times of high water, is not an island within the rule that the state takes title to newly formed islands in navigable waters.

(33) "Line of navigability" means a measured line at that depth sufficient for ordinary navigation as determined by the board of natural resources for the body of water in question.

(34) "Log booming" means placing logs into and taking them out of the water, assembling and disassembling log rafts before or after their movement in water-borne commerce, related handling and sorting activities taking place in the water, and the temporary holding of logs to be taken directly into a processing facility (RCW 79.90.465).

(35) "Log storage" means the water storage of logs in rafts or otherwise prepared for shipment in water-borne commerce, but does not include the temporary holding of logs to be taken directly into a vessel or processing facility (RCW 79.90.465).

(36) "Marine land" means those lands from the mean high tide mark waterward in marine and estuarine waters, including intertidal and submerged lands. Marine lands represents a portion of aquatic lands.

(37) "Meander line" means fixed determinable lines run by the federal government along the banks of all navigable bodies of water and other important rivers and lakes for the purpose of defining the sinuosities of the shore or bank and as a means of ascertaining the areas of fractional subdivisions of the public lands bordering thereon.

(38) "Motorized vehicular travel" means movement by any type of motorized equipment over land surfaces.

(39) "Multiple use management" means a management philosophy which seeks to insure that several uses or activities can occur at the same place at the same time. The mechanism involves identification of the primary use of the land with provisions such as performance standards to permit compatible secondary uses to occur.

(40) "Navigability or navigable" means that a body of water is capable or susceptible of having been or being used for the transport of useful commerce. The state of Washington considers all bodies of water meandered by government surveyors as navigable unless otherwise declared by a court.

(41) "Navigation" means the movement of vessels to and from piers and wharves.

(42) "Nonwater-dependent use" means a use that can operate in a location other than on the waterfront. Examples include, but are not limited to, hotels, condominiums, apartments, restaurants, retail stores, and warehouses not part of a marine terminal or transfer facility (RCW 79.90.465).

(43) "Open moorage" means moorage slips and mooring floats that have completely open sides and tops.

(44) "Optimum yield" means the yield which provides the greatest benefit to the state with particular reference to food production and is prescribed on the basis of the maximum sustainable yield over the state-wide resource base as modified by any relevant economic, social or ecological factor.

(45) "Ordinary high tide" means the same as mean high tide or the average height of high tide. In Puget Sound, the mean high tide line varies from 10 to 13 feet above the datum plane of mean lower low water (0.0).

(46) "Ordinary high water" means, for the purpose of asserting state ownership, the line of permanent upland vegetation along the shores of nontidal navigable waters. In the absence of vegetation, it is the line of mean high water.

(47) "Port district" means a port district created under Title 53 RCW (RCW 79.90.465).

(48) "Public benefit" means that all of the citizens of the state may derive a direct benefit from departmental actions in the form of environmental protection; energy and mineral production; utilization of renewable resources; promotion of navigation and commerce by fostering water-dependent uses; and encouraging direct public use and access; and generating revenue in a manner consistent with RCW 79.90.455.

(49) "Public lands" means lands belonging to or held in trust by the state, which are not devoted to or reserved for a particular use by law, and include state lands, tidelands, shorelands and harbor areas as herein defined, and the beds of navigable waters belonging to the state (RCW 79.01.004).

(50) "Public interest" means ... [reserved]

(51) "Public place" means a part of aquatic lands set aside for public access through platted tidelands, shorelands, and/or harbor areas to the beds of navigable waters.

(52) "Public tidelands" means tidelands belonging to and held in public trust by the state for the citizens of the state, which are not devoted to or reserved for a particular use by law.

(53) "Public trust" means that certain state owned tidelands, shorelands and all beds of navigable waters are held in trust by the state for all citizens with each citizen having an equal and undivided interest in the land. The department has the responsibility to manage these lands in the best interest of the general public.

(54) "Public use" means to be made available daily to the general public on a first-come, first-served basis, and may not be leased to private parties on any more than a day use basis.

(55) "Public use beach" means a state-owned beach available for free public use but which may be leased for other compatible uses.

(56) "Public utility line" means pipes, conduits, and similar facilities for distribution of water, electricity, natural gas, telephone, other electronic communication, and sewers, including sewer outfall lines (RCW 79.90.465).

(57) "Real rate of return" means the average for the most recent ten calendar years of the average rate of return on conventional real property mortgages as reported by the federal home loan bank board or any successor

agency, minus the average inflation rate for the most recent ten calendar years (RCW 79.90.465).

(58) "Reliction" means the gradual withdrawal of water from a shoreline leaving the land uncovered. Boundaries usually change with reliction.

(59) "Renewable resource" means a natural resource which through natural ecological processes is capable of renewing itself.

(60) "Riparian" means relating to or living or located on the bank of a natural water course, such as a stream, lake or tidewater.

(61) "Scientific reserves" means sites set aside for scientific research projects and/or areas of unusually rich plant and animal communities suitable for continuing scientific observation.

(62) "Second class shorelands" means the shores of a navigable lake or river belonging to the state, not subject to tidal flow, lying between the line of ordinary high water and the line of navigability, and more than two miles from the corporate limits of any city (RCW 79.90.045). These boundary definitions represent the general rule; however, exceptions do exist. To determine if shorelands are more than two miles from the corporate limits of a city, the distance is measured along the shoreline from the intersection of the corporate limit with the shoreline.

(63) "Second class tidelands" means the shores of navigable tidal waters belonging to the state, lying outside of and more than two miles from the corporate limits of any city and between the line of ordinary high tide and the line of extreme low tide (RCW 79.90.035). In general, the line of ordinary high tide is the landward boundary. The line of extreme low tide is the waterward boundary. To determine if the tidelands are more than two miles from the corporate limits of a city, the distance is measured along the shoreline from the intersection of the corporate limit with the shoreline.

(64) "Shore" means that space of land which is alternately covered and left dry by the rising and falling of the water level of a lake, river or tidal area.

(65) "State-owned aquatic lands" means those aquatic lands and waterways administered by the department of natural resources or managed under department agreement by a port district. "State-owned aquatic lands" does not include aquatic lands owned in fee by, or withdrawn for the use of, state agencies other than the department of natural resources (RCW 79.90.465).

(66) "State-wide ((interest)) value" ((means ... [reserved])). The term state-wide value applies to aquatic land uses and natural resources whose use, management, or intrinsic nature have state-wide implications. Such uses and resources may be either localized or distributed state-wide. Aquatic land uses of state-wide value provide major state-wide public benefits. Public use and access, renewable resource use and water-dependent use have been cited by the legislature as examples of such uses. Aquatic land natural resources of state-wide value are those critical or uniquely suited to aquatic land uses of state-wide value or to environmental quality. For example, wild and scenic rivers, high quality public use beaches and aquatic lands fronting state parks are of state-wide value for public use and access. Commercial clam and geoduck beds and sites uniquely suited to

aquaculture are of state-wide value to renewable resource use. Harbor areas are of state-wide value to water-dependent navigation and commerce. Certain aquatic land habitats and plant and animal populations are of state-wide value to recreational and commercial fisheries, wildlife protection, and scientific study.

(67) "Streamway" means stream dependent corridor of single or multiple, wet or dry channel, or channels within which the usual seasonal or storm water run-off peaks are contained, and within which environment the flora, fauna, soil and topography is dependent on or influenced by the height and velocity of the fluctuating river currents.

(68) "Terminal" means a point of interchange between land and water carriers, such as a pier, wharf, or group of such, equipped with facilities for care and handling of cargo and/or passengers (RCW 79.90.465).

(69) "Thread of stream - thalweg" means the center of the main channel of the stream at the natural and ordinary stage of water.

(70) "Town" means a municipal corporation of the fourth class having not less than three hundred inhabitants and not more than fifteen hundred inhabitants at the time of its organization (RCW 35.01.040).

(71) "Water-dependent use" means use which cannot logically exist in any location but on the water. Examples include, but are not limited to, waterborne commerce; terminal and transfer facilities; ferry terminals; watercraft sales in conjunction with other water dependent uses; watercraft construction, repair, and maintenance; moorage and launching facilities; aquaculture; log booming; and public fishing piers and parks (RCW 79.90.465).

(72) "Waterfront" means a parcel of property with upland characteristics which includes within its boundary, a physical interface with the existing shoreline of a body of water.

(73) "Water oriented use" means use which historically has been dependent on a waterfront location, but with existing technology could be located away from the waterfront. Examples include, but are not limited to, wood products manufacturing, watercraft sales, fish processing, petroleum refining, sand and gravel processing, log storage, and house boats (RCW 79.90.465).

(74) "Waterway" means an area platted across aquatic lands or created by a waterway district providing for access between the uplands and open water, or between navigable bodies of water.

(75) "Wetted perimeter" means a fluctuating water line which separates submerged river beds from the dry shoreland areas at any given time.

#### AMENDATORY SECTION (Amending Order 343, filed 7/3/80)

WAC 332-30-107 ((MANAGEMENT PLANS)) AQUATIC LAND PLANNING. ((Beginning immediately management plans will be developed for certain human activities to coordinate department action toward achieving its goal for aquatic lands. The following procedure will be used:

(1) A list of specific human activities which will be managed under these plans will be compiled:

~~(2) An inventory of natural processes and environmental parameters which may be impacted by human activities as well as those which prevent or hinder human activities will be compiled.~~

~~(3) An inventory of existing human activities and plans as well as a discussion of management issues will be prepared.~~

~~(4) The department assisted by the aquatic resources advisory committee shall evaluate the background data and prepare a management plan with appropriate implementation measures.~~

~~(5) The draft allocation plans shall be submitted to each affected local government for their review.~~

~~(6) After final review the plans will be submitted to public hearings and then to the board of natural resources as proposed regulations for its approval.)) Subsection (4) of this section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114). (1) Multiple use. The aquatic lands of Washington are a limited and finite resource. Management of these lands will allow for multiple use by compatible activities to the greatest extent feasible.~~

~~(2) Planning objectives. Aquatic land management will strive for the best combination of aquatic uses to achieve the goals in WAC 332-30-100. Planning should allow for a variety of uses and activities, such as navigation; public use; production of food; energy; minerals and chemicals; and improvement of aquatic plant and animal habitat, occurring simultaneously or seasonally on state-owned aquatic lands.~~

~~(3) Shoreline management. The Shoreline Management Act and shoreline master program planning, together with supplemental planning as described in subsection (5) of this section, will be the primary means for identifying and providing appropriate uses of state-wide value.~~

~~(4) Coordination. Coordination with shoreline management programs will be accomplished by:~~

~~(a) Identifying aquatic land areas of particular state-wide value for public access, habitat and water-dependent and renewable resource use.~~

~~(b) Informing appropriate shoreline planning bodies of the location and particular value of aquatic lands identified in (a) of this subsection.~~

~~(c) Participating in shoreline planning and suggesting ways to incorporate and balance state-wide values.~~

~~(d) Proposing to the appropriate local jurisdiction that shoreline plans be updated when new information concerning state-wide values becomes available or when existing plans do not adequately address state-wide values.~~

~~(5) Supplemental planning. The department (for aquatic lands not covered under port management agreements) or port districts (for aquatic lands managed under port management agreements) may supplement the shoreline master program planning process with management plans necessary to meet the constitutional and statutory proprietary responsibilities for state-owned aquatic lands. Plans developed and implemented under this subsection will involve aquatic lands, resources, and activities requiring intensive management, special protection, or conflict resolution and will be developed when these needs are not provided for by~~

shoreline master program planning. Aquatic land uses and activities implemented through this supplemental planning process will be consistent with adopted shoreline master programs and the shoreline management act. Planning activities will be closely coordinated with local, state, and federal agencies having jurisdiction and public participation will be encouraged.

(6) Mitigation. Shoreline master program planning and additional planning processes described in subsection (5) of this section will be the preferred means for identifying and mitigating adverse impacts on resources and uses of state-wide value. In the absence of such planning directed to these values and uses, the department (for aquatic lands not covered under port management agreements) or port districts (for aquatic lands managed under port management agreements) will mitigate unacceptable adverse impacts on a case-by-case basis by the following methods in order of preference:

(a) Alternatives will be sought which avoid all adverse impacts.

(b) When avoidance is not practical, alternatives shall be sought which cause insignificant adverse impacts.

(c) Replace, preferably on-site, impacted resources and uses of state-wide value. It must be demonstrated that these are capable of being replaced.

(d) Payment for lost value, in lieu of replacement, may be accepted from the aquatic land user in limited cases where an authorized use reduces the economic value of off-site resources, for example, bacterial pollution of nearby shellfish beds.

AMENDATORY SECTION (Amending Order 404, Resolution No. 433, filed 10/6/83)

WAC 332-30-115 HARBOR AREA USE CLASSES. These classes are based on the degree to which the use conforms to the intent of the constitution that designated harbor areas be reserved for landings, wharves, streets and other conveniences of navigation and commerce.

(1) Water-dependent commerce. Water-dependent commerce are all uses that cannot logically exist in any other location but on the water and are aids to navigation and commerce. These are preferred harbor area uses. Leases may be granted up to the maximum period allowed by the Constitution and may be renewed. Typical uses are:

(a) Public or private vessel terminal and transfer facilities which handle general commerce including the cargo handling facilities necessary for water oriented uses.

(b) ((Ferry terminals.)) Public and private terminal facilities for passenger vessels.

(c) Watercraft construction, repair, maintenance, servicing and dismantling.

(d) Marinas and mooring areas.

(e) Tug and barge companies facilities.

(f) Log booming.

(2) Water-oriented commerce. Water oriented commerce are commercial uses which ((do not service others but do require water transport, usually of raw materials. It is possible with existing technology for these activities to be located on uplands rather than in the harbor area))

historically have been dependent on waterfront locations, but with existing technology could be located away from the waterfront. Existing water-oriented uses may be asked to yield to water dependent commercial uses when the lease expires. New water-oriented commercial uses will be considered as interim uses. Typical uses are:

(a) ~~((Pulp and paper mills:))~~ Wood products manufacturing.

(b) ~~((Lumber and plywood mills:))~~ Watercraft sales.

(c) Fish processing ~~((plants)).~~

(d) Sand and gravel companies.

(e) Petroleum handling and processing plants.

(f) Log storage.

(3) Public access. Facilities for public access are lower priority uses which do not make an important contribution to navigation and commerce for which harbor areas are reserved, but which can be permitted providing that the harbor area involved is not needed, or is not suitable for water-dependent commerce. Leases may be issued for periods up to thirty years with possible renewals. Typical uses are:

(a) Public fishing piers.

(b) Public waterfront parks.

(c) Public use beaches.

(d) Aquariums available to the public.

(e) Underwater parks and reefs.

(f) Public viewing areas and walkways.

(4) Residential use. Residential uses include apartments, condominiums, houseboats, single and multifamily housing, motels, boatels and hotels. Residential uses do not require harbor area locations and are frequently incompatible with water-dependent commerce. New residential uses will not be permitted to locate in harbor areas. This restriction on new leases differentiates residential uses from interim uses. Existing residential uses may be asked to yield to other uses when the lease expires. Proposed renewals of residential leases will require the same analysis as specified for interim uses.

(5) Interim uses. Interim uses are all uses other than water-dependent commerce, existing water-oriented commerce, public access facilities, and residential uses. Interim uses do not require waterfront locations in order to properly function. Leases may only be issued and re-issued for ~~((those locations for which no need has been expressed by preferred users:~~

~~The department will give public notice of sites proposed for interim uses. Local shoreline and upland land use plans should be guides for evaluating interim uses. Renewal of interim use leases shall be subject to the same analysis as new interim use proposals. Multiple use will be a guiding principle to ensure physical and/or visual access by the public to these areas. Each interim use lease proposal will be analyzed to determine whether the site is surplus to the needs of water dependent commerce. Lease terms will depend on the scope and forecast period of the analysis. Proposals will be evaluated in terms of the following:~~

~~(a) Future demands by water dependent commerce.~~

~~(b) The effect on the usefulness of adjacent harbor area for water dependent commerce.~~

~~(c) The probability they will attract similar uses.~~

~~(d) Their ability to subsidize a marginally economic water dependent harbor use.~~

~~(e) Their water dependency)) interim uses in exceptional circumstances and when compatible with water dependent commerce existing in or planned for the area. See WAC 332-30-137 Nonwater-dependent uses for evaluation standards.~~

(6) Areas withdrawn are harbor areas which are so located as to be currently unusable. These areas are temporarily withdrawn pending future demand for constitutional uses. No leases are issued.

## NEW SECTION

WAC 332-30-117 WATERWAYS. (1) Purpose and applicability. This section describes the requirements for authorizing use and occupation of waterways under the department's authority as proprietor of state-owned aquatic lands. This section applies to waterways established in accordance with RCW 79.93.010 and 79.93.020. This section does not apply to uses of Salmon Bay Waterway, or to the East and West Duwamish Waterways in Seattle authorized under RCW 79.93.040.

(2) Priority use. Providing public navigation routes between water and land for conveniences of navigation and commerce is the priority waterway use.

(3) Permit requirement. In order to assure availability of waterways for present and future conveniences of navigation and commerce, moorage (other than transient moorage for fewer than 30 days), and other waterway uses shall require prior authorization from the department. Permits may be issued for terms not exceeding one year if there will be no significant interference with the priority waterway use or short-term moorage. Permits may be issued for terms not exceeding five years for uses listed in subsection (4) of this section in instances in which existing development, land use, ownership, or other factors are such that the current and projected demand for priority waterway uses is reduced or absent.

(4) Permit priority. In cases of competing demands for waterways, the following order of priority will apply:

(a) Facilities which provide public access to adjacent properties for loading and unloading of watercraft;

(b) Water-dependent commerce, as defined in WAC 332-30-115(1), related to use of the adjacent properties;

(c) Other water-dependent uses;

(d) Facilities for nonnavigational public access;

(e) Other activities consistent with the requirements in WAC 332-30-131(4) for public use facilities.

(5) Waterway permits. All necessary federal, state, and local permits shall be acquired by those proposing to use waterways. Copies of permits must be furnished to the department prior to authorizing the use of waterways.

(6) Obstructions. Permanent obstruction of waterways, including filling is prohibited. Structures associated with authorized uses in waterways shall be capable of ready removal. Where feasible, anchors and floats shall be preferred over pilings.

(7) Permit process. Applications for waterway permits will be processed as follows:

(a) Local government review of permit applications will be requested.

(b) Public comment will be gathered through the shoreline permit process, if applicable. If no shoreline permit is required, public comment will be gathered through the methods described in WAC 332-41-510(3).

(c) Applications will be reviewed for consistency with the policy contained in this chapter.

(d) Evaluation will consider existing, planned, and foreseeable needs and demands for higher priority uses in the waterway and in the associated water body.

(8) The department will require waterway permittees to provide security in accordance with WAC 332-30-122(5) to insure the provisions of waterway permits are fulfilled.

(9) Cancellation. Permission to use waterways is subject to cancellation in order to satisfy the needs of higher priority waterway uses. Transient moorage may be required to move at any time. Waterway permits are cancellable upon ninety days' notice when the sites are needed for higher priority uses.

(10) Monitoring. Local governments will be encouraged to monitor waterway use and to report any uses not in compliance with this regulation.

(11) Planning. Planning for waterway use will be encouraged. The shoreline planning process should provide for the long range needs of preferred waterway uses and other state-wide values. Planning should also consider the availability of other public property, such as platted street ends, to serve anticipated needs.

(12) Existing uses. Existing waterway uses, structures, and obstructions will be reviewed for compliance with this section. Uses not in compliance shall be removed within one year from the date notification of noncompliance is mailed unless the public interest requires earlier removal. Unless early removal is required, removal may be postponed if the department receives a request for vacation of the waterway from the city or port district in accordance with RCW 79.93.060. If the request for waterway vacation is denied, the structure must be removed within six months of mailing of notice of denial or within one year of the original date of notification of noncompliance, whichever is later.

(13) Fees. Waterway permit fees will be determined on the same basis as required for similar types of uses on other state-owned aquatic lands.

(14) Filled areas. Certain waterways contain unauthorized fill material. The filled areas have generally assumed the characteristics of the abutting upland. Nonwater-dependent uses may be allowed on existing fills when there will be no interference with priority or other permitted waterway uses and when permitted under applicable local, state, and federal regulations.

#### NEW SECTION

WAC 332-30-126 SAND AND GRAVEL EXTRACTION FEES. This section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114).

(1) Public auction or negotiation. The royalty for sand, gravel, stone or other aggregate removed from state-owned aquatic lands shall be determined through public auction or negotiation.

(2) Royalty rate. A negotiated royalty shall reflect the current fair market value of the material in place.

The "income approach" appraisal technique will normally be used to determine fair market value. Factors considered include, but are not limited to:

(a) The wholesale value of similar material, based on a survey of aggregate producers in the region or market area;

(b) Site specific cost factors including, but not limited to:

(i) Homogeneity of material;

(ii) Access;

(iii) Regulatory permits;

(iv) Production costs.

(3) Adjustments to initial royalty rate.

(a) Inflation. Annual inflation adjustments to the initial royalty rate shall be based on changes in the Producer Price Index (PPI) for the commodities of sand, gravel, and stone, as published by the United States Department of Commerce, Bureau of Labor Statistics. Annual PPI adjustments to the initial royalty rate shall begin one year after the effective date of establishment of each contract's royalty rate pursuant to subsection (1) of this section.

(b) Flood control. Initial negotiated royalty rates may be adjusted downward, depending on the degree to which removal of the material will enhance flood control.

(i) Any adjustment shall be based on hydrologic benefit identified in an approved comprehensive flood control management plan adopted by a general purpose local government and any state or federal agency with jurisdiction.

(ii) The department, prior to approving any proposed royalty rate adjustment for flood control benefits, may review the flood control plan to determine whether the material removal actually reduces the potential for flooding.

(4) Payments. Royalty payments may be paid monthly or quarterly based on the volume of material sold, transferred from control of the contract holder, or otherwise utilized for purposes of the contract.

(5) Stockpiling. Stockpiling of removed material may be permitted.

(a) Material will be stockpiled separately from other material owned or controlled by the contract holder.

(b) Bonding or other satisfactory security will be required to cover the value of stockpiled material.

(6) Appeals. The state's determination of royalty rates set under subsections (2) and (3) of this section, are appealable through WAC 332-30-128.

#### NEW SECTION

WAC 332-30-128 RENT REVIEW. This section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114).

(1) Eligibility to request review. Any lessee or applicant to lease or release state-owned aquatic lands may request review of any rent proposed to be charged by the department.

(2) Dispute officers. The Manager of the Marine Lands Division will be the Rental Dispute Officer

(RDO). The supervisor of the department, or his designee, will be the Rental Dispute Appeals Officer (RDAO).

(3) Submittals. A request for review of the rent (an original and two copies) shall be submitted within thirty days of notification by the department of the rent due from the lessee/applicant. The request for review shall contain sufficient information for the officers to make a decision on the appropriateness of the rent initially determined by the department. The burden of proof for showing that the rent is incorrect shall rest with the lessee/applicant.

(4) Rental due. The request for review shall be accompanied by one year's rent payment based on the preceding year's rate, or a portion thereof as determined by RCW 79.90.530; or based on the rate proposed by the department, or a portion thereof as determined by RCW 79.90.530, whichever is less. The applicant shall pay any additional rent or be entitled to a refund, with interest, within thirty days after completion of the review process provided in this section.

(5) Contents of request. The request for review shall state what the lessee/applicant believes the rent should be and shall contain, at the minimum, all necessary documentation to justify the lessee/applicant's position. This information shall include but not be limited to:

(a) Rationale. Why the rent established by the department is inappropriate. The supporting documentation for nonwater-dependent leases may include appraisals by professionally accredited appraisers.

(b) Lease information. A description of state-owned aquatic land under lease which shall include, but not be limited to:

- (i) Lease or application number;
- (ii) Map showing location of lease or proposed lease;
- (iii) Legal description of lease area including area of lease;
- (iv) The permitted or intended use on the leasehold; and
- (v) The actual or current use on the leasehold premises.

(c) Substitute upland parcel. A lessee/applicant whose lease rent is determined according to RCW 79.90.480 (water-dependent leases) and who disputes the choice of the upland parcel as provided by WAC 332-30-123, shall indicate the upland parcel that should be substituted in the rental determination and shall provide the following information on the parcel:

- (i) The county parcel number;
- (ii) Its assessed value;
- (iii) Its area in square feet or acres;
- (iv) A map showing the location of the parcel; and
- (v) A statement indicating the land use on the parcel and justifying why the parcel should be substituted.

(6) RDO review.

(a) The RDO shall evaluate the request for review within fifteen days of filing to determine if any further support materials are needed from the lessee/applicant or the department.

(b) The lessee/applicant or the department shall provide any needed materials to the RDO within thirty days of receiving a request from the RDO.

(c) The RDO may, at any time during the review, order a conference between the lessee/applicant and department staff to try to settle the rent dispute.

(d) The RDO shall issue a decision within sixty days of filing of the request. Such decision shall contain findings of fact for the decision. If a decision cannot be issued within that time, the lessee/applicant's request will automatically be granted and the rent proposed by the lessee/applicant will be the rent for the lease until the next rent revaluation; provided that, the RDO may extend the review period for one sixty-day period.

(7) RDAO review.

(a) The RDAO may, within fifteen days of the final decision by the RDO, be petitioned to review that decision.

(b) If the RDAO declines to review the petition on the decision of the RDO, the RDO's decision shall be the final decision of the RDAO.

(c) If the RDAO consents to review the decision, the review may only consider the factual record before the RDO and the written findings and decision of the RDO. The RDAO shall issue a decision on the petition containing written findings within thirty days of the filing of the petition. This decision shall be the RDAO's final decision.

(8) Board review.

(a) The board of natural resources (board) may, within fifteen days of the final RDAO decision, be petitioned to review that decision.

(b) If the board declines to review the petition, the RDAO decision shall be the final decision of the board.

(c) If the board decides to review the petition, the department and the lessee/applicant shall present written statements on the final decision of the RDAO within fifteen days of the decision to review. The board may request oral statements from the lessee/applicant or the department if the board decides a decision cannot be made solely on the written statements.

(d) The board shall issue a decision on the petition within sixty days of the filing of the written statements by the lessee/applicant and the department.

## NEW SECTION

WAC 332-30-131 PUBLIC USE AND ACCESS. This section shall not apply to private recreational docks. Subsections (2) and (3) of this section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114). Public use and access are aquatic land uses of state-wide value. Public access and recreational use of state-owned aquatic land will be actively promoted and protected.

(1) Access encouraged. Other agencies will be encouraged to provide, in their planning, for adequate public use and access and for protection of public use and access resources.

(2) Access grants. Aquatic Land Enhancement Account funds will be distributed to state and local agencies to encourage provision of public access to state-owned aquatic lands.

(3) Access advertised. State-owned aquatic lands particularly suitable for public use and access will be advertised through appropriate publications.

(4) No-fee access agreements. No-fee agreements may be made with other parties for provision of public use and access to state-owned aquatic lands provided the other party meets the following conditions:

(a) The land must be available daily to the public on a first-come, first-served basis and may not be leased to private parties on any more than a day-use basis.

(b) Availability of free public use must be prominently advertised by appropriate means as required. For example, signs may be required on the premises and/or on a nearby public road if the facility is not visible from the road.

(c) When the use is dependent on the abutting uplands, the managing entity must own, lease or control the abutting uplands.

(d) User fees shall not be charged unless specifically authorized by the department and shall not exceed the direct operating cost of the facility.

(e) Necessary nonwater-dependent accessory uses will be allowed in the no-fee agreement area only under exceptional circumstances when they contribute directly to the public's use and enjoyment of the aquatic lands and comply with WAC 332-30-137. Such nonwater-dependent uses shall be required to pay a fair-market rent for use of aquatic lands.

(f) Auditable records must be maintained and made available to the state.

(5) Rent reduction for access. Leased developments on state-owned aquatic lands which also provide a degree of public use and access may be eligible for a rent reduction. Rental reduction shall apply only to the actual area within the lease that meets public access and use requirements of subsection (4) of this section.

#### NEW SECTION

WAC 332-30-134 AQUATIC LAND ENVIRONMENTAL PROTECTION. (1) Planning. Coordinated, interagency planning will be encouraged to identify and protect natural resources of state-wide value.

(2) Reliance on other agencies. Aquatic land natural resources of state-wide value are protected by a number of special state and federal environmental protection programs including: State Shorelines Management Act, Environmental Policy Act, Hydraulics Project Approval, National Environmental Policy Act, Federal Clean Water Act, Fish and Wildlife Coordination Act and section 10 of the Rivers and Harbors Act. Governmental agencies with appropriate jurisdiction and expertise will normally be depended on to evaluate environmental impacts of individual projects and to incorporate appropriate protective measures in their respective project authorizations.

(3) Method. Leases and other proprietary aquatic land conveyances may include environmental protection requirements when: (a) regulatory agencies' approvals are not required; (b) unique circumstances require long-term monitoring or project performance; or (c) substantial evidence is present to warrant special protection.

#### NEW SECTION

WAC 332-30-137 NONWATER-DEPENDENT USES. Policy. Nonwater-dependent use of state-owned aquatic lands is a low priority use providing minimal public benefits. Nonwater-dependent uses shall not be permitted to expand or be established in new areas except in exceptional circumstances and when compatible with water-dependent uses existing in or planned for the area. Analysis under this section will be used to determine the terms and conditions of allowable nonwater-dependent use leases. The department will give public notice of sites proposed for nonwater-dependent use leases.

(1) Exceptional circumstances. The following are exceptional circumstances when nonwater-dependent uses may be allowed:

(a) Nonwater-dependent accessory uses to water-dependent uses such as delivery and service parking, lunch rooms, and plant offices.

(b) Mixed water-dependent and nonwater-dependent development. The water-dependent component shall be a major project element. The nonwater-dependent use shall significantly enhance water-dependent uses and/or resources of state-wide value.

(c) Nonwater-dependent uses in structures constructed, or on sites filled, prior to June 30, 1985.

(d) Expansion or realignment of essential public nonwater-dependent facilities such as airports, highways and sewage treatment plants where upland topography, economics, or other factors preclude alternative locations.

(e) When acceptable sites and circumstances are identified in adopted local shoreline management master programs which provide for the present and future needs of all uses and resources of state-wide value, identify specific areas or situations in which nonwater-dependent uses will be allowed, and justify the exceptional nature of those areas or situations.

(2) Compatibility with water-dependent uses. Nonwater-dependent uses will only be allowed when they are compatible with water-dependent uses existing in or planned for the area. Evaluation of compatibility will consider the following:

(a) Current and future demands for the site by water-dependent uses.

(b) The effect on the usefulness of adjacent areas for water-dependent uses.

(c) The probability of attracting additional water-dependent or nonwater-dependent uses.

(d) Subsidies offered to water-dependent uses.

(3) Evaluation. Proposed nonwater-dependent uses will be evaluated individually. Applicants must demonstrate the proposed nonwater-dependent uses are consistent with subsections (1) and (2) of this section and any other applicable provisions of this chapter.

(4) Re-leases. Re-leases of nonwater-dependent uses will be evaluated as new uses. If continuance of the nonwater-dependent use substantially conflicts with uses or resources of state-wide value or with shoreline master program planning or supplemental planning developed under WAC 332-30-107(5), or if the site is needed by a

use of state-wide value, the re-lease will not be approved.

### NEW SECTION

**WAC 332-30-144 PRIVATE RECREATIONAL DOCKS.** (1) **Applicability.** This section implements the permission created by RCW 79.90.105, Private recreational docks, which allows abutting residential owners, under certain circumstances, to install private recreational docks without charge. The limitations set forth in this section apply only to use of state-owned aquatic lands for private recreational docks under RCW 79.90.105. No restriction or regulation of other types of uses on aquatic lands is provided. This section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114).

(2) **Eligibility.** The permission shall apply only to the following:

(a) An "abutting residential owner," being the owner of record of property physically bordering on public aquatic land and either used for single family housing or for a multi-family residence not exceeding four units per lot.

(b) A "dock," being a securely anchored or fixed, open walkway structure visible to boaters and kept in good repair extending from the upland property, primarily used as an aid to boating by the abutting residential owner(s), and accommodating moorage by not more than four pleasure boats typical to the body of water on which the dock is located. Two or more abutting residential owners may install and maintain a single joint-use dock provided it meets all other design requirements of this section; is the only dock used by those owners; and that the dock fronts one of the owners' property.

(c) A "private recreational purpose," being a nonincome-producing, leisure-time, and discretionary use by the abutting residential owner(s).

(d) State-owned aquatic lands outside harbor areas designated by the harbor line commission.

(3) **Uses not qualifying.** Examples of situations not qualifying for the permission include:

(a) Yacht and boat club facilities;

(b) Houseboats;

(c) Resorts;

(d) Multi-family dwellings, including condominium ownerships, with more than four units;

(e) Uses other than docks such as launches and railways not part of the dock, bulkheads, landfills, dredging, breakwaters, mooring buoys, swim floats, and swimming areas.

(4) **Limitations.**

(a) The permission does not apply to areas where the state has issued a reversionary use deed such as for shellfish culture, hunting and fishing, or park purposes; published an allocation of a special use and the dock is inconsistent with the allocation; or granted an authorization for use such as a lease, easement, or material purchase.

(b) Each dock owner using the permission is responsible for determining the availability of the public aquatic

lands. Records of the department are open for public review. The department will research the availability of the public aquatic lands upon written request. A fee sufficient to cover costs shall be charged for this research.

(c) The permission is limited to docks that conform to adopted shoreline master programs and other local ordinances.

(d) The permission is not a grant of exclusive use of public aquatic lands to the dock owner. It does not prohibit public use of any aquatic lands around or under the dock. Owners of docks located on state-owned tidelands or shorelands must provide a safe, convenient, and clearly available means of pedestrian access over, around, or under the dock at all tide levels. However, dock owners are not required to allow public use of their docks or access across private lands to state-owned aquatic lands.

(e) The permission is not transferable or assignable to anyone other than a subsequent owner of the abutting upland property and is continuously dependent on the nature of ownership and use of the properties involved.

(5) **Revocation.** The permission may be revoked or canceled if:

(a) The dock or abutting residential owner has not met the criteria listed in subsection (2) or (4) of this section; or

(b) The dock significantly interferes with navigation or with navigational access to and from other upland properties. This degree of interference shall be determined from the character of the shoreline and waterbody, the character of other in-water development in the vicinity, and the degree of navigational use by the public and adjacent property owners;

(c) The dock interferes with preferred water-dependent uses established by law; or

(d) The dock is a public health or safety hazard.

(6) **Appeal of revocation.** Upon receiving written notice of revocation or cancellation, the abutting residential owner shall have thirty days from the date of notice to file for an administrative hearing under the contested case proceedings of chapter 34.04 RCW. If the action to revoke the permission is upheld, the owner shall correct the cited conditions and shall be liable to the state for any compensation due to the state from the use of the aquatic lands from the date of notice until permission requirements are met or until such permission is no longer needed. If the abutting residential owner disclaims ownership of the dock, the department may take actions to have it removed.

(7) **Current leases.** Current lessees of docks meeting the criteria in this section will be notified of their option to cancel the lease. They will be provided a reasonable time to respond. Lack of response will result in cancellation of the lease by the department.

(8) **Property rights.** No property rights in, or boundaries of, public aquatic lands are established by this section.

(9) **Lines of navigability.** The department will not initiate establishment of lines of navigability on any shorelands unless requested to do so by the shoreland owners or their representatives.

(10) Nothing in this section is intended to address statutes relating to sales of second class shorelands.

#### NEW SECTION

**WAC 332-30-161 AQUACULTURE.** This section shall not apply to port districts managing aquatic lands under a management agreement (WAC 332-30-114). Aquaculture is an aquatic land use of state-wide value. Aquaculture will be fostered through research, flexible lease fees, and assistance in permitting and planning.

(1) **Research.** The department will conduct or sponsor research and development work on aquaculture species and techniques suitable for culture on state-owned aquatic lands. Research will be coordinated with, and not duplicate, research undertaken by other agencies.

(2) **Fees.** Lease fees for aquaculture operations are subject to negotiation. Negotiations will consider the operational risks, maturity of the industry, and ability to further research.

(a) Fees may be reduced during the initial start-up period of the lease.

(b) Fees over the life of the lease will not exceed rents paid by other water-dependent uses.

(3) **Permit acquisition.** The department may obtain local, state, and/or federal permits for aquacultural use of state-owned aquatic lands having high aquaculture potential and lease these areas to aquaculturists.

(4) **Site protection.** The department will identify areas of state-owned aquatic land of state-wide value for aquaculture. Local governments will be encouraged to reserve and protect these lands from incompatible uses.

#### REPEALER

The following sections of the Washington Administrative Code are repealed:

WAC 332-30-112 ESTABLISHMENT OF NEW AREAS FOR NAVIGATION AND COMMERCE OUTSIDE OF HARBOR AREAS.

WAC 332-30-121 AQUATIC LAND USE CLASSES (EXCLUDING HARBOR AREAS).

WAC 332-30-130 PUBLIC USE.

WAC 332-30-133 ENVIRONMENTAL CONCERNS.

WAC 332-30-136 HOUSEBOATS.

WAC 332-30-160 RENEWABLE RESOURCES (RCW 79.68.080).

#### **WSR 85-22-067**

#### **NOTICE OF PUBLIC MEETINGS HUMAN RIGHTS COMMISSION**

[Memorandum—November 5, 1985]

The Washington State Human Rights Commission will conduct a special meeting, executive session only, to discuss sensitive legal matters with counsel on November 8, 1985. The meeting will be held by telephone conference call which will originate in the Olympia office beginning at 10:00 a.m.

#### **WSR 85-22-068**

#### **PROPOSED RULES**

#### **DEPARTMENT OF TRANSPORTATION**

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Transportation intends to adopt, amend, or repeal rules concerning outdoor advertising control, chapter 468-66 WAC;

that the agency will at 10:00 a.m., Monday, December 16, 1985, in the Board Room, 1D 9, Transportation Building, Olympia, Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 47.42.060.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 10, 1985.

Dated: November 5, 1985

By: A. D. Andreas  
Deputy Secretary

#### **STATEMENT OF PURPOSE**

**Title:** Chapter 468-66 WAC, Outdoor advertising control.

**Description of Purpose:** Adoption of amendments to chapter 468-66 WAC.

**Statutory Authority:** Chapter 47.42 RCW, Highway Advertising Control Act—Scenic Vistas Act.

**Summary of Rule:** Allows the Department of Transportation to revoke billboard permits for sign sites where billboards have not been erected within six months from the date of permit issue.

**Reason for Rule:** Billboard permits have been issued for certain sites, yet the billboards were not erected over long periods of time. Existing regulations do not provide a permit revocation process for these instances. This rule will require that billboards be erected within six months, thus utilizing lawful advertising space, and promoting a fair advertising opportunity for businesses.

**Agency Proposing Rule:** Washington State Department of Transportation.

**Department Personnel Responsible for Drafting and Implementation:** Mr. D. D. Ernst, State Maintenance Engineer, Department of Transportation, Room 1C9, Transportation Building, Olympia, Washington 98504, (206) 753-6014.

**Agency Comments or Recommendations:** None.

**Whether Rule is Necessary as Result of Federal Law or Federal or State Court Action:** No.

#### AMENDATORY SECTION (Amending Order 96, filed 8/12/85)

**WAC 468-66-010 DEFINITIONS.** The following terms when used in these regulations shall have the following meanings:

(1) "Abandoned." A sign for which neither sign owner nor land owner claim any responsibility.

(2) "Act" shall mean the Highway Advertising Act of 1961, as amended and embodied in chapter 47.42 RCW.

(3) "Centerline of the highway" means a line equidistant from the edges of the median separating the main-traveled ways of a divided

highway, or the centerline of the main-traveled way of a nondivided highway.

(4) "Commercial and industrial areas" means any area zoned commercial or industrial by a county or municipal code, or if unzoned by a county or municipal code, that area occupied by three or more separate and distinct commercial and/or industrial activities within a space of five hundred feet and the area within five hundred feet of such activities on both sides of the highway. The area shall be measured from the outer edges of the regularly used buildings, parking lots, storage or processing areas of the commercial or industrial activity and not from the property lines of the parcels upon which such activities are located. Measurements shall be along or parallel to the edge of the main-traveled way of the highway. The following shall not be considered commercial or industrial activities:

- (a) Agricultural, forestry, grazing, farming, and related activities, including, but not limited to, wayside fresh produce stands;
- (b) Transient or temporary activities;
- (c) Railroad tracks and minor sidings;
- (d) Signs;
- (e) Activities more than six hundred and sixty feet from the nearest edge of the right of way;
- (f) Activities conducted in a building principally used as a residence.

Should any commercial or industrial activity, which has been used in defining or delineating an unzoned area, cease to operate for a period of six continuous months, any signs located within the former unzoned area shall become nonconforming and shall not be maintained by any person after May 10, 1974.

(5) "Commission" means the Washington state transportation commission.

(6) Discontinued. A sign shall be considered discontinued if, after receiving notice of absence of advertising content for ~~((one hundred twenty days))~~ three months, the permit holder fails to put advertising content on the sign ~~((for a period of twelve months. Six months after the beginning of this twelve-month period, the permit holder shall receive a second copy of the original))~~ within three months of the notice.

(7) "Entrance roadway" means any public road or turning roadway including acceleration lanes, by which traffic may enter the main-traveled way of a controlled access highway from the general road system within the state, including rest areas, view points, and sites used by the general public, irrespective of whether traffic may also leave the main-traveled way by such road or turning roadway.

(8) "Erect" means to construct, build, raise, assemble, place, affix, attach, create, paint, draw, or in any other way bring into being or establish.

(9) "Exit roadway" means any public road or turning roadway including deceleration lanes, by which traffic may leave the main-traveled way of a controlled access highway to reach the general road system within the state, including rest areas, view points, and sites used by the general public, irrespective of whether traffic may also enter the main-traveled way by such road or turning roadway.

(10) "Interstate system" means any state highway which is or does become part of the national system of interstate and defense highways as described in section 103(d) of Title 23, United States Code.

(11) "Legible" means capable of being read without visual aid by a person of normal visual acuity.

(12) "Maintain" means to allow to exist. A sign loses its right to remain as a nonconforming sign if its size is increased more than fifteen percent over its size on the effective date of the Scenic Vistas Act on May 10, 1971, or the effective date of control of a given route, whichever is applicable.

(13) "Main-traveled way" means the traveled way of a highway on which through traffic is carried. In the case of a divided highway, the traveled way of each of the separated roadways for traffic in opposite directions is a main-traveled way. It does not include such facilities as frontage roads, turning roadways, entrance roadways, exit roadways, or parking areas.

(14) "Person" means this state or any public or private corporation, firm, partnership, association, as well as any individual, or individuals.

(15) "Primary system" means any state highway which is or does become part of the federal-aid primary system as described in section 103(b) of Title 23, United States Code.

(16) "Scenic system" means:

- (a) Any state highway within any public park, federal forest area, public beach, public recreation area, or national monument;

(b) Any state highway or portion thereof outside the boundaries of any incorporated city or town designated by the legislature as a part of the scenic system; or

(c) Any state highway or portion thereof, outside the boundaries of any incorporated city or town, designated by the legislature as a part of the scenic and recreational highway system except for the sections of highways specifically excluded in section 2, chapter 62, Laws of 1971 ex. sess.

(17) "Sign" means any outdoor sign, display, device, figure, painting, drawing, message, placard, poster, billboard, or other thing which is designed, intended or used to advertise or inform, any part of the advertising or informative contents of which is visible from any place on the main-traveled way of the interstate system or other state highway.

(18) "Trade name" shall include brand name, trademark, distinctive symbol, or other similar device or thing used to identify particular products or services.

(19) "Traveled way" means the portion of a roadway for the movement of vehicles, exclusive of shoulders.

(20) "Turning roadway" means a connecting roadway for traffic turning between two intersection legs of an interchange.

(21) "Visible" means capable of being seen (whether or not legible) without visual aid by a person of normal visual acuity.

(22) "Electronic sign" means an outdoor advertising sign, display, or device whose message may be changed by electrical or electronic process, and includes the device known as the electronically changeable message center for advertising on-premise activities (WAC 468-66-070).

(23) "Public service information" means a message on an electronic sign which provides the time, date, temperature, weather, or similar information.

(24) "Temporary agricultural directional sign" means a sign on private property adjacent to state highway right of way to provide directional information to places of business offering for sale seasonal agricultural products harvested or produced on the property where the sale is taking place.

#### AMENDATORY SECTION (Amending DOT Order 10 and Comm. Order 1, Resolution No. 13, filed 12/20/78)

WAC 468-66-150 PENALTIES. (1) After hearing, as required by chapter 34.04 RCW (Administrative Procedure Act) and the rules and regulations of the department of transportation adopted pursuant thereto, any permit may be revoked without refund by the department for any of the following reasons:

(a) For the making of any false or misleading statements in the application for any permit, whether or not the same is material to or relied upon by the department in the issuance of such permit when such false or misleading statement or information shall remain uncorrected after the expiration of thirty days following written notification thereof.

(b) For allowing or suffering any sign to remain in a condition of disrepair or unreasonable state of repair after the expiration of thirty days following written notification thereof.

(c) For maintaining any sign, for which a permit has been issued, in violation of any provision of the act or these regulations after the expiration of thirty days following written notification thereof.

(d) For any convictions of a violation of the act or any of these regulations, any permit held by the convicted person may be revoked whether or not such violation is related to the sign for which the permit is revoked.

(e) For maintaining a discontinued sign as defined in WAC 468-66-010(6), or for not erecting a sign structure with advertising on a permitted site within six months of the date of permit issue. A notice of failure to erect the sign structure will be sent after three months, and the sign must be erected within three months of the notice.

(2) Notice whenever required herein shall be given to the person entitled thereto by registered mail at the last known address of such person which shall be such address as may be on file with the department, if any, otherwise the last address of such person shown by the tax records of the county in which the real property upon which the sign in question is maintained.

(3) Computation of time when dependent upon giving of notice shall relate to the day of mailing such notice rather than the day of receipt.

**WSR 85-22-069**  
**PROPOSED RULES**  
**UTILITIES AND TRANSPORTATION**  
**COMMISSION**

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington Utilities and Transportation Commission intends to adopt, amend, or repeal rules relating to accounting and reporting requirements for competitive telecommunications companies, WAC 480-120-033. The proposed amendatory section is shown below as Appendix A, Cause No. U-85-65. Written and/or oral submissions may also contain data, views, and arguments concerning the effect of the proposed amendment on economic values, pursuant to chapter 43.21H RCW and WAC 480-08-050(17);

that the agency will at 9:00 a.m., Wednesday, December 18, 1985, in the Commission's Hearing Room, Sixth Floor, Highways-Licenses Building, Olympia, Washington, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 80.01.040.

The specific statute these rules are intended to implement is chapter 450, Laws of 1985.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before November 22, 1985.

Dated: October 29, 1985

By: Paul Curl  
Acting Secretary

**STATEMENT OF PURPOSE**

In the matter of amending WAC 480-120-033 relating to accounting and reporting requirements for competitive telecommunications companies.

The rule proposed by the Washington Utilities and Transportation Commission is to be promulgated pursuant to RCW 80.01.040 which directs that the commission has authority to implement the provisions of chapter 450, Laws of 1985.

The rule proposed by the Washington Utilities and Transportation Commission is designed to provide for less stringent accounting and reporting standards for telecommunications companies classified as competitive under chapter 450, Laws of 1985.

Paul Curl, Acting Secretary, Seventh Floor, Highways-Licenses Building, Olympia, Washington, telephone number (206) 753-6420, and members of his staff were responsible for the drafting of the proposed rule and will be responsible for implementation and enforcement of the proposed rule.

The proponent of the rule is the Washington Utilities and Transportation Commission.

There are no comments or recommendations being submitted inasmuch as the proposal is pursuant to legislative authorization reflected in RCW 80.01.040.

The rule change is not necessary as the result of federal law, or federal or state court action.

The rule change proposed will affect no economic values.

This certifies that copies of this statement are on file with the commission, are available for public inspection, and that three copies of this statement are this date being forwarded to the Joint Administrative Rules Review Committee.

APPENDIX "A"

NEW SECTION

WAC 480-120-033 ACCOUNTING AND REPORTING REQUIREMENTS FOR COMPETITIVE TELECOMMUNICATIONS COMPANIES. Competitive telecommunications companies shall, at a minimum, keep accounts in accordance with Volume VIII, Part 33 of the FCC Uniform System of Accounts, and file annually with the commission an audited balance sheet and income statement. Such companies shall also keep on file at the commission current price lists and service standards.

The commission may order different accounting and reporting requirements for different competitive telecommunications companies when it determines that such different treatment is in the public interest.

**WSR 85-22-070**  
**PROPOSED RULES**  
**LIQUOR CONTROL BOARD**  
 [Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Liquor Control Board intends to adopt, amend, or repeal rules concerning Packages—Classification, WAC 314-20-030;

that the agency will at 9:30 a.m., Wednesday, December 11, 1985, in the Offices of the Liquor Control Board, 5th Floor, Capital Plaza Building, 1025 East Union Avenue, Olympia, WA 98504, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 66.08.030.

The specific statute these rules are intended to implement is RCW 66.08.050.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Dated: November 5, 1985

By: Kazuo Watanabe  
Member of the Board

**STATEMENT OF PURPOSE**

Title: WAC 314-20-030 Packages—Classification.

Description of Purpose: To permit the use of the 1/6 barrel (5.16 U.S. gallons) container size for beer.

Statutory Authority: RCW 66.08.030.

Statutes Implemented by the Rule: RCW 66.08.050.

Summary of Rule: The current barrel sizes currently permitted do not provide for the 1/6 barrel size.

Reason Supporting Proposed Action: With the growth of the new specialty and micro-brewery beers, this size has been requested by taverns and micro-breweries in order to accommodate more beers available on tap at the tavern. In addition, the micro-breweries have requested this size for sale directly from the brewery. The Bureau of Alcohol, Tobacco and Firearms permits this keg size.

Agency Personnel Involved: In addition to the board, the following agency personnel have responsibility for drafting, implementing and enforcing this rule: Jan Britt, Supervisor, Manufacturers, Importers and Wholesalers Division, Capital Plaza Building, Olympia, WA 98504, phone (206) 753-6282.

Person or Organization Proposing Rule: Washington State Liquor Control Board.

Agency Comments: None.

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

Small Business Economic Impact Statement: Cost impact for both large and small businesses is estimated to be none.

**AMENDATORY SECTION** (Amending Order 135, Resolution No. 144, filed 12/7/83, effective 2/15/84)

WAC 314-20-030 PACKAGES—CLASSIFICATION. (1) No manufacturer, wholesaler or importer shall sell beer for use in the state of Washington in any packages or containers differing in sizes and case quantities from the manufacturer's original packages.

(2) Net contents—Packaged beer. Net contents shall be stated in a clearly legible manner on the label in fluid ounces or as follows:

- (a) If less than 1 pint, in fluid ounces, or fractions of a pint;
- (b) If 1 pint, 1 quart, or 1 gallon, the net contents shall be so stated;
- (c) If more than 1 pint, but less than 1 quart, the net contents shall be stated in fractions of a quart, or in pints and fluid ounces;
- (d) If more than 1 quart, but less than 1 gallon, the net contents shall be stated in fractions of a gallon, or in quarts, pints, and fluid ounces;
- (e) If more than 1 gallon, the net contents shall be stated in gallons and fractions thereof;

(f) The net contents need not be stated on any label if the net contents are displayed by having the same blown, branded, or burned in the container in letters or figures in such manner as to be plainly legible under ordinary circumstances and such statement is not obscured in any manner in whole or in part.

(3) Container size limitations—Barrels. Whole barrels (31 gallons), 1/2 barrels (15.5 gallons), 1/4 barrels (7.75 gallons), 1/6 barrels (5.16 gallons). Packaged beer—Maximum capacity for individual containers, 170 fluid ounces: PROVIDED, HOWEVER, That beer manufactured in a foreign country may be imported and sold within the state in barrel sizes customarily used in such foreign country, and which have been approved for marketing within the United States by the Bureau of Alcohol, Tobacco, and Firearms, United States Treasury Department.

(4) Gift packages. A beer importer or beer wholesaler may prepare and sell "gift packages" consisting of containers of beer differing in case quantities from the manufacturer's original case capacities provided the tax has been paid on the previously purchased beer in accordance with RCW 66.24.290 and provided written approval by the board has been obtained.

**WSR 85-22-071**  
**ADOPTED RULES**

**EMPLOYMENT SECURITY DEPARTMENT**  
[Order 8-85—Filed November 6, 1985]

I, Ernest F. LaPalm, deputy commissioner of the Employment Security Department, do promulgate and

adopt at Olympia, Washington, the annexed rules relating to:

- New WAC 192-30-010 Marginal labor force attachment definitions.
- New WAC 192-30-020 Responsibilities of the department in determining MLFA status.
- New WAC 192-30-030 Suspension of marginal labor force attachment requirements for claimants unemployed due to government action.
- New WAC 192-30-040 Suspension of marginal labor force attachment requirements for claimants unemployed due to economic distress.
- New WAC 192-30-100 Modification of marginal labor force attachment work search requirements for economic conditions within a labor market area.
- New WAC 192-30-200 Work search responsibilities for MLFA claimants.
- New WAC 192-30-210 Job service center work search activity plans for MLFA claimants.
- New WAC 192-30-220 Work search models—Purpose and description.
- New WAC 192-30-230 Work search model—Definition of terms.

This action is taken pursuant to Notice No. WSR 85-19-066 filed with the code reviser on September 16, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated pursuant to RCW 50.20.015, 50.20.016 and 50.20.017 and is intended to administratively implement that statute.

This rule is promulgated under the general rule-making authority of the Employment Security Department as authorized in RCW 50.12.010 and 50.12.040.

The undersigned hereby declares that the agency has complied with the provisions of the Open Public Meetings Act (chapter 42.30 RCW), the Administrative Procedure Act (chapter 34.04 RCW) and the State Register Act (chapter 34.08 RCW) in the adoption of these rules.  
APPROVED AND ADOPTED November 5, 1985.

By Ernest F. LaPalm  
Deputy Commissioner

**CHAPTER 192-30**  
**MARGINAL LABOR FORCE ATTACHMENT**

- WAC 192-30-010 MARGINAL LABOR FORCE ATTACHMENT DEFINITIONS
- 192-30-020 RESPONSIBILITIES OF THE DEPARTMENT IN DETERMINING MLFA STATUS
- 192-30-030 SUSPENSION OF MARGINAL LABOR FORCE ATTACHMENT REQUIREMENTS FOR CLAIMANTS UNEMPLOYED DUE TO GOVERNMENT ACTION
- 192-30-040 SUSPENSION OF MARGINAL LABOR FORCE ATTACHMENT REQUIREMENTS FOR CLAIMANTS UNEMPLOYED DUE TO ECONOMIC DISTRESS
- 192-30-100 MODIFICATION OF MARGINAL LABOR FORCE ATTACHMENT

	WORK SEARCH REQUIREMENTS FOR ECONOMIC CONDITIONS WITHIN A LABOR MARKET AREA
192-30-200	WORK SEARCH RESPONSIBILITIES FOR MLFA CLAIMANTS
192-30-210	JOB SERVICE CENTER WORK SEARCH ACTIVITY PLANS FOR MLFA CLAIMANTS
192-30-220	WORK SEARCH MODELS—PURPOSE AND DESCRIPTION
192-30-230	WORK SEARCH MODEL—DEFINITION OF TERMS

### NEW SECTION

**WAC 192-30-010 MARGINAL LABOR FORCE ATTACHMENT DEFINITIONS.** For the purposes of this chapter and for the interpretation of RCW 50.20.015, RCW 50.20.016 and RCW 50.20.017, the following definitions apply:

(1) "MLFA" means marginal labor force attachment. The term is used to describe a pattern of employment and unemployment as defined in RCW 50.20.015(1) and is used to identify claimants who may be subject to special eligibility conditions as identified in RCW 50.20.015 and to provide benefit charging relief to employers as described in RCW 50.29.020. MLFA does not reflect on the quality of a claimant's work nor upon the claimant's long term or current attachment to the labor market but is simply the result of a mathematical calculation based on employment within a two year determination period.

(2) An "MLFA claimant" is a claimant who has filed an application for initial determination and who has been determined to have a marginal attachment to the labor force pursuant to RCW 50.20.015(1).

(3) "MLFA requirements" are the special eligibility requirements of RCW 50.20.015(2), which include special work search requirements and a revised definition of suitable work for MLFA claimants.

(4) "Economically distressed county" is a county for which the average total unemployment rate for the three calendar years preceding April 1st, of each year is twenty percent or more higher than the statewide average for the same period. The commissioner shall publish a list of economically distressed counties.

(5) "Labor market area" means a geographical area in which there are jobs deemed to be suitable work for the claimant. It encompasses the geographic area in which workers with similar occupational skills normally travel to obtain or perform suitable work.

(6) "Distressed industry" means, an industry within a labor market area which is experiencing employment sufficiently lower than historical levels to make application of the provisions of RCW 50.20.015(2) unreasonable.

(a) The commissioner will publish a list of industries which have been determined to be distressed industries and the counties affected by each distressed industry.

(b) The commissioner will determine that an industry is distressed if:

(i) The average annual employment of the industry in the county in the most recent calendar year for which

data is available is twenty percent or more below the average annual employment of the industry in the county for the two highest years in the last five years for which data is available; or,

(ii) Other measures of employment or unemployment indicate that the industry is distressed.

(c) The commissioner shall determine the industry groups and labor market areas to be considered based on labor market information, employment patterns, and other available data.

(7) The commissioner may identify labor market areas which have suffered a sudden and severe loss of employment. Such determinations will be for the limited purpose of this chapter. A "sudden and severe loss of employment" is a decrease in a labor market area's employed population which has a significant impact on the labor market area's economic stability. Causes of a sudden and severe loss of employment may include, but are not limited to, plant closure, permanent layoffs, industrywide declines, or natural disasters.

### NEW SECTION

**WAC 192-30-020 RESPONSIBILITIES OF THE DEPARTMENT IN DETERMINING MLFA STATUS.** (1) At the time of application for initial determination or prior to requiring the claimant to adhere to MLFA requirements, the department will explore exceptions, suspensions, and modifications to the MLFA provisions.

(2) At the time of application for initial determination or prior to requiring claimants to adhere to MLFA requirements and no less often than once every eight weeks, the MLFA status of claimants will be reviewed to determine whether suspension or modification of MLFA requirements is appropriate.

### NEW SECTION

**WAC 192-30-030 SUSPENSION OF MARGINAL LABOR FORCE ATTACHMENT REQUIREMENTS FOR CLAIMANTS UNEMPLOYED DUE TO GOVERNMENT ACTION.** RCW 50.20.016 provides that the MLFA requirements may be suspended for an MLFA claimant if government action prohibits normal activity in the claimant's occupation.

(1) The commissioner will publish a list of occupations in which government action has prohibited normal activity.

(2) If a claimant believes that his or her occupation should properly be on the list published pursuant to subsection (1) above, he or she may request a formal determination of whether government action has prohibited normal activity in the occupation. Such a request must be in writing, directed to the department, and provide evidence of the effect of government action on the occupation.

(3) When determining the impact that government action has on the normal activity in an occupation, the commissioner shall consider:

- The nature of the government action,
- Normal employment patterns in the occupation,
- Seasonal factors,

(d) The purpose of the government action or regulation, and,

(e) Other pertinent factors relating to the occupation and the government action.

(4) No periodic review of suspension pursuant to WAC 192-30-030 will be required.

#### NEW SECTION

**WAC 192-30-040 SUSPENSION OF MARGINAL LABOR FORCE ATTACHMENT REQUIREMENTS FOR CLAIMANTS UNEMPLOYED DUE TO ECONOMIC DISTRESS.** RCW 50.20.016 provides that the MLFA requirements may be suspended for an MLFA claimant if the claimant is subject to a condition of economic distress. RCW 50.20.017 further defines conditions of economic distress.

(1) A claimant is subject to a condition of economic distress if:

(a) He or she resides in or customarily works in an economically distressed county; or,

(b) The labor market area in which the claimant customarily works has experienced a sudden and severe loss of employment; or,

(c) The labor market area in which the claimant works contains a distressed industry; or,

(d) The commissioner determines that circumstances of the individual claimant warrant a finding of economic distress.

(2) The MLFA requirements shall be suspended only if the MLFA claimant is subject to a condition of economic distress and the claimant's lack of employment is caused by the condition of economic distress or expected duration of unemployment is lengthened by the condition of economic distress.

(3) Any suspension of RCW 50.20.015(2) authorized by this section will be reviewed no less often than once every eight weeks to consider the reasonableness of continuing to suspend or modify the MLFA requirements.

#### NEW SECTION

**WAC 192-30-100 MODIFICATION OF MARGINAL LABOR FORCE ATTACHMENT WORK SEARCH REQUIREMENTS FOR ECONOMIC CONDITIONS WITHIN A LABOR MARKET AREA.** (1) The number of work search contacts required by RCW 50.20.015(2) for an MLFA claimant may be modified to a number consistent with economic conditions within a labor market area and chapter 192-30-200 WAC.

(2) In determining whether to modify and to what extent to modify the number of work search contacts required, the following factors should be considered:

(a) Size of the labor market;

(b) Impact of job search contacts on employer community;

(c) Employment patterns in the labor market;

(d) Whether work search contacts would be a futile act;

(e) Customary work search methods in the labor market;

(f) Seasonal factors; and,

(g) Other factors related to the economy, employment, and unemployment.

(3) Any determination to modify MLFA requirements based on this section shall be reviewed no less often than every eight weeks.

#### NEW SECTION

**WAC 192-30-200 WORK SEARCH RESPONSIBILITIES FOR MLFA CLAIMANTS.** RCW 50.20.016 mandates that work search rules be adopted for claimants with marginal labor force attachment.

(1) The commissioner will consider customary trade practices and other reasonable work search methods in order to assist MLFA claimants in finding employment. As the length of time unemployed increases, so will work search planning and work search activity. As requirements change, claimants must be advised in writing.

(2) Claimants will be exempt from MLFA eligibility requirements until they have received a monetary determination or redetermination, if requested, which considers special program wages or hours, e.g., state, federal, military and out-of-state wages or hours for the period falling within the claimant's determination period.

(3) Claimants will be exempt from MLFA eligibility requirements until they have been advised in writing of the eligibility requirements.

(4) The MLFA special eligibility requirements will only apply to those claimants who are claiming regular benefits.

#### NEW SECTION

**WAC 192-30-210 JOB SERVICE CENTER WORK SEARCH ACTIVITY PLANS FOR MLFA CLAIMANTS.** To provide consistent application of law and regulation, accurate information to claimants and the general public each job service center (JSC) will be responsible for developing its own written work search activity plan for claimants with marginal labor force attachment. Job service centers will be responsible for completing this plan within 30 days of the adoption of this rule. Due to fluctuating labor market conditions, MLFA JSC work search activity plans will be reviewed at least yearly (or more often as necessary) to assure that they reflect seasonal and economic conditions. Copies of the MLFA JSC work search activity plan will be available for public examination in the job service center and a copy must be forwarded to the employment security public records officer. Each MLFA JSC work search activity plan will include the following:

(1) Area labor market(s) information;

(2) Minimum work search requirements for each MLFA claimant group, and JSC rationale for such requirements;

(3) Eligibility review interview (ERI) selection criteria;

(4) Job service center work registration policy;

(5) Job service center list of industries and occupations in demand and decline in the area labor market(s);

(6) Identification of MLFA claimants with training needs and procedures for informing MLFA claimants about job training opportunities;

(7) Job service center coordination of unemployment insurance, employment service, training program service, and other functions.

#### NEW SECTION

**WAC 192-30-220 WORK SEARCH MODELS—PURPOSE AND DESCRIPTION.** Work search models are plans of service designed to provide the public with an outline of requirements and services provided by the employment security department to claimants filing claims for unemployment insurance benefits. The models identify services that job service centers will offer or provide, advise claimants what will be expected of them in the way of work search, and outline a progression of services, reviews, and requirements that will affect a claimant's eligibility for unemployment benefits.

(1) One of the primary purposes of a work search model is to ensure consistency throughout the state in administration of work search requirements.

(2) The commissioner will publish MLFA work search models which may be incorporated by reference into the MLFA JSC work search activity plans.

(3) All job service centers are required to use the models described unless another model is approved for use by the commissioner.

#### NEW SECTION

**WAC 192-30-230 WORK SEARCH MODEL—DEFINITION OF TERMS.** For the purposes of work search models, the following definitions apply:

(1) "Length of unemployment" means the number of weeks that a claimant has claimed benefits since his or her last separation from employment, or since reopening a claim for benefits after a break in claim series exceeding two weeks without intervening employment.

(2) A "presentation of benefit rights" or "PBR" is a presentation to a claimant or a group of claimants outlining benefit rights, responsibilities, and procedures. A PBR is intended to provide a claimant with all the information necessary for claiming benefits and sources of additional information.

(3) A "presentation of benefit rights for claimants with a marginal labor force attachment" or "MLFA PBR" is a presentation to a claimant or a group of claimants outlining benefit rights, responsibilities, and procedures. An MLFA PBR is intended to provide a claimant with all the information necessary for claiming benefits and sources of additional information. In addition, an MLFA PBR will include information on how MLFA status is calculated, information on exceptions to MLFA status, information on MLFA work search, tangible evidence and suitable work requirements, and information on modification and suspension of the MLFA special eligibility requirements.

(4) An "X MLFA PBR" is the same as a "PBR" and is given to claimants who were MLFA claimants but are no longer in MLFA status. Former MLFA claimants are

advised that they are no longer bound by the MLFA special eligibility requirements.

(5) A "PBR-2" is a special PBR given to claimants who are about to enter extended or shareable benefits. The PBR-2 is designed to provide claimants with information on the special eligibility requirements that must be met to continue eligibility.

(6) "Eligibility review interview" or "ERI" means an interview or workshop which results in the development of a claimant work search plan. A copy of the plan will be given to the claimant and a copy will be retained by the job service center. Included in the plan will be:

(a) Claimant's name, Social Security number, signature, JSC, date, and interviewer's signature;

(b) A list of occupations in which the claimant will seek work and the wage demand for each occupation;

(c) A definitive statement of what the claimant will do to improve or increase his or her reemployment effort;

(d) A statement describing how the claimant will record and report work search contacts;

(e) A review and reconsideration of possible suspension or modification of MLFA requirements; and

(f) Follow-up, by the JSC, to agreements made at the ERI.

#### **WSR 85-22-072**

#### **PROPOSED RULES**

#### **INSURANCE COMMISSIONER**

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Insurance Commissioner intends to adopt, amend, or repeal rules concerning fixed premium universal life insurance, by defining such insurance, establishing reserves and valuation methods, specifying minimum cash surrender values and mandatory policy provisions, establishing disclosure requirements, defining practices to be unfair, and creating filing requirements; adding a new chapter to the Washington Administrative Code.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 20, 1985, at 10:00 a.m. in the Insurance Commissioner's Olympia office.

The authority under which these rules are proposed is RCW 48.02.060.

The specific statute these rules are intended to implement is RCW 48.01.030, 48.18.100, 48.18.110, 48.18.140, 48.18.150, 48.18.480, 48.30.010, 48.74.080 and 48.76.060.

This notice is connected to and continues the matter in Notice No. WSR 85-18-020 filed with the code reviser's office on August 26, 1985.

Dated: November 6, 1985

By: Robert E. Johnson  
Deputy Commissioner

**WSR 85-22-073**  
**PROPOSED RULES**  
**BOARD OF HEALTH**  
 [Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Health intends to adopt, amend, or repeal rules concerning:

Amd WAC 248-40-040 Funerals, care of bodies, and burial.  
 Amd WAC 248-40-050 Transportation of dead bodies;

that the agency will at 9:30 a.m., Wednesday, December 11, 1985, in the Public Health Laboratories, Conference Room, 1610 N.E. 150th Street, Seattle, 98155, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is chapter 70.58 RCW.

The specific statute these rules are intended to implement is RCW 34.04.025.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985, State Board of Health, ET-23, 754-2316.

Dated: November 5, 1985

By: John A. Beare, MD

Director, Health Services Division

#### STATEMENT OF PURPOSE

This statement is filed pursuant to RCW 34.04.025. Amending WAC 248-40-040 and 248-40-050.

Purpose of Amendment: To update language and to remove the requirement that a body be embalmed before it is transported by common carrier.

Reason this Rule is Necessary: To administratively implement the legal mandate to establish and modify, as necessary in public interest, rules for handling human remains.

Summary of the Rule: Specifies proper care of body and transportation following death.

Person Responsible for the Enforcement of the Rule: Robert R. Rolfs, State Registrar of Vital Records, Vital Records, Division of Health, mailstop ET-11, phone 753-3845.

Rule proposed by State Board of Health.

This rule is not necessary as a result of federal law, federal court decision or state court decision.

No economic impact statement is required under the Regulatory Fairness Act, Laws of 1982.

AMENDATORY SECTION (Amending Regulation .40.040, effective 3/11/60)

WAC 248-40-040 FUNERALS, CARE OF BODIES, AND BURIAL. (1) ~~((Funeral services for))~~ Individuals who have died of ~~((the following named))~~ reportable (notifiable) communicable diseases, as described in WAC 248-100-075, shall be ~~((conducted under))~~ reported to the ~~((supervision of the))~~ local health officer ~~((Cholera; diphtheria; meningococcal meningitis; plague; poliomyelitis; and smallpox)).~~ The local health officer ~~((may permit the holding of a public funeral for such individuals provided members of the family or close associates of the deceased are satisfactorily segregated from the public; and provided that appropriate))~~ shall direct prophylactic treatment or

immunization of ~~((such persons is accomplished according to the direction and orders of the local health officer))~~ family members or close associates of the deceased, as necessary.

Bodies of persons who have died of a communicable disease or any other cause shall be embalmed, cremated, or placed in a container or containers which afford reasonable protection against transportation damage, allows no seepage of body fluids, allows no escape of offensive odors, and does not expose any person to risk of infection or other health hazard. A common carrier, if used, will be notified prior to shipment that the remains are unembalmed. The outside of the container will be identified as containing unembalmed remains and as approved for shipping under WAC 248-40-050.

(2) Bodies of persons who have died of cholera ~~((;))~~ or plague ~~((or smallpox))~~ shall be properly embalmed or cremated. If embalmed, a licensed embalmer shall prepare such bodies in the following manner:

(a) The body shall be thoroughly embalmed with a suitably effective disinfectant solution.

(b) If the body is prepared for burial at the place of death, the rooms used for the preparation shall be thoroughly aired and cleaned.

(c) In lieu of preparing for burial at the place of death, a body may be wrapped completely in a sheet soaked with an effective disinfectant and removed to the embalmer's place of business for the process of embalming.

(3) The embalmer and/or anyone assisting to prepare the body of a person who has died of an infectious disease shall wear an outer garment and rubber gloves while handling the body during preparation. These shall be removed before coming into contact with other persons after preparation has been completed and shall be properly disinfected immediately thereafter.

~~(4) ((Embalmers or their assistants shall not handle the bodies of persons who have died of smallpox unless said embalmers and assistants have been successfully vaccinated within the preceding three years and at least seven days prior to contact with the bodies.~~

~~((;))~~ All instruments and equipment used in the preparation of a body shall be properly disinfected immediately after use.

~~((;))~~ (5) All preparation rooms or other places used for the process of embalming or for otherwise preparing a dead body for burial shall be equipped with a metal or plastic disposal can or container equipped with a tightly fitting lid or cover in which shall be placed immediately all solid matter of any sort such as bandages or cotton found upon or in contact with a dead body or used by the embalmer in the performance of his or her duties. Upon completion of the process of embalming or preparing the body for burial, the contents of ~~((this))~~ the can shall be destroyed by burning ~~((and every funeral establishment shall be equipped with an incinerator suitable for this purpose)).~~

In the instance of a reportable disease having caused the death, fluids removed from said body shall be mixed in equal parts immediately with an effective disinfectant solution and shall not be released into any drain, sewer, or other disposal system public or private or otherwise disposed of before the expiration of at least three hours time. All containers or cans used in receiving solid or fluid matter taken from a dead human body shall be disinfected immediately after use.

~~((;))~~ (6) All ambulances, hearses, and first call cars, and equipment therein, and transfer cases shall be kept clean and sanitary and free from deleterious odors at all times. Such ambulances, hearses, cars, and the equipment and transfer cases thereof shall be sanitized immediately after having been used for the transportation of a human body dead of a contagious disease with a suitable disinfectant solution.

~~((;))~~ Bodies of persons who have died of an infectious disease that are to be transferred outside the jurisdiction of the local health department shall be thoroughly washed with a suitably effective disinfectant and thoroughly embalmed with a suitable disinfectant embalming fluid and placed at once in a casket or transfer case.

~~((;))~~ (9) Any body that is to be transported by common carrier shall be properly embalmed and prepared for transportation by a licensed embalmer.

~~((;))~~ (7) All deceased human bodies ~~((that are))~~ to be disposed of by earth burial in the state of Washington must be buried in the ground at least three feet (top of casket to surface of ground).

AMENDATORY SECTION (Amending Regulation .40.050, effective 3/11/60)

WAC 248-40-050 TRANSPORTATION OF DEAD BODIES.

(1) When a burial-transit permit is used in connection with transportation of a dead human body by common carrier, the permit shall include the name of the embalmer, the terminal point, and shall be enclosed in a strong envelope and attached to the shipping case.

(2) When a dead body is to be transported, the casket or transfer case shall be encased in an outer box constructed of substantial material, put securely together, and tightly closed (~~(, provided that)~~). No body shall be transported (~~(pending final disposition more than twenty-four hours after death unless the body is thoroughly embalmed. The outside case may be omitted in all instances where)~~) by a private, commercially employed, or common carrier outside the jurisdiction of the local health department unless the casket or transfer case is transported in a funeral director's vehicle used for that purpose, or unless the body is properly embalmed and prepared for transportation by a licensed embalmer, cremated, or placed in a container or containers which afford reasonable protection against transportation damage, allows no seepage of body fluids, allows no escape of offensive odors, and does not expose any person to risk of infection or other health hazard. A common carrier, if used, will be notified prior to shipment that the remains are unembalmed. The outside of the container will be identified as containing unembalmed remains and as approved for shipping under WAC 248-40-050.

(3) Disinterment - No disinterred body dead from any disease or cause shall be transported by a common carrier unless approved by the health authorities having jurisdiction at the place of disinterment, and a burial-transit permit shall be required as provided in (~~paragraph~~) subsection (1) (above).

~~Disinterred bodies of persons who have died of cholera, plague, smallpox or typhus fever shall not be removed from the cemetery premises unless approved by the health authorities having jurisdiction at the place of disinterment) of this section.~~

All bodies held for more than (~~(30)~~) thirty days after death shall be considered disinterred bodies when moved from the establishment where held.

(4) Any corpse shipped originally from any primary registration district within the state of Washington accompanied by a properly executed burial-transit permit to any other primary registration district within the state may be transhipped by surrendering the original burial-transit permit to the local registrar and receiving in exchange a new burial-transit permit, unless said body has been held over thirty days after death or has been interred, in which case proceed under (~~paragraph~~) subsection (3) (above) of this section.

If the corpse is routed to the point of final destination on an original burial-transit permit, (~~(it)~~) the corpse may be held temporarily at a stopover point for funeral or for any other purpose without any additional permit being required.

The burial-transit permit shall be accepted as authority for interment or cremation anywhere within the state of Washington by sexton or crematory official and shall be surrendered to them by the person in charge of the corpse at the point of interment or cremation.

follow in issuing qualified mortgage bonds and mortgage credit certificates in 1986.

On November 16, 1983, the commission adopted the Washington state housing finance plan for 1984-85 as required by the enabling legislation creating the commission. The state housing finance plan provides the general policies of the commission and specific policies with regard to the programs of the commission. The plan outlines the manner in which the commission intends to issue bonds during the period in accordance with the goals and objectives of the plan. The proposed Washington state housing finance plan for 1986-87 is a revision of the plan adopted in November of 1983.

The commission is encouraging public comment on both proposed documents. Interested parties and individuals are encouraged to send written comments to the commission at the address provided below or to attend the public hearing. Copies of the proposed documents may be obtained by calling the commission at (206) 464-7139 and requesting that a copy of the desired document be mailed to you or you may write to the commission at the address below and request a copy of the document be mailed to you. Written comments received on or before December 10, 1985, will be considered by the commission and verbal testimony on the proposed documents will be heard at the public hearing on December 13, 1985, in Seattle. Depending upon the number of persons wishing to provide verbal testimony at the hearing, the commission reserves the right to limit the time each speaker may comment to two minutes or less.

For purposes of providing written comments, the address of the commission is: Kim Herman, Executive Director, Washington State Housing Finance Commission, 710 Second Avenue, Suite 1090, Seattle, Washington 98104.

### WSR 85-22-074

#### NOTICE OF PUBLIC MEETINGS HOUSING FINANCE COMMISSION

[Memorandum—November 6, 1985]

The Washington State Housing Finance Commission (the "commission") will hold an open public hearing on Friday, December 13, 1985, at 1:30 p.m. in the Basement Conference Room, Dexter Horton Building, 710 Second Avenue, Seattle, Washington, for the purpose of considering a proposed policy statement for section 103A for 1985 and a proposed Washington state housing finance plan for 1986-87.

The proposed policy statement for section 103A for 1985 is required by 26 CFR Parts 1, 6a and 602 to provide information regarding the success of the commission in meeting goals and objectives of the previous year's policy statement prior to issuing bonds in 1986. The commission adopted a similar policy statement on December 10, 1984. The proposed policy statement for section 103A for 1985 will outline the commission's policies with respect to housing, development, and low-income housing assistance which the commission is to

### WSR 85-22-075

#### PROPOSED RULES PUGET SOUND

#### WATER QUALITY AUTHORITY

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Puget Sound Water Quality Authority intends to adopt, amend, or repeal rules concerning SEPA procedures and policies for the Puget Sound Water Quality Authority, chapter 400-04 WAC. These rules adopt general requirements for environmental review including timing and limitations on action during SEPA process and specific requirements regarding categorized exemptions, threshold determinations, the preparation of environmental impact statements, public notice and commenting, use of existing environmental documents and SEPA and agency decisions;

that the agency will at 1:00, Wednesday, December 18, 1985, in the Federal Building, Fourth Floor Conference Room, Third and Marion, Seattle, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on January 15, 1986.

The authority under which these rules are proposed is RCW 43.21C.120.

The specific statute these rules are intended to implement is RCW 43.21C.120.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 18, 1985.

Dated: November 5, 1985

By: Katherine Fletcher  
Chair

#### STATEMENT OF PURPOSE

Title and Number of Rule Section(s) or Chapter(s): Chapter 400-04 WAC, SEPA procedures and policies.

Statutory Authority: RCW 43.21C.120.

Specific Statute that Rule is Intended to Implement: Chapter 43.21C RCW.

Summary of the Authority Rule(s): This notice proposes to adopt SEPA procedures and policies for the Puget Sound Water Quality Authority. These rules adopt general requirements for environmental review, including timing and limitations on actions during SEPA process, and specific requirements regarding categorical exemptions, threshold determinations, the preparation of environmental impact statements, public notice and commenting, use of existing environmental documents, and SEPA and agency decisions.

Reasons Supporting the Proposed Rule(s): The Puget Sound Water Quality Authority is charged with preparing and adopting a comprehensive Puget Sound water quality management plan and other activities which will require environmental review under the State Environmental Policy Act. RCW 43.21C.120 requires new agencies to adopt rules for policies and procedures pertaining to environmental review within 180 days of their establishment.

Agency Personnel Responsible for Drafting, Implementation and Enforcement of the Rule: Kirvil Skinnerland, Director of Planning and Compliance, Puget Sound Water Quality Authority, 217 Pine Street, Suite 1100, Seattle, WA 98101.

Name of the Person or Organization, Whether Private, Public, or Governmental, that is Proposing the Rule: Puget Sound Water Quality Authority.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to the Rule: This is a basic rule necessary to carry out the authority's responsibility under SEPA. It does not directly impose requirements on agencies or individuals outside of the authority.

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

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: Second Substitute Senate Bill 3828 of 1985 requires that the authority prepare an annual state of the sound report and to submit to the legislature by January 1, 1987, a comprehensive water quality management plan for Puget Sound.

The state of the sound report is to be factual and informative and will not propose plans or policies and therefore will not require environmental review under SEPA. The water quality management plan will require environmental review pursuant to SEPA. To allow the SEPA process to be fully integrated with the planning process, early adoption of SEPA procedures and policies are necessary. For this reason the authority has not proposed specific SEPA policies of its own but instead has chosen to adopt the general SEPA policies as given in RCW 43.21C.020(2). Once the Puget Sound water quality management plan has been adopted it can become part of the authority's SEPA policies for use in future authority actions.

A small business economic impact statement is not required.

#### PUGET SOUND WATER QUALITY AUTHORITY STATE ENVIRONMENTAL POLICY ACT PROCEDURES

##### NEW SECTION

WAC 400-04-010 AUTHORITY. The Puget Sound Water Quality Authority adopts these procedures under the State Environmental Policy Act (SEPA), RCW 43.21C.120 and the SEPA rules, WAC 197-11-904.

##### NEW SECTION

WAC 400-04-040 ADDITIONAL DEFINITIONS. (1) "Authority" shall mean the agency of the Puget Sound Water Quality Authority consisting of the seven-member Authority appointed by the governor and/or agency staff. (2) "Chair" shall mean the Authority member appointed by the Governor as Chair of the Authority.

##### NEW SECTION

WAC 400-04-504 AVAILABILITY OF ENVIRONMENTAL DOCUMENTS. (1) There shall be established at the offices of the Authority a file containing all official Authority SEPA documents. Agencies and the public shall have access to this file.

##### NEW SECTION

WAC 400-04-510 PUBLIC NOTICE. When these rules require notice to be given under this section, the Authority shall inform the public and other agencies that an environmental document is being prepared or is available, and (a) public hearing(s), if any, will be held by the following notice procedures:

(1) Publish notice in at least one newspaper of general circulation in each county, city, or general area in which the proposal is located or which the proposal affects;

(2) Notifying the news media via news releases, public service announcements and personal contact; and

(3) Sending notice to the official Authority mailing list. The official Authority list shall be kept on file and be available for inspection by the public. Individual members of the Authority's advisory bodies shall receive notice.

(4) Any other of the notice procedures listed in WAC 197-11-510, as appropriate.

##### NEW SECTION

WAC 400-04-680 APPEALS. There shall be no administrative appeals of Authority SEPA determinations. Any person may informally request the responsible official to reconsider a determination either orally or in writing. The official shall reconsider the determination and provide a response, but as this is not a formal appeal as described by RCW 43.21C.075 and WAC 197-11-680, the official is not required to make a record or furnish reasons for the decision. Any informal request to reconsider an Authority SEPA determination shall be made within 15 days of the determination.

**NEW SECTION**

WAC 400-04-902 **AUTHORITY SEPA POLICIES.** The Authority adopts by reference the state environmental policy as set forth in SEPA, RCW 43.21C.020. To carry out this policy, the Authority will use all practicable means consistent with other essential considerations of state policy to improve and coordinate plans, functions, and resources, and to mitigate adverse impacts resulting from proposals to the end that the state and its citizens may:

- (1) Fulfill the responsibilities of each generation as trustee of the environment for succeeding generations;
- (2) Assure for all people of Washington safe, healthful, productive, and aesthetically and culturally pleasing surroundings;
- (3) Attain the widest range of beneficial uses of the environment without degradation, risk to health or safety, or other undesirable or unintended consequences;
- (4) Preserve important historic, cultural, and natural aspects of our national heritage;
- (5) Maintain, wherever possible, an environment which supports diversity and variety of individual choice;
- (6) Achieve a balance between population and resource use which will permit high standards of living and a wide sharing of life's amenities;
- (7) Enhance the quality of renewable resources and approach the maximum attainable recycling of depletable resources;
- (8) Manage public waters and adjacent lands, fisheries, wetlands, and other natural resources wisely.

**NEW SECTION**

WAC 400-04-910 **DESIGNATION OF RESPONSIBLE OFFICIAL.** The Authority's Chair, or the Chair's designee, shall serve as responsible official.

**NEW SECTION**

WAC 400-04-995 **SEVERABILITY.** If any provisions of this chapter or its application to any person or circumstance is held invalid, the remainder of this chapter, or the application of the provision to other person or circumstances, shall not be affected.

**NEW SECTION**

WAC 400-04-020 **ADOPTION BY REFERENCE.** The Authority hereby adopts by reference the following sections of the 1984 SEPA rules, Chapter 197-11 of the Washington Administrative Code.

**Part One — Purpose/Authority**

WAC  
197-11-030 Policy.

**Part Two — General Requirements**

WAC  
197-11-040 Definitions.  
197-11-050 Lead Agency.  
197-11-055 Timing of the SEPA Process.  
197-11-060 Content of Environmental Review.  
197-11-070 Limitations on Actions During SEPA Process.  
197-11-080 Incomplete or Unavailable Information.  
197-11-090 Supporting Documents.  
197-11-100 Information Required of Applicants.

**Part Three — Categorized Exemptions and Threshold Determination.**

WAC  
197-11-300 Purpose of this Part.  
197-11-305 Categorical Exemptions.  
197-11-310 Threshold Determination Required.  
197-11-315 Environmental Checklist.  
197-11-330 Threshold Determination Process.  
197-11-335 Additional Information.  
197-11-340 Determination of Nonsignificance.  
197-11-350 Mitigated DNS.  
197-11-360 Determination of Significance (DS)/Initiation of Scoping.  
197-11-390 Effect of Threshold Determination.

**Part Four — Environmental Impact Statement (EIS)**

WAC  
197-11-400 Purpose of EIS.  
197-11-402 General Requirements.

197-11-405 EIS Types.  
197-11-406 EIS Timing.  
197-11-408 Scoping.  
197-11-410 Expanded Scoping.  
197-11-420 EIS Preparation.  
197-11-425 Style and Size.  
197-11-430 Format.  
197-11-435 Cover Letter or Memo.  
197-11-440 EIS Contents.  
197-11-442 Contents of EIS on Non-Project Proposals.  
197-11-443 EIS Contents When Prior Non-Project EIS.  
197-11-444 Elements of the Environment.  
197-11-448 Relationship of EIS to other Considerations.  
197-11-450 Cost-Benefit Analysis.  
197-11-455 Issuance of DEIS.  
197-11-460 Issuance of FEIS.

**Part Five — Commenting**

WAC  
197-11-500 Purpose of this Part.  
197-11-502 Inviting Comment.  
197-11-504 Availability and Cost of Environmental Documents.  
197-11-508 SEPA Register.  
197-11-535 Public Hearings and Meetings.  
197-11-545 Effect of No Comment.  
197-11-550 Specificity of Comments.  
197-11-560 FEIS Response to Comments.  
197-11-570 Consulted Agency Costs to Assist Lead Agency.

**Part Six — Using Existing Environmental Documents**

WAC  
197-11-600 When to Use Existing Environmental Documents.  
197-11-610 Use of NEPA Documents.  
197-11-620 Supplemental Environmental Impact Statement — Procedures.  
197-11-625 Addenda — Procedures.  
197-11-630 Adoption — Procedures  
197-11-635 Incorporation by Reference — Procedures.  
197-11-640 Combining Documents.

**Part Seven — SEPA and Agency Decisions**

WAC  
197-11-650 Purpose of this Part.  
197-11-655 Implementation.  
197-11-660 Substantive Authority and Mitigation.

**Part Eight — Definitions.**

WAC  
197-11-700 Definitions.  
197-11-702 Act.  
197-11-704 Action.  
197-11-706 Addendum.  
197-11-708 Adoption.  
197-11-710 Affected Tribe.  
197-11-712 Affecting.  
197-11-714 Agency.  
197-11-716 Applicant.  
197-11-718 Built Environment.  
197-11-720 Categorical Exemption.  
197-11-722 Consolidated Appeal.  
197-11-724 Consulted Agency.  
197-11-726 Cost-Benefit Analysis.  
197-11-728 County/City.  
197-11-730 Decisionmaker.  
197-11-732 Department.  
197-11-734 Determination of Non-significance (DNS).  
197-11-736 Determination of Significance (DS).  
197-11-738 EIS.  
197-11-740 Environment.  
197-11-742 Environmental Checklist.  
197-11-744 Environmental Document.  
197-11-746 Environmental Review.  
197-11-748 Environmentally Sensitive Area.  
197-11-750 Expanded Scoping.  
197-11-752 Impacts.  
197-11-754 Incorporation by Reference.

- 197-11-756 Lands Covered by Water.
- 197-11-758 Lead Agency.
- 197-11-760 License.
- 197-11-762 Local Agency.
- 197-11-764 Major Action.
- 197-11-766 Mitigated DNS.
- 197-11-768 Mitigation.
- 197-11-770 Natural Environment.
- 197-11-772 NEPA.
- 197-11-774 Non-Project.
- 197-11-776 Phased Review.
- 197-11-778 Preparation.
- 197-11-780 Private Project.
- 197-11-782 Probable.
- 197-11-784 Proposal.
- 197-11-786 Reasonable Alternative.
- 197-11-788 Responsible Official.
- 197-11-790 SEPA.
- 197-11-792 Scope.
- 197-11-793 Scoping.
- 197-11-794 Significant.
- 197-11-796 State Agency.
- 197-11-798 Threshold Determination.
- 197-11-799 Underlying Governmental Action.

Part Nine — Categorical Exemptions.

- WAC
- 197-11-800 Categorical Exemptions.
  - 197-11-880 Emergencies.
  - 197-11-890 Petitioning DOE to Change Exemptions.

Part Ten — Agency Compliance.

- WAC
- 197-11-900 Purpose of this Part.
  - 197-11-912 Procedures on Consulted Agencies.
  - 197-11-914 SEPA Fees and Costs.
  - 197-11-916 Application to On-going Action.
  - 197-11-918 Lack of Agency Procedures.
  - 197-11-920 Agencies with Environmental Expertise.
  - 197-11-922 Lead Agency Rules
  - 197-11-924 Determining the Lead Agency.
  - 197-11-926 Lead Agency for Governmental Proposals.
  - 197-11-928 Lead Agency for Public and Private Proposals.
  - 197-11-930 Lead agency for private projects with one agency with jurisdiction.
  - 197-11-932 Lead agency for private projects requiring licenses from more than one agency, when one of the agencies is a county/city.
  - 197-11-934 Lead agency for private projects requiring licenses from a local agency, not a county/city, and one or more state agencies.
  - 197-11-936 Lead agency for private projects requiring licenses from more than one state agency.
  - 197-11-938 Lead agencies for specific proposals.
  - 197-11-940 Transfer of lead agency status to a state agency.
  - 197-11-942 Agreements on lead agency status.
  - 197-11-944 Agreements on division of lead agency duties.
  - 197-11-946 DOE Resolution of Lead Agency Disputes.
  - 197-11-948 Assumption of Lead Agency Status.

Part Eleven — Forms

- WAC
- 197-11-960 Environmental Checklist.
  - 197-11-965 Adoption Notice.
  - 197-11-970 Determination of Non-significance (DNS).
  - 197-11-980 Determination of Significance of Scoping Notice.
  - 197-11-985 Notice of Assumption of Lead Agency Status.
  - 197-11-990 Notice of Action.

**WSR 85-22-076**  
**PROPOSED RULES**  
**PUGET SOUND**  
**WATER QUALITY AUTHORITY**  
 [Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Puget Sound Water Quality Authority intends to adopt, amend, or repeal rules concerning procedures, operations, communications, and public record access for the Puget Sound Water Quality Authority. These rules adopt general requirements for authority meetings, their times and frequency, the voting majorities necessary for decision making, the terms of officers, and how to access the public records of the authority, including an immediate review process for denial of access to those records;

that the agency will at 1:00, Wednesday, December 18, 1985, in the Federal Building, Fourth Floor Conference Room, Third and Marion, Seattle, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on January 15, 1986.

The authority under which these rules are proposed is chapter 451, Laws of 1985, (chapter 90.70 RCW) and chapter 42.17 RCW.

The specific statute these rules are intended to implement is RCW 42.17.250 through 42.17.320.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 18, 1985.

Dated: November 5, 1985  
 By: Katherine Fletcher  
 Chair

**STATEMENT OF PURPOSE**

Title and Number of Rule Section(s) or Chapter(s): Chapter 400-06 WAC, Procedures, operations, communications, and public records.

Statutory Authority: Chapter 451, Laws of 1985, (chapter 90.70 RCW) and chapter 42.17 RCW.

Specific Statute that Rule is Intended to Implement: RCW 42.17.250 through 42.17.320.

Summary of the Rule(s): This notice proposes to adopt procedures and policies for the Puget Sound Water Quality Authority. These rules adopt general requirements for authority meetings, their times and frequency, the voting majorities necessary for decision making, the terms of officers, and how to access the public records of the authority, including an immediate review process for denial of access to those records.

Reasons Supporting the Proposed Rule(s): The Puget Sound Water Quality Authority is a public agency and needs to describe its operations, procedures, and its public records access procedures as required by chapter 42.17 RCW.

Agency Personnel Responsible for Drafting: David Bortz, Chief of Compliance, Puget Sound Water Quality Authority, 217 Pine Street, Suite 1100, Seattle, WA 98101; Implementation and Enforcement: Meetings — James Abernathy, Executive Secretary, Puget Sound

Water Quality Authority, 217 Pine Street, Suite 1100, Seattle, WA 98101, and Public Records – Nancy McKay, Deputy Director and Chief, Public Affairs, Puget Sound Water Quality Authority, 217 Pine Street, Suite 1100, Seattle, WA 98101.

Name of the Person or Organization, Whether Private, Public, or Governmental, that is Proposing the Rule: Puget Sound Water Quality Authority.

Agency Comments or Recommendations, if any, Regarding Statutory Language, Implementation, Enforcement and Fiscal Matters Pertaining to the Rule: This is a basic rule necessary to carry out the authority's responsibility under chapter 42.17 RCW. It does not directly impose requirements on agencies or individuals outside of the authority.

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

Any Other Information that may be of Assistance in Identifying the Rule or its Purpose: None.

A small business economic impact statement is attached to this statement, if required: N/A

#### NEW SECTION

WAC 400-06-010 PURPOSE. The purpose of this chapter is to describe the Authority, its procedures and operations, communications to ensure compliance by the Authority with the provisions of chapter 42.17 RCW (Initiative 276), and in particular, to implement Sections 25 through 32 of that Act, dealing with public records.

#### NEW SECTION

WAC 400-06-020 DEFINITIONS. (1) The terms "person," "public record," and "writing" shall have the meaning as stated in RCW 42.17.020.

(2) "Authority" means the Puget Sound Water Quality Authority.

(3) "Chair" means the Chair of the Authority as stated in Section 3, Chapter 451, Laws of 1985, Chapter 90.70 RCW.

(4) "Public Records Officer" means the Authority staff member so designated by the Chair.

(5) "Voting member" means the seven members of the Authority appointed by the Governor.

#### NEW SECTION

WAC 400-06-030 AUTHORITY OPERATIONS AND DIVISION PROCEDURES. (1) The Authority was created by the enactment of Chapter 451, Laws of 1985, Chapter 90.70 RCW for the principal purpose of establishing a planning mechanism for improving and maintaining the water quality of Puget Sound. The legislation also provides for a public participation process for the development of the Comprehensive Water Quality Management Plan for Puget Sound (Plan), a biennial State of the Sound report, methods for staffing the Authority and mechanisms to assure compliance with the Plan.

(2) The duties, responsibilities and powers of the Authority are set forth in sections 4 through 9 of Chapter 451, Laws of 1985, Chapter 90.70 RCW. Provisions for establishing the Authority and the appointment of members are in Section 3, Chapter 451, Laws of 1985, Chapter 90.70 RCW.

(3) The Authority meets monthly to consider and act upon major policy matters, planning decisions, and routine business of the Authority. All meetings are conducted in accordance with the Open Public Meetings Act (Chapter 42.30 RCW) the Administrative Procedures Act (Chapter 34.04 and 1.08 RCW), and Roberts Rules of Parliamentary procedure. Any official action of the Authority shall require the affirmative vote of a majority of the voting members present so long as there are at least four voting members present, except that the adoption of the Plan and any substantial revision to the Plan shall require the affirmative vote of a majority of all voting members of the Authority.

#### NEW SECTION

WAC 400-06-050 PUGET SOUND WATER QUALITY AUTHORITY OFFICERS—TERMS. The officers of the Authority shall be the Chair and the Vice-Chair. The Vice-Chair shall be elected by a majority vote of the voting members of the Authority and shall serve for a term of one year. The Chair and other members of the Authority shall serve for terms as provided in Chapter 451, Laws of 1985, Chapter 90.70 RCW.

#### NEW SECTION

WAC 400-06-060 PUGET SOUND WATER QUALITY AUTHORITY—REGULAR MEETINGS. Regular meetings of the Authority shall be held on the third Wednesday of each calendar month usually beginning at 9:30 a.m. and running until 3:30 p.m. The meetings shall be held at a place designated by the Chair of the Authority.

#### NEW SECTION

WAC 400-06-070 PUGET SOUND WATER QUALITY AUTHORITY—DESCRIPTION OF ORGANIZATION. The Authority pursuant to Section 3, Chapter 451, Laws of 1985, Chapter 90.70 RCW, is composed of seven members appointed by the Governor and confirmed by the Senate. The commissioner of public lands and the director of ecology serve as ex-officio, non-voting members of the Authority. The administrative office of the Authority and its staff is 217 Pine Street, Suite 1100, Seattle, Washington 98101.

#### NEW SECTION

WAC 400-06-090 PUBLIC RECORDS AVAILABLE. All public records of the agency, as defined in WAC 400-06-020, are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.310.

#### NEW SECTION

WAC 400-06-100 OFFICE HOURS. Public records shall be available for inspection and copying during the customary office hours of the agency. For the purposes of this chapter, the customary office hours shall be from 8 a.m. to noon and from 1 p.m. to 5 p.m., Monday through Friday, excluding legal holidays.

#### NEW SECTION

WAC 400-06-110 REQUESTS FOR PUBLIC RECORDS. In accordance with requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the agency, public records may be inspected or copied or copies of such records may be obtained, by members of the public, upon compliance with the following procedures:

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

(a) The name, address, telephone numbers, and organization represented, if any, of the person requesting the record;

(b) The time of day and calendar date on which the request was made;

(c) The nature of the request;

(d) If the matter requested is referenced within the current index maintained by the records officer, a reference to the requested record as it is described in such current index; and

(e) If the requested matter is not identifiable by reference to the Authority's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, it shall be the obligation of the public records officer or staff member to whom the request is made to assist the member of the public in appropriately identifying the public record requested.

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

NEW SECTION

WAC 400-06-120 **COPYING.** No fee shall be charged for the inspection of public records. The Authority shall charge a fee of twenty-five cents per page of copy for providing copies of public records and for use of the Authority's copy equipment. This charge is the amount necessary to reimburse the Authority for its actual costs incident to such copying.

NEW SECTION

WAC 400-06-130 **EXEMPTIONS.** (1) The Authority reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 400-06-110 is exempt under the provisions of RCW 42.17.310.

(2) In addition, pursuant to RCW 42.17.260(1), the Authority reserves the right to delete identifying details when it makes available or publishes any public record, in any cases where there is reason to believe that disclosure of such details would be an invasion of personal privacy. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records must be accompanied by a written statement specifying the reason for the denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the records withheld.

NEW SECTION

WAC 400-06-140 **REVIEW OF DENIALS OF PUBLIC RECORDS REQUEST.** (1) Any person who objects to the denial of a request for public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the Chair who shall consider the matter and either affirm or reverse such denial. The request shall be returned with a final decision, within two business days following the original denial.

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

NEW SECTION

WAC 400-06-150 **PROTECTION OF PUBLIC RECORDS.** (1) No person shall knowingly alter, deface, or destroy public records of the Authority.

(2) Original copies of public records of the Authority shall not be removed from the offices of the Authority.

(3) Care and safekeeping of public records of the Authority, furnished pursuant to a request for inspection or copying, shall be the sole responsibility of the requestor.

(4) Records furnished for public inspection or copying shall be returned in good condition and in the same file sequence or organization as when furnished.

(5) Boisterous or otherwise disruptive conduct by those requesting public records of the Authority shall not be permitted.

NEW SECTION

WAC 400-06-160 **RECORDS INDEX.** (1) A chronological index is maintained providing identifying information as to all governmental records issued, adopted, or promulgated on or after August 21, 1985, which are deemed by the Authority to fall within the purview of the RCW 42.17.260 and which are not exempted under the provisions of RCW 42.17.310.

(2) The current index promulgated by the Authority shall be available to all persons under the same rules and on the same rules and on the same conditions as are applied to public records available for inspection.

NEW SECTION

WAC 400-06-170 **COMMUNICATIONS.** All communications regarding the actions or decisions of the Authority:

(1) Pertaining to the administration or enforcement of Chapter 42-17 or these rules shall be addressed to the Public Records Officer, Puget Sound Water Quality Authority, Suite 1100, 217 Pine Street, Seattle, Washington 98101; and

(2) Relating to the development of the Plan shall be addressed to Director of Planning, Puget Sound Water Quality Authority, Suite 1100, 217 Pine Street, Seattle, Washington 98101.

NEW SECTION

WAC 400-06-180 **REQUEST FOR PUBLIC RECORD—FORM.**

STATE OF WASHINGTON  
PUGET SOUND WATER QUALITY AUTHORITY  
REQUEST FOR PUBLIC RECORD

Date of Request: \_\_\_\_\_

Requested By: \_\_\_\_\_  
\_\_\_\_\_

Public Records or Information Requested: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requester Read and Sign:

I understand that I must abide by the Rules and Regulations published by the PSWQA for the protection of public records, a copy of which I have read and understand.

I understand that I will be charged twenty-five cents per copy for all standard letter size copies I desire and that other size publications are available at cost.

Requester's Signature \_\_\_\_\_  
\_\_\_\_\_

Completed by Authority Public Records Officer:

Date of Receipt: \_\_\_\_\_

Number of Copies: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_

Reason if Authority is Unable to Comply: \_\_\_\_\_  
\_\_\_\_\_

Public Records Officer Signature: \_\_\_\_\_

Public records of the agency are provided for inspection and copying subject to the following regulations:

- (1) No person shall knowingly alter, deface, or destroy public records of the Authority.
- (2) Original copies of public records of the agency shall not be removed from the offices of the Authority.
- (3) Care and safekeeping of public records of the Authority, furnished pursuant to a request for inspection or copying, shall be the sole responsibility of the requestor.
- (4) Records furnished for public inspection or copying shall be returned in good condition and in the same file sequence or organization as when furnished.
- (5) Boisterous or otherwise disruptive conduct by those requesting public records of the Authority shall not be permitted.

I have read, understand, and will comply with the above-stated regulations.

\_\_\_\_\_  
(Signature and date)

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

**WSR 85-22-077**  
**PROPOSED RULES**  
**DEPARTMENT OF REVENUE**

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Revenue intends to adopt, amend, or repeal rules concerning:

- New WAC 458-40-18719 Stumpage values—Tables for January 1 through June 30, 1986.  
 New WAC 458-40-18720 Harvester adjustments—Tables for January 1 through June 30, 1986.  
 Amd WAC 458-40-18700 Definitions.  
 Amd WAC 458-40-18704 Stumpage value area and hauling distance zone—Map.  
 Amd WAC 458-40-18706 Timber quality code numbers—Tables;

that the agency will at 10:00 a.m., Wednesday, December 11, 1985, in the Conference Room, Third Floor, Evergreen Plaza Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 31, 1985.

The authority under which these rules are proposed is chapter 84.33 RCW.

The specific statute these rules are intended to implement is chapter 84.33 RCW.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 11, 1985.

Dated: November 6, 1985

By: John B. Conklin  
 Forest Tax Supervisor

#### STATEMENT OF PURPOSE

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

Title: Tables for determination of stumpage values, new sections WAC 458-40-18719, 458-40-18720, amendatory sections WAC 458-40-18700, 458-40-18704 and 458-40-18706.

Purpose: To establish the values for reporting and payment of the timber excise tax levied by chapter 84.33 RCW.

Statutory Authority: Chapter 84.33 RCW, which directs the Department of Revenue to prepare table of stumpage values before June 30 and December 31 of each year to be used for the six month periods thereafter.

Summary and Reasons for the Rule: The tables set out the value of stumpage for each species or subclassification of timber within designated areas having similar growing, harvesting and marketing conditions. These values are to be used for computing the timber excise tax due quarterly by timber harvesters upon timber harvested for sale or for commercial or industrial use during the period January 1, 1986, through June 30, 1986.

Drafters of the Rule: John Conklin, (206) 753-2871, and Joe Gienty, (206) 754-2903, 6004 South Capitol Boulevard, Tumwater, WA 98501; Rule Implementation

and Enforcement: Trevor W. Thompson, Director, Property Tax, 6004 South Capitol Boulevard, Tumwater, WA 98501, (206) 753-5503.

Proposer of the Rule: Department of Revenue, General Administration Building, Olympia, WA 98504.

Comments and Recommendations: None.

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

#### AMENDATORY SECTION (Amending Order FT-84-7, filed 12/28/84)

WAC 458-40-18700 DEFINITIONS. (1) Acceptable log scaling rule. The acceptable log scaling rule shall be the Scribner Decimal C Log Scale Rule or other prevalent measuring practice, provided that such other prevalent measuring practice shall be submitted to the department for approval prior to the time of harvest.

(2) Applicable rate of tax. The applicable rate of tax shall be that excise tax rate in effect at the time the timber is harvested.

(3) Approved log scaling and grading rules.

(a) West of the Cascade summit—Approved scaling and grading rule. With respect to the reporting of timber harvested from private or public lands in areas west of the Cascade summit, which areas are designated as stumpage value areas 1, 2, 3, 4, and 5 in the stumpage value area map of WAC 458-40-18704, the methods and procedures published by the Columbia River Log Scaling and Grading Bureau, Grays Harbor Log Scaling and Grading Bureau, and the Puget Sound Log Scaling and Grading Bureau and published as the "Official Log Scaling and Grading Rules" are approved by the department for use in those areas.

(b) East of the Cascade summit—Approved scaling rule. With respect to the reporting of timber harvested from private or public lands in areas east of the Cascade summit, which areas are designated as stumpage value areas 6(;) and 7(~~-8, -9, and -10~~) in the stumpage value area map of WAC 458-40-18704, the methods and procedures published by the United States Forest Service under the title "National Forest Log Scaling Handbook" procedures are approved by the department for use in those areas. This log scaling handbook is published under the title FSH 2409-11 National Forest Log Scaling Handbook, Forest Service, United States Department of Agriculture.

(c) East of the Cascade summit—Established grading rule. Because the National Forest Log Scaling Handbook does not contain grading rules, a separate computation shall be made to arrive at the proper grade for purposes of determining the timber quality code number for timber harvested east of the Cascade summit, which areas are designated as Stumpage Value Areas 6 and 7 in the Stumpage Value Area Map of WAC 458-40-18704. The grade for quality classification purposes of the timber harvested from private or public land east of the Cascade summit shall be determined by the number of sawable sixteen foot logs per thousand feet net Scribner Decimal C Log Scale. The computation shall be made under the following three-step procedure:

(i) Step 1. The highest possible total number of sawable sixteen foot logs which could be recovered shall be determined by dividing the sum total of length of all sawable logs harvested by the number sixteen.

(ii) Step 2. The average net volume per sixteen foot recoverable log shall be determined by dividing the total volume harvested (net log scale) by the total number of sixteen foot logs as determined in Step 1.

(iii) Step 3. The total number of logs per thousand board feet (MBF) shall be determined by dividing one thousand by the average net volume as determined in step 2.

(4) Codominant trees. Trees whose crowns form the general level of the crown cover and receive full light from above, but comparatively little light from the sides.

(5) Competitive bidding process. The competitive bidding process means the offering of timber which is advertised to the general public for sale at a public auction under terms wherein all qualified potential buyers have an equal opportunity to bid on the sale, and the sale is awarded to the highest qualified bidder. For purposes of this chapter the competitive bidding process includes making available to the general public permits for the removal of forest products.

(6) Department. Department, for the purposes of this chapter, shall mean the department of revenue of the state of Washington.

(7) Dominant trees. Trees whose crowns are higher than the general level of the canopy and who receive full light from the sides as well as from above.

(8) Forest excise tax payment. Every person who is engaged in business as a harvester of timber from privately or publicly owned land shall pay a forest excise tax which shall be equal to the taxable stumpage value of timber harvested for sale or for commercial or industrial use and multiplied by the applicable rate of tax as provided in chapter 84.33 RCW.

(9) Harvester. Harvester shall mean every person who from his own land or from land of another under a right or license granted by lease or contract, either directly or by contracting with others, fells, cuts, or takes timber for sale or for commercial or industrial use. It does not include persons performing under contract the necessary labor or mechanical services for a harvester.

(10) Harvested timber—When determined. Timber shall be considered harvested at the time when in the ordinary course of business the quantity thereof by species is first definitely determined.

(11) Harvesting and marketing costs. Harvesting and marketing costs means only those costs directly associated with harvesting the timber from the land and delivering it to the buyer and may include the costs of disposing of logging residues but does not include any other costs which are not directly and exclusively related to harvesting and marketing of the timber such as costs of permanent roads or costs of reforesting the land following harvest.

(12) Harvest type. Harvest type shall be a term referring to the grouping of harvested timber by age and type of harvest and shall include and is limited to the following harvest types:

(a) Merchantable sawtimber, all ages—~~The removal of timber ((east of the Cascade summit)) located in Stumpage Value Areas 6 and 7 shall be reported as merchantable sawtimber, all ages, unless the harvest type comes within the definition in this chapter of special forest products.~~

(b) Old growth. The removal of any timber from a harvest unit that is 100 years of age or older and ~~((west of the Cascade summit)) located in Stumpage Value Areas 1, 2, 3, 4, and 5 shall be reported as old growth unless the harvest type comes within the definition in this chapter of special forest products.~~

(c) Special forest products. The removal of Christmas trees (except as provided in RCW 84.33.170), shake blocks and boards, and posts and other western redcedar products shall be reported as special forest products.

(d) Thinning. The removal of timber from a harvest unit meeting all the following conditions:

(i) Harvest unit located ~~((west of the Cascade summit)) in Stumpage Value Areas 1, 2, 3, 4, and 5;~~

(ii) Timber that is less than 100 years of age;

(iii) The total merchantable volume which is removed is less than forty percent of the total merchantable volume of the harvest unit prior to harvest;

(iv) Not more than forty percent of the total volume removed is from the dominant and codominant trees;

(v) The trees removed in the harvest operation shall be distributed over the entire harvest unit.

(e) Young growth. The removal of any timber from a harvest unit that is less than 100 years of age and does not meet the definition of thinning in (d) of this subsection and ~~((west of the Cascade summit)) located in Stumpage Value Areas 1, 2, 3, 4, and 5 shall be reported as young growth unless the harvest type comes within the definition in this chapter of special forest products or within the definition of thinning.~~

(13) Harvest unit. A harvest unit is a harvest area having the same forest excise tax permit number, stumpage value area, hauling distance zone, harvest type, harvest adjustments and harvester. A harvest unit may include more than one section.

(14) Lump sum sale. A lump sum sale, also known as a cash sale or an installment sale, is a sale of timber wherein the total sale price as determined at the time of sale is final and not dependent upon the volume of timber actually harvested.

(15) MBF. As used herein MBF shall mean one thousand board feet measured in Scribner Decimal C Log Scale Rule.

(16) Other consideration. As used herein other consideration shall mean improvements to the land that are required by contract by the seller and are of a permanent nature. For instance, other consideration may include, but is not limited to the construction of permanent roads, and the installation of permanent bridges.

(17) Permanent road. A road built as part of the harvesting operation which is intended to have a useful life subsequent to the completion of the harvest is a permanent road.

(18) Private timber. Private timber is all timber harvested from privately owned lands. Private timber includes timber on reclassified reforestation land under chapters 84.28 and 84.33 RCW.

(19) Pro rata unit price. The pro rata unit price shall be the result of dividing the total sale price of a lump sum sale by the sale volume.

(20) Public timber. Public timber is timber harvested from state, federal, municipal, county, and other government owned lands.

(21) Remote island. A remote island is an area of land which is totally surrounded by water at normal high tide and which has no bridge or causeway connecting it to the mainland.

(22) Sale price. The sale price shall mean the amount paid for standing timber in cash or other consideration.

(23) Sawlog. Sawlog shall mean any log large enough to produce one-third of its gross volume in sound lumber or other products that can be sawed.

(24) Scale sale. A scale sale means a sale in which the sale price is the product of the actual volume harvested and the unit price at the time of harvest.

(25) Small harvester. Small harvester means every person who from his own land or from the land of another under a right or license granted by lease or contract, either directly or by contracting with others for the necessary labor or mechanical services, fells, cuts, or takes timber for sale or for commercial or industrial use in an amount not exceeding 500 MBF in a calendar quarter and not exceeding 1000 MBF in a calendar year of combined public and private harvest (excluding conifer and hardwood utility). It does not include persons performing under contract the necessary labor or mechanical services for a harvester, and it does not include harvests of forest products classified by the department as special forest products including Christmas trees, posts, shake boards, bolts, flatsawn, and shingle blocks.

(26) Small harvester option. Harvesters of no more than 500 MBF per calendar quarter or a total of 1000 MBF in a calendar year of combined public and private harvest (excluding conifer and hardwood utility) may elect to calculate the timber tax in the manner provided by RCW 84.33.073 and 84.33.074. A harvester who elects to use this option shall use the quarterly reporting forms provided for this option by the department.

(27) Species. Species designation is a biologically-based grouping of harvested timber and shall include but is not limited to the following designations of species and subclassifications thereof (as defined in Agriculture Handbook No. 541 Checklist of United States Trees (Native and Naturalized)):

(a) Douglas-fir, western hemlock, true fir, noble fir, western redcedar, Alaska-cedar, western larch, ponderosa pine, lodgepole pine, western white pine, Sitka spruce, Engelmann spruce, red alder, and cottonwood shall be reported as separate species where designated as such in the stumpage value tables.

(b) Species designations for the harvest type special forest products shall be western redcedar shake blocks and boards, western redcedar flatsawn and shingle blocks, western redcedar and other posts, lodgepole pine and other posts, pine Christmas trees, Douglas-fir Christmas trees, Douglas-fir and other Christmas trees, true fir and other Christmas trees.

(c) Other conifer, as used in the stumpage value tables, shall be all other conifers not separately designated in the applicable stumpage value tables.

(d) Hardwood, and other hardwood, as used in the stumpage value tables, shall be all hardwoods not separately designated in the applicable stumpage value tables.

(e) Utility, conifer utility, and hardwood utility are separate species as defined by the "Official Log Scaling and Grading Rules" published by the Puget Sound Log Scaling and Grading Bureau and shall be reported as separate species where designated as such in the stumpage value tables.

(28) Stumpage value area. A stumpage value area is an area with specified boundaries which contains timber having similar growing, harvesting, and marketing conditions. Presently, there are ten such stumpage value areas designated in the state of Washington as shown under WAC 458-40-18704. Stumpage value areas 1, 2, 3, 4, and 5 are located west of the Cascade summit and stumpage value areas 6(;-) and 7(~~-8, 9, and 10~~) are located east of the Cascade summit.

(29) Taxable stumpage value of timber. The taxable stumpage value of timber shall be the value determined by one of the following methods as appropriate:

(a) Private timber. The taxable stumpage value of private timber shall be the appropriate value for each species of timber harvested, or

for each species of special forest product harvested, as set forth in the stumpage value tables adopted under this chapter.

(b) Private timber — small harvester option. The taxable stumpage value for the small harvester option shall be determined by one of the following methods, whichever is most appropriate to the circumstances of the harvest.

(i) Sale of logs — Timber which has been severed from the stump and cut into various lengths for further processing. The taxable stumpage value is the actual gross receipts from the harvested timber less the costs of harvesting and marketing. Actual harvesting and marketing costs must be used in all instances where documented records are available. When the taxpayer is unable to provide documented proof of harvesting and marketing costs, the deduction shall be a percentage of the gross receipts from the sale of the harvested timber as determined by the department. The deduction shall be fifty percent of the gross receipts. A landowner who has sold logs for a percentage share of gross receipts should report the value received under WAC 458-40-18700 (29)(b)(ii).

(ii) Sale of stumpage — Standing or fallen trees which have not been severed from the stump, providing the harvest occurs within twelve months of the date of sale. The taxable stumpage value is the actual gross receipts received for the timber for the most recent sale prior to harvest. No harvesting and marketing cost deduction is allowable. If there has been a sale of stumpage and a subsequent sale of logs within twelve months, the taxable stumpage value shall be the gross receipts for the stumpage. If harvest occurs more than twelve months after the date of sale, report under WAC 458-40-18700 (29)(b)(i).

(c) Public timber. The taxable stumpage value for public timber sales shall be determined as follows:

(i) Noncompetitive sales: Timber not sold by a competitive bidding process shall be valued in the same manner as private timber.

(ii) Scale sales: The taxable stumpage value shall be the sum of the products of each species volume multiplied by the unit price for each species.

(iii) Lump sum sales: For sales in which the harvest is completed within a single quarterly reporting period, the taxable value shall be the actual sale price for the timber in cash or other consideration. For sales in which the harvest extends over more than one quarterly reporting period, the taxable value for each period shall be based on the actual quantity harvested and the estimated pro rata unit price. In no event shall the taxable value of the sale differ from the original sale price in cash or other consideration.

(iv) Sale of logs: When public timber is sold in the form of logs, the taxable value shall be the actual purchase price for the logs less deductions as appropriate for the costs of felling, bucking, and yarding the logs to the point of sale. Cost deductions shall be the actual costs when documented proof of such costs are available. In the absence of verifiable actual cost data, cost deductions shall be based on the appraised costs as appraised by the seller, if available; or an estimate of such costs based on the best available information from the sale of similar timber under similar harvesting conditions.

(30) Timber. Timber shall include forest trees, standing or down, on privately or publicly owned land, and except as provided in RCW 84.33.170 includes Christmas trees, shake blocks and boards, posts and other western redcedar products.

(31) Timber quality code number. The timber quality code number is a number assigned to the harvest of a particular species within a harvest type under WAC 458-40-18706, and is based upon the constituent percentage of log grade specifications within the total volume of timber harvested for that particular species.

(32) Unit price. The unit price shall mean the sale price (including cash or other consideration) for each unit of volume. The unit price will most often be expressed as dollars per MBF.

(33) This rule shall not be construed to affect any public timber contracts in effect prior to August 1, 1982.

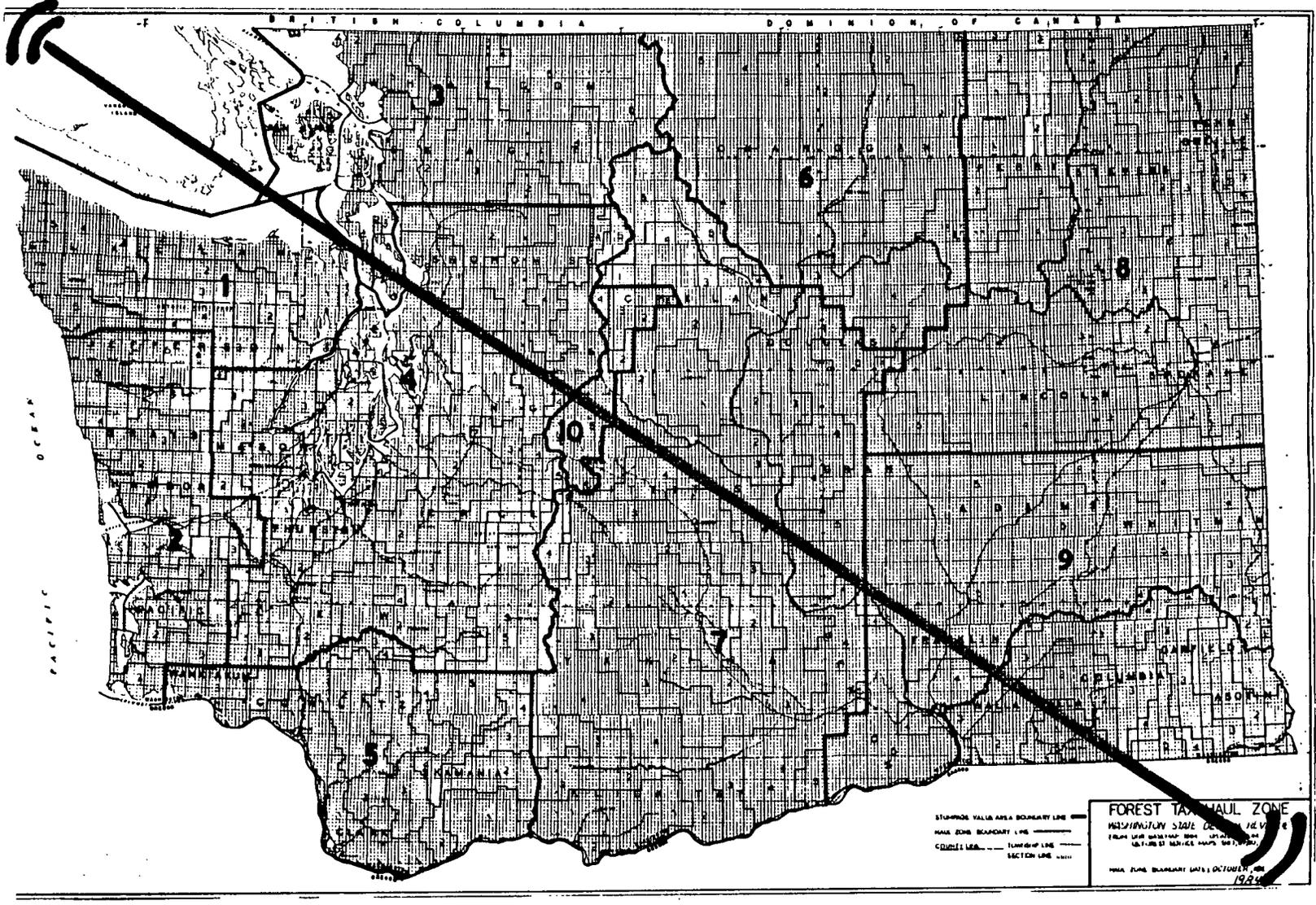
#### AMENDATORY SECTION (Amending Order FT-84-7, filed 12/28/84)

WAC 458-40-18704 STUMPAGE VALUE AREAS AND HAULING DISTANCE ZONE—MAP. In order to allow for differences in market conditions and other relevant factors throughout the state as required by chapter 84.33 RCW, the department has created a map designating areas containing timber having similar growing, harvesting, and marketing conditions; the department has designated zones within each area which have similar accessibility to conversion points and other similar hauling cost factors.

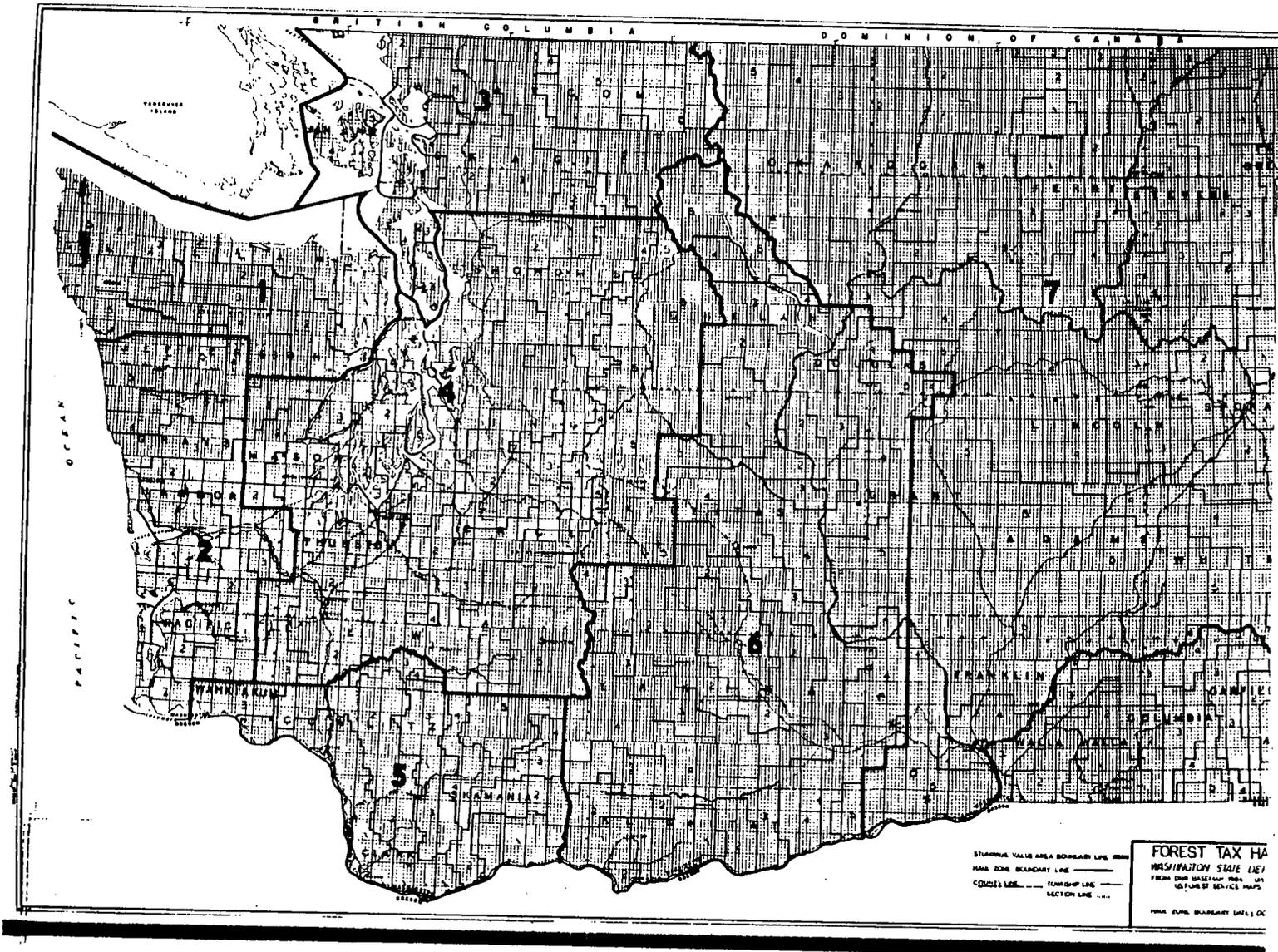
The stumpage value area and hauling distance zone map shall be used to determine the proper stumpage value table and haul zone to be used in calculating the taxable stumpage value.

The following stumpage value area and hauling distance zone map is hereby adopted:

WAC 458-40-18704 STUMPAGE VALUE AREA AND HAUL DISTANCE ZONE--MAP  
 Those harvesters who want a larger scale map may obtain one by  
 writing to State of Washington, Department of Revenue, Forest Tax  
 Section, MS-AX-02, Olympia, WA. 98504, or calling (206) 753-7086.



WAC 458-40-18704 STUMPAGE VALUE AREA AND HAUL DISTANCE ZONE--MAP  
 Those harvesters who want a larger scale map may obtain one by  
 writing to State of Washington, Department of Revenue, Forest Tax  
 Section, MS-AX-02, Olympia, WA. 98504, or calling (206) 753-7086.



**AMENDATORY SECTION** (Amending Order FT-84-7, filed 12/28/84)

WAC 458-40-18706 **TIMBER QUALITY CODE NUMBERS—TABLES.** In order to allow for differences in age, size, quality of timber and other relevant factors as required by chapter 84.33 RCW, the department has assigned timber quality code numbers for harvests of the various designated harvest types and species.

Scaling and grading information derived from an acceptable log scaling and grading rule for the particular harvest type and species shall be used to determine the proper quality code number.

For each timber quality code number in the following tables, there is a corresponding timber quality code number for that particular harvest type and species in the stumpage value tables which is to be used in computing timber harvest value.

The following timber quality code tables are hereby adopted:

**TABLE 1—TIMBER QUALITY CODE TABLE  
STUMPAGE VALUE AREAS 1, 2, 3, 4, AND 5  
OLD GROWTH  
(100 years of age or older)**

Timber Quality Code Number	Species	Log Grade Specifications <sup>1</sup>
1	Douglas-fir	Over 40% Special Mill, No. 1 Sawmill & better log grade
	Western Redcedar & Alaska-cedar	Over 20% Special Mill, No. 1 Sawmill, Peeler & better log grade
	((Noble Fir &)) Spruce	Over 35% No. 1 Sawmill, Peeler or Select & better log grade
	Western Hemlock, True Firs & Other Conifer	Over 25% Special Mill, No. 1 Sawmill & better log grade
	Hardwoods	All No. 3 Sawmill logs & better log grades
2	Douglas-fir	15-40% inclusive Special Mill, No. 1 Sawmill & better log grade
	Western Redcedar & Alaska-cedar	10-20% inclusive Special Mill, No. 1 Sawmill, Peeler & better log grade
	((Noble Fir &)) Spruce	15-35% inclusive No. 1 Sawmill, Peeler or Select & better log grade
	Western Hemlock, True Firs & Other Conifer	5-25% inclusive Special Mill, No. 1 Sawmill & better log grade
3	Douglas-fir	Less than 15% Special Mill, No. 1 Sawmill & better log grade
	Western Redcedar & Alaska-cedar	Less than 10% Special Mill, No. 1 Sawmill, Peeler & better log grade
	((Noble Fir &)) Spruce	Less than 15% No. 1 Sawmill, Peeler or Select & better log grade
	Western Hemlock, True Firs & Other Conifer	Less than 5% Special Mill, No. 1 Sawmill & better log grade
5	Conifer Utility	All conifer logs graded as utility log grade
	Hardwood Utility	All No. 4 Sawmill log grade and all hardwood logs graded as utility

<sup>1</sup>For detailed descriptions and definitions of approved log scaling, grading rules, and procedures see the Official Rules for the following Log Scaling and Grading Bureaus; Columbia River, Grays Harbor, Northern California, Puget Sound, Southern Oregon, and Yamhill. (January 1, 1982 edition)

**TABLE 2—TIMBER QUALITY CODE TABLE  
STUMPAGE VALUE AREAS 1, 2, 3, 4, AND 5  
YOUNG GROWTH OR THINNING  
(less than 100 years of age)**

Timber Quality Code Number	Species	Log Grade Specifications <sup>1</sup>
	Douglas-fir	Over 70% No. 2. Sawmill & better log grade
	Western Redcedar & Alaska-cedar	Over 20% No. 2 Sawmill & better log grade
	Western Hemlock & Other Conifer	Over 70% No. 2 Sawmill & better log grade
	Hardwoods	All No. 3 Sawmill logs & better log grades
2	Douglas-fir	40-70% inclusive No. 2 Sawmill & better log grade
	Western Redcedar & Alaska-cedar	5-20% inclusive No. 2 Sawmill & better log grade
	Western Hemlock & Other Conifer	40-70% inclusive No. 2 Sawmill & better log grade
3	Douglas-fir	5% to but not including 40% No. 2 Sawmill & better log grade
	Western Redcedar & Alaska-cedar	Less than 5% No. 2 Sawmill & better log grade
4	Western Hemlock & Other Conifer	5% to but not including 40% No. 2 Sawmill & better log grade
	Douglas-fir, Western Hemlock & Other Conifer, except Western Redcedar & Alaska-cedar	Less than 5% No. 2 Sawmill & better log grade
5	Conifer Utility	All conifer logs graded as utility log grade
	Hardwood Utility	All No. 4 Sawmill log grade and all hardwood logs graded as utility

<sup>1</sup>For detailed descriptions and definitions of approved log scaling, grading rules, and procedures see the Official Rules for the following Log Scaling and Grading Bureaus; Columbia River, Grays Harbor, Northern California, Puget Sound, Southern Oregon, and Yamhill. (January 1, 1982 edition)

**TABLE 3—TIMBER QUALITY CODE TABLE  
STUMPAGE VALUE AREAS 6(;) AND 7((-8, AND 9))  
MERCHANTABLE SAWTIMBER, ALL AGES**

Timber Quality Code Number	Species	Log Grade Specifications
1	Ponderosa Pine	Less than 10 logs 16 feet long per thousand board feet Scribnr scale
	All Conifers Other than Ponderosa Pine	All log sizes
	Hardwoods	Sawlogs only
2	Ponderosa Pine	10 or more logs 16 feet long per thousand board feet Scribnr scale
5	Utility	All logs graded as utility

((TABLE 4—TIMBER QUALITY CODE TABLE  
STUMPAGE VALUE AREA 10

MERCHANTABLE SAWTIMBER, ALL AGES

Timber Quality Code Number	Species	Log Grade Specifications
1	Ponderosa Pine & Other Conifers	Less than 5 logs 16 feet long per MBF net log Scribner scale
		Hardwoods
2	Ponderosa Pine	5 to 9 logs inclusive 16 feet long per MBF net log Scribner scale
		Other Conifer
3	Ponderosa Pine	More than 9 logs 16 feet long per MBF net log Scribner scale
		Other Conifer
5	Utility	All logs graded as utility

NEW SECTION

WAC 458-40-18719 STUMPAGE VALUES—TABLES FOR JANUARY 1 THROUGH JUNE 30, 1986. As required by chapter 84.33 RCW the department has prepared tables which assign stumpage value rates for the various harvest types, which rates vary depending upon the stumpage value area, species, timber quality code number and hauling distance zone involved. Where the timber harvested is used to produce harvest type special forest products the value tables of this section shall establish the values for such special forest products.

The following stumpage value and special forest product value tables are hereby adopted for use during the period of January 1 through June 30, 1986.

TABLE 1—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 1  
January 1 through June 30, 1986

OLD GROWTH  
(100 years of age or older)

Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir	DF	1	\$167	\$161	\$155	\$149	\$143
		2	112	106	100	94	88
		3	110	104	98	92	86
Western Hemlock <sup>2</sup>	WH	1	147	141	135	129	123
		2	100	94	88	82	76
		3	63	57	51	45	39
Western Redcedar <sup>3</sup>	RC	1	234	228	222	216	210
		2	208	202	196	190	184
		3	182	176	170	164	158
Sitka Spruce	SS	1	195	189	183	177	171
		2	163	157	151	145	139
		3	74	68	62	56	50

TABLE 1—cont.  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Other Conifer	OC	1	147	141	135	129	123
		2	100	94	88	82	76
		3	63	57	51	45	39
Red Alder	RA	1	45	38	31	24	17
Cottonwood	BC	1	32	25	18	11	4
Other Hardwoods	OH	1	41	34	27	20	13
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	11	11	11	11	11

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>3</sup> Includes Alaska-cedar.

TABLE 2—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 1  
January 1 through June 30, 1986

YOUNG GROWTH OR THINNING  
(less than 100 years of age)

Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir	DF	1	\$157	\$150	\$143	\$136	\$129
		2	156	149	142	135	128
		3	128	121	114	107	100
		4	119	112	105	98	91
Western Hemlock <sup>2</sup>	WH	1	109	102	95	88	81
		2	99	92	85	78	71
		3	82	75	68	61	54
		4	80	73	66	59	52
Western Redcedar <sup>3</sup>	RC	1	189	182	175	168	161
		2	177	170	163	156	149
		3	168	161	154	147	140
Other Conifer	OC	1	109	102	95	88	81
		2	99	92	85	78	71
		3	82	75	68	61	54
		4	80	73	66	59	52
Red Alder	RA	1	45	38	31	24	17
Cottonwood	BC	1	32	25	18	11	4
Other Hardwoods	OH	1	41	34	27	20	13
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	11	11	11	11	11

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>3</sup> Includes Alaska-cedar.

**TABLE 3—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 1  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS								
Stumpage Values per Product Unit								
Species Name and Product	Species Code	Timber Quality Code Number	Hauling Distance Zone Number					
			1	2	3	4	5	
Western Redcedar—Shake Blocks & Boards <sup>1</sup>	RCS	1	\$115	\$109	\$103	\$97	\$91	
Western Redcedar Flatsawn & Shingle Blocks <sup>1</sup>	RCF	1	46	40	34	28	22	
Western Redcedar & Other Posts <sup>2</sup>	RCP	1	0.31	0.31	0.31	0.31	0.31	
Douglas-fir Christmas Trees <sup>3</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25	
True Fir & Other Christmas Trees <sup>3</sup>	TFX	1	0.50	0.50	0.50	0.50	0.50	

<sup>1</sup> Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup> Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup> Stumpage value per lineal foot.

**TABLE 4—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 2  
January 1 through June 30, 1986

OLD GROWTH (100 years of age or older)								
Stumpage Values per Thousand Board Feet Net Scribner Log Scale <sup>1</sup>								
Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number					
			1	2	3	4	5	
Douglas-fir	DF	1	\$166	\$160	\$154	\$148	\$142	
		2	137	131	125	119	113	
		3	112	106	100	94	88	
Western Hemlock <sup>2</sup>	WH	1	109	103	97	91	85	
		2	101	95	89	83	77	
		3	70	64	58	52	46	
Western Redcedar <sup>3</sup>	RC	1	247	241	235	229	223	
		2	208	202	196	190	184	
		3	173	167	161	155	149	
Sitka Spruce	SS	1	190	184	178	172	166	
		2	135	129	123	117	111	
		3	116	110	104	98	92	
Other Conifer	OC	1	109	103	97	91	85	
		2	101	95	89	83	77	
		3	70	64	58	52	46	

**TABLE 4—cont.**  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Red Alder	RA	1	51	44	37	30	23
Cottonwood	BC	1	39	32	25	18	11
Other Hardwoods	OH	1	41	34	27	20	13
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	12	12	12	12	12

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>3</sup> Includes Alaska-cedar.

**TABLE 5—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 2  
January 1 through June 30, 1986

YOUNG GROWTH OR THINNING (less than 100 years of age)								
Stumpage Values per Thousand Board Feet Net Scribner Log Scale <sup>1</sup>								
Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number					
			1	2	3	4	5	
Douglas-fir	DF	1	\$177	\$170	\$163	\$156	\$149	
		2	153	146	139	132	125	
		3	106	99	92	85	78	
		4	102	95	88	81	74	
Western Hemlock <sup>2</sup>	WH	1	92	85	78	71	64	
		2	89	82	75	68	61	
		3	89	82	75	68	61	
		4	64	57	50	43	36	
Western Redcedar <sup>3</sup>	RC	1	226	219	212	205	198	
		2	159	152	145	138	131	
		3	150	143	136	129	122	
Other Conifer	OC	1	92	85	78	71	64	
		2	89	82	75	68	61	
		3	89	82	75	68	61	
		4	64	57	50	43	36	
Red Alder	RA	1	51	44	37	30	23	
Cottonwood	BC	1	39	32	25	18	11	
Other Hardwoods	OH	1	41	34	27	20	13	
Hardwood Utility	HU	5	10	10	10	10	10	
Conifer Utility	CU	5	12	12	12	12	12	

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>3</sup> Includes Alaska-cedar.

**TABLE 6—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 2  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS  
Stumpage Values per Product Unit

Species Name and Product	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Western Redcedar-Shake Blocks & Boards <sup>1</sup>	RCS	1	\$115	\$109	\$103	\$ 97	\$ 91
Western Redcedar Flatsawn & Shingle Blocks	RCF	1	46	40	34	28	22
Western Redcedar & Other Posts <sup>2</sup>	RCP	1	0.31	0.31	0.31	0.31	0.31
Douglas-fir Christmas Trees <sup>3</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25
True Fir & Other Christmas Trees <sup>3</sup>	TFX	1	0.50	0.50	0.50	0.50	0.50

<sup>1</sup> Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup> Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup> Stumpage value per lineal foot.

**TABLE 7—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 3  
January 1 through June 30, 1986

OLD GROWTH  
(100 years of age or older)

Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir	DF	1	\$178	\$172	\$166	\$160	\$154
		2	164	158	152	146	140
		3	117	111	105	99	93
Western Hemlock <sup>2</sup>	WH	1	116	110	104	98	92
		2	78	72	66	60	54
		3	62	56	50	44	38
Western Redcedar <sup>3</sup>	RC	1	185	179	173	167	161
		2	181	175	169	163	157
		3	147	141	135	129	123
Other Conifer	OC	1	116	110	104	98	92
		2	78	72	66	60	54
		3	62	56	50	44	38
Red Alder	RA	1	40	33	26	19	12

**TABLE 7—cont.**  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Cottonwood	BC	1	36	29	22	15	8
Other Hardwoods	OH	1	41	34	27	20	13
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	10	10	10	10	10

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>3</sup> Includes Alaska-cedar.

**TABLE 8—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 3  
January 1 through June 30, 1986

YOUNG GROWTH OR THINNING  
(less than 100 years of age)

Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir	DF	1	\$170	\$163	\$156	\$149	\$142
		2	151	144	137	130	123
		3	142	135	128	121	114
		4	131	124	117	110	103
Western Hemlock <sup>2</sup>	WH	1	105	98	91	84	77
		2	93	86	79	72	65
		3	77	70	63	56	49
		4	65	58	51	44	37
Western Redcedar <sup>3</sup>	RC	1	161	154	147	140	133
		2	155	148	141	134	127
		3	148	141	134	127	120
Other Conifer	OC	1	105	98	91	84	77
		2	93	86	79	72	65
		3	77	70	63	56	49
		4	65	58	51	44	37
Red Alder	RA	1	40	33	26	19	12
Cottonwood	BC	1	36	29	22	15	8
Other Hardwoods	OH	1	41	34	27	20	13
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	10	10	10	10	10

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>3</sup> Includes Alaska-cedar.

**TABLE 9—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 3  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS  
Stumpage Values per Product Unit

Species Name and Product	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Western Redcedar—Shake Blocks & Boards <sup>1</sup>	RCS	1	\$115	\$109	\$103	\$ 97	\$ 91
Western Redcedar Flatsawn & Shingle Blocks <sup>1</sup>	RCF	1	46	40	34	28	22
Western Redcedar & Other Posts <sup>2</sup>	RCP	1	0.31	0.31	0.31	0.31	0.31
Douglas-fir Christmas Trees <sup>3</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25
True Fir & Other Christmas Trees <sup>3</sup>	TFX	1	0.50	0.50	0.50	0.50	0.50

<sup>1</sup>Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup>Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup>Stumpage value per lineal foot.

**TABLE 10—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 4  
January 1 through June 30, 1986

OLD GROWTH  
(100 years of age or older)  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir <sup>2</sup>	DF	1	\$179	\$173	\$167	\$161	\$155
		2	134	128	122	116	110
		3	112	106	100	94	88
Western Hemlock <sup>3</sup>	WH	1	117	111	105	99	93
		2	84	78	72	66	60
		3	84	78	72	66	60
Western Redcedar <sup>4</sup>	RC	1	280	274	268	262	256
		2	164	158	152	146	140
		3	156	150	144	138	132
Other Conifer	OC	1	117	111	105	99	93
		2	84	78	72	66	60
		3	84	78	72	66	60
Red Alder	RA	1	46	39	32	25	18
Cottonwood	BC	1	30	23	16	9	2

**TABLE 10—cont.**  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Other Hardwoods	OH	1	40	33	26	19	12
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	8	8	8	8	8

<sup>1</sup>Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup>Includes Western Larch.  
<sup>3</sup>Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>4</sup>Includes Alaska-cedar.

**TABLE 11—STUMPAGE VALUE TABLE**  
STUMPAGE VALUE AREA 4  
January 1 through June 30, 1986

YOUNG GROWTH OR THINNING  
(less than 100 years of age)  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir <sup>2</sup>	DF	1	\$190	\$183	\$176	\$169	\$162
		2	153	146	139	132	125
		3	126	119	112	105	98
		4	95	88	81	74	67
Western Hemlock <sup>3</sup>	WH	1	111	104	97	90	83
		2	91	84	77	70	63
		3	86	79	72	65	58
		4	55	48	41	34	27
Western Redcedar <sup>4</sup>	RC	1	204	197	190	183	176
		2	162	155	148	141	134
		3	153	146	139	132	125
Other Conifer	OC	1	111	104	97	90	83
		2	91	84	77	70	63
		3	86	79	72	65	58
		4	55	48	41	34	27
Red Alder	RA	1	46	39	32	25	18
Cottonwood	BC	1	30	23	16	9	2
Other Hardwoods	OH	1	40	33	26	19	12
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	8	8	8	8	8

<sup>1</sup>Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup>Includes Western Larch.  
<sup>3</sup>Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>4</sup>Includes Alaska-cedar.

TABLE 12—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 4  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS  
Stumpage Values per Product Unit

Species Name and Product	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Western Redcedar-Shake Blocks & Boards <sup>1</sup>	RCS	1	\$115	\$109	\$103	\$97	\$91
Western Redcedar Flatsawn & Shingle Blocks <sup>1</sup>	RCF	1	46	40	34	28	22
Western Redcedar & Other Posts <sup>2</sup>	RCP	1	0.31	0.31	0.31	0.31	0.31
Douglas-fir Christmas Trees <sup>3</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25
True Fir & Other Christmas Trees <sup>3</sup>	TFX	1	0.50	0.50	0.50	0.50	0.50

<sup>1</sup> Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup> Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup> Stumpage value per lineal foot.

TABLE 13—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 5  
January 1 through June 30, 1986

OLD GROWTH  
(100 years of age or older)  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir <sup>2</sup>	DF	1	\$228	\$222	\$216	\$210	\$204
		2	206	200	194	188	182
		3	151	145	139	133	127
Western Hemlock <sup>3</sup>	WH	1	130	124	118	112	106
		2	127	121	115	109	103
		3	124	118	112	106	100
Western Redcedar <sup>4</sup>	RC	1	216	210	204	198	192
		2	174	168	162	156	150
		3	157	151	145	139	133
Other Conifer	OC	1	130	124	118	112	106
		2	127	121	115	109	103
		3	124	118	112	106	100
Red Alder	RA	1	39	32	25	18	11
Cottonwood	BC	1	26	19	12	5	1

TABLE 13—cont.  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Other Hardwoods	OH	1	44	37	30	23	16
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	6	6	6	6	6

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Larch.  
<sup>3</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>4</sup> Includes Alaska-cedar.

TABLE 14—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 5  
January 1 through June 30, 1986

YOUNG GROWTH OR THINNING  
(less than 100 years of age)  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Douglas-fir <sup>2</sup>	DF	1	\$209	\$202	\$195	\$188	\$181
		2	123	116	109	102	95
		3	111	104	97	90	83
		4	102	95	88	81	74
Western Hemlock <sup>3</sup>	WH	1	107	100	93	86	79
		2	80	73	66	59	52
		3	74	67	60	53	46
		4	67	60	53	46	39
Western Redcedar <sup>4</sup>	RC	1	196	189	182	175	168
		2	138	131	124	117	110
		3	121	114	107	100	93
Other Conifer	OC	1	107	100	93	86	79
		2	80	73	66	59	52
		3	74	67	60	53	46
		4	67	60	53	46	39
Red Alder	RA	1	39	32	25	18	11
Cottonwood	BC	1	26	19	12	5	1
Other Hardwoods	OH	1	44	37	30	23	16
Hardwood Utility	HU	5	10	10	10	10	10
Conifer Utility	CU	5	6	6	6	6	6

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Larch.  
<sup>3</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>4</sup> Includes Alaska-cedar.

TABLE 15—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 5  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS  
Stumpage Values per Product Unit

Species Name and Product	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Western Redcedar—Shake Blocks & Boards <sup>1</sup>	RCS	1	\$115	\$109	\$103	\$97	\$91
Western Redcedar Flatsawn & Shingle Blocks <sup>1</sup>	RCF	1	46	40	34	28	22
Western Redcedar & Other Posts <sup>2</sup>	RCP	1	0.31	0.31	0.31	0.31	0.31
Douglas-fir Christmas Trees <sup>3</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25
True fir & Other Christmas Trees <sup>3</sup>	TFX	1	0.50	0.50	0.50	0.50	0.50

<sup>1</sup> Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup> Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup> Stumpage value per lineal foot.

TABLE 16—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 6  
January 1 through June 30, 1986

MERCHANTABLE SAWTIMBER, ALL AGES  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Ponderosa Pine	PP	1	\$151	\$145	\$139	\$133	\$127
		2	91	85	79	73	67
Douglas-fir <sup>2</sup>	DF	1	85	79	73	67	61
Western Hemlock <sup>3</sup>	WH	1	59	53	47	41	35
Engelmann Spruce	ES	1	53	47	41	35	29
Western Redcedar <sup>4</sup>	RC	1	152	146	140	134	128
Western White Pine	WP	1	152	146	140	134	128
Lodgepole Pine	LP	1	48	42	36	30	24
Hardwoods	OH	1	18	12	6	1	1
Utility	CU	5	1	1	1	1	1

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Larch.  
<sup>3</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>4</sup> Includes Alaska-cedar.

TABLE 17—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 6  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS  
Stumpage Values per Product Unit

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Western Redcedar Flatsawn & Shingle Blocks <sup>1</sup>	RCF	1	\$54	\$48	\$42	\$36	\$30
Lodgepole Pine & Other Posts <sup>2</sup>	LPP	1	0.22	0.22	0.22	0.22	0.22
Pine Christmas Trees <sup>3</sup>	PX	1	0.25	0.25	0.25	0.25	0.25
Douglas-fir & Other Christmas Trees <sup>4</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25

<sup>1</sup> Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup> Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup> Stumpage value per lineal foot. Includes Ponderosa Pine, Western White Pine, and Lodgepole Pine.  
<sup>4</sup> Stumpage value per lineal foot.

TABLE 18—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 7  
January 1 through June 30, 1986

MERCHANTABLE SAWTIMBER, ALL AGES  
Stumpage Values per Thousand Board Feet Net Scribner Log Scale<sup>1</sup>

Species Name	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Ponderosa Pine 100	PP	1	\$124	\$118	\$112	\$106	\$
70		2	94	88	82	76	
Douglas-fir <sup>2</sup>	DF	1	71	65	59	53	47
Western Hemlock <sup>3</sup>	WH	1	47	41	35	29	23
Engelmann Spruce	ES	1	47	41	35	29	23
Western Redcedar <sup>4</sup>	RC	1	130	124	118	112	106
Western White Pine	WP	1	130	124	118	112	106
Lodgepole Pine	LP	1	47	41	35	29	23
Hardwoods	OH	1	18	12	6	1	1
Utility	CU	5	2	2	2	2	2

<sup>1</sup> Log scale conversions between Western and Eastern Washington. See conversion method Tables 4 and 5 WAC 458-40-19004.  
<sup>2</sup> Includes Western Larch.  
<sup>3</sup> Includes Western Hemlock, Mountain Hemlock, Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir. Pacific Silver Fir, Noble Fir, Grand Fir, and Subalpine Fir are all commonly referred to as "White Fir."  
<sup>4</sup> Includes Alaska-cedar.

TABLE 19—STUMPAGE VALUE TABLE  
STUMPAGE VALUE AREA 7  
January 1 through June 30, 1986

SPECIAL FOREST PRODUCTS  
Stumpage Values per Product Unit

Species Name and Product	Species Code	Timber Quality Code Number	Hauling Distance Zone Number				
			1	2	3	4	5
Western Redcedar Flatsawn & Shingle Blocks <sup>1</sup>	RCF	1	\$54	\$48	\$42	\$36	\$30
Lodgepole Pine & Other Posts <sup>2</sup>	LPP	1	0.22	0.22	0.22	0.22	0.22
Pine Christmas Trees <sup>3</sup>	PX	1	0.25	0.25	0.25	0.25	0.25
Douglas-fir & Other Christmas Trees <sup>4</sup>	DFX	1	0.25	0.25	0.25	0.25	0.25

<sup>1</sup> Stumpage value per MBF net Scribner scale. See conversion method Table 2 WAC 458-40-19004.  
<sup>2</sup> Stumpage value per 8 lineal feet or portion thereof.  
<sup>3</sup> Stumpage value per lineal foot. Includes Ponderosa Pine, Western White Pine, and Lodgepole Pine.  
<sup>4</sup> Stumpage value per lineal foot.

NEW SECTION

WAC 458-40-18720 HARVESTER ADJUSTMENTS—TABLES FOR JANUARY 1 THROUGH JUNE 30, 1986. In order to make reasonable and adequate allowances for costs of removal and size of logging operation in computation of stumpage value rates as required by chapter 84.33 RCW, the department has prepared tables which allow for adjustments to the stumpage value rates derived from the stumpage value tables of WAC 458-40-18719.

Harvest adjustments relating to harvest volume per acre, logging conditions and average volume per log shall be allowed against the stumpage value rates for the designated harvest types and in the designated stumpage value areas as set forth in the following tables with the following limitations:

- (1) No harvest adjustment shall be allowed against special forest products.
- (2) No harvest adjustment shall be allowed against utility, conifer utility, and hardwood utility.
- (3) Stumpage value rates for conifers and hardwoods shall be adjusted to a value no lower than \$1 per thousand board feet.

Timber harvesters planning to remove timber from areas having damaged timber may apply to the department for adjustment in stumpage value rates. Such applications should contain a map with the legal description of the area from which the timber will be removed, a description of the damage sustained by the timber, and a listing of additional costs incurred. Such applications should be sent to the Department of Revenue AX-02, Forest Tax Division, General Administration Building, Olympia, Washington 98504, before the harvest commences.

In the event the extent of such timber damage or additional costs are not known at the time the application is filed, the harvester may supplement the application when the necessary information is obtained, but in no event later than 90 days following completion of the harvest unit.

Upon application from any person who plans to harvest damaged timber the department will make a determination as to the amount of adjustment to be allowed. The harvester will be notified by the department of the amount of the adjustment. This amount can then be taken as a credit against tax liabilities or if the harvester is no longer harvesting, a refund will be authorized.

The following harvest adjustment tables are hereby adopted for use during the period of January 1 through June 30, 1986:

TABLE 1—HARVEST ADJUSTMENT TABLE  
STUMPAGE VALUE AREAS 1, 2, 3, 4, AND 5  
January 1 through June 30, 1986

OLD GROWTH  
(100 years of age, or older)

Type of Adjustment	Definition	Dollar Adjustment Per Thousand Board Feet Net Scribner Scale
I. Volume per acre		
Class 1	Harvest of more than 40 thousand board feet per acre.	\$0.00
Class 2	Harvest of 15 thousand board feet to 40 thousand board feet per acre.	-\$4.00
Class 3	Harvest of less than 15 thousand board feet per acre.	-\$7.00
II. Logging conditions		
Class 1	Favorable logging conditions and easy road construction. No significant rock outcrops or swamp barriers. Generally flat to gentle slopes under 40%.	\$0.00
Class 2	Average logging conditions and average road construction. Some rock outcrops or swamp barriers. Generally slopes between 40% to 60%.	-\$7.00
Class 3	Difficult logging and road building conditions because of numerous rock outcrops and bluffs. Generally rough, broken ground with slopes in excess of 60%.	-\$16.00
Class 4	For logs which are yarded from stump to landing by helicopter. This does not include special forest products.	-\$99.00
III. Remote island adjustment:		
	For timber harvested from a remote island	-\$50.00

TABLE 2—HARVEST ADJUSTMENT TABLE  
STUMPAGE VALUE AREAS 1, 2, 3, 4, AND 5  
January 1 through June 30, 1986

YOUNG GROWTH OR THINNING  
(less than 100 years of age)

Type of Adjustment	Definition	Dollar Adjustment Per Thousand Board Feet Net Scribner Scale
I. Volume per acre		
Class 1	Harvest of more than 30 thousand board feet per acre.	\$0.00
Class 2	Harvest of 10 thousand board feet to 30 thousand board feet per acre.	-\$2.00
Class 3	Harvest of 5 thousand board feet to but not including 10 thousand board feet per acre.	-\$6.00
Class 4	Harvest of less than 5 thousand board feet per acre.	-\$8.00
II. Logging conditions		
Class 1	Favorable logging conditions and easy road construction. No significant rock outcrops or swamp barriers. Generally flat to gentle slopes under 40%.	\$0.00
Class 2	Average logging conditions and average road construction. Some rock outcrops or swamp barriers. Generally slopes between 40% to 60%.	-\$7.00
Class 3	Difficult logging and road building conditions because of numerous rock outcrops and bluffs. Generally rough, broken ground with slopes in excess of 60%.	-\$16.00
Class 4	For logs which are yarded from stump to landing by helicopter. This does not include special forest products.	-\$99.00
III. Remote island adjustment:		
	For timber harvested from a remote island	-\$50.00

TABLE 2—cont.

Type of Adjustment	Definition	Dollar Adjustment Per Thousand Board Feet Net Scribner Scale
IV. Thinning (see WAC 458-40-18700 (12)(d))		
Class 1	Average log volume of 50 board feet or more.	- \$25.00
Class 2	Average log volume of less than 50 board feet.	- \$35.00

TABLE 3—HARVEST ADJUSTMENT TABLE  
STUMPAGE VALUE AREAS 6 AND 7  
January 1 through June 30, 1986

MERCHANTABLE SAWTIMBER, ALL AGES

Type of Adjustment	Definition	Dollar Adjustment Per Thousand Board Feet Net Scribner Scale
I. Volume per acre		
Class 1	Harvest of more than 8 thousand board feet per acre.	\$0.00
Class 2	Harvest of 3 thousand board feet to 8 thousand board feet per acre.	- \$7.00
Class 3	Harvest of less than 3 thousand board feet per acre.	- \$10.00
II. Logging conditions		
Class 1	Favorable logging conditions and easy road construction. No significant rock outcrops or swamp barriers. Generally flat to gentle slopes under 40%.	\$0.00
Class 2	Average logging conditions and average road construction. Some rock outcrops or swamp barriers. Generally slopes between 40% to 60%.	- \$13.00
Class 3	Difficult logging and road building conditions because of numerous rock outcrops and bluffs. Generally rough, broken ground with slopes in excess of 60%.	- \$26.00
Class 4	For logs which are yarded from stump to landing by helicopter. This does not include special forest products.	- \$109.00
III. Remote island adjustment:		
	For timber harvested from a remote island	- \$50.00
DOMESTIC MARKET ADJUSTMENT:		
Harvest of timber not sold by a competitive bidding process which is prohibited under the authority of state or federal law from foreign export may be eligible for the domestic market adjustment. The adjustment may be applied only to those species of timber which must be processed domestically. According to type of sale, the adjustment may be applied to the following species:		
Federal Timber Sales: All species except Alaska yellow cedar. (Stat. Ref. - 36 CFR 223.10)		
State Timber Sales: Western red cedar only. (Stat. Ref. - 50 USC appendix 2406.1)		
The adjustment amounts shall be as follows:		
Class 1:	All eligible species in Western Washington (SVA's 1 through 5)	- \$13.00 per MBF
Class 2:	All eligible species in Eastern Washington (SVA's 6 through 7)	- \$10.00 per MBF
NOTE: The adjustment will not be allowed on conifer utility, hardwood utility or special forest products.		

WSR 85-22-078

PROPOSED RULES

DEPARTMENT OF LICENSING

(Board of Examiners for Nursing Home Administrators)

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Board of Examiners for Nursing Home Administrators intends to adopt, amend, or repeal rules concerning registration of licenses, WAC 308-54-180;

that the agency will at 1:30 p.m., Monday, December 16, 1985, in the Vance Airport Inn, Cascade Room, 18220 Pacific Highway South, Seattle, WA 98188, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 18.52.100.

The specific statute these rules are intended to implement is RCW 18.52.100.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 14, 1985.

Dated: November 5, 1985

By: Laura R. Alverson  
Executive Secretary

STATEMENT OF PURPOSE

Name of Agency: Washington State Board of Examiners for Nursing Home Administrators.

Purpose of Proposed Rules: To amend WAC 308-54-180's reference to "three years" concerning lapsed licenses to "two years."

Statutory Authority: RCW 18.52.100.

Summary of the Rule: WAC 308-54-180 Registration of licenses.

Reason for Proposed Rule: To recognize the change in RCW 18.52.110 from "three years" to "two years."

Responsible Personnel: The Washington State Board of Examiners for Nursing Home Administrators and the executive secretary for the board have the responsibility for drafting, implementing and enforcing this rule. The executive secretary is Laura Alverson, 1300 Quince Street S.E., Olympia, WA 98504, phone (206) 753-0774 comm, 234-0774 scan.

Proponents of the Proposed Rule: Washington State Board of Examiners for Nursing Home Administrators.

Federal Law or Federal or State Court Requirements: Not necessitated as the result of federal or state court action.

Small Business Economic Impact Statement: Not required since this rule does not impact small businesses as that term is defined in RCW 19.85.020(3).

AMENDATORY SECTION (Amending Order PL 348, filed 7/1/80)

WAC 308-54-180 REGISTRATION OF LICENSES. (1) Every person who holds a valid nursing home administrator's license shall re-register it annually with the director on dates specified by the director by making application for reregistration on forms provided by the director. Such reregistration shall be granted automatically upon receipt of the annual fee, provided, however, that the requirement of continuing education as described in WAC 308-54-150 is fully met.

(2) Any license holder not reregistered within thirty days after the date for reregistration specified by the director, will be charged a penalty fee as set forth in WAC 308-54-310 annually in addition to his annual registration fee. In the event that the license of an individual is not reregistered within ((three)) two years from the most recent date for reregistration, such license shall lapse and the individual must again apply for licensing and meet all the requirements for a new applicant.

**WSR 85-22-079**  
**PROPOSED RULES**  
**DEPARTMENT OF LICENSING**  
**(Veterinary Board of Governors)**  
 [Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Washington State Veterinary Board of Governors intends to adopt, amend, or repeal rules concerning veterinary code of ethics:

Amd	WAC 308-150-009	Emergency treatment.
Rep	WAC 308-150-012	Provision of alternate veterinary services for clients.
New	WAC 308-150-013	Emergency services.
New	WAC 308-150-014	Honesty, integrity and fair dealing.

that the agency will at 7:00 p.m., Tuesday, December 10, 1985, in the Vance Airport Inn, Seattle Room, 18220 Pacific Highway South, Seattle, WA, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is RCW 18.92.030.

The specific statute these rules are intended to implement is RCW 18.92.030.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 10, 1985.

Dated: November 5, 1985  
 By: Yvonne Braeme  
 Executive Secretary

#### STATEMENT OF PURPOSE

Name of Agency: Washington State Veterinary Board of Governors.

Purpose of Proposed Rules: To amend, adopt and repeal rules relating to emergency care of animals of unknown ownership; emergency services; honesty, integrity and fair dealing; and the provision of alternative veterinary services for clients.

Statutory Authority: RCW 18.92.030.

Summary of the Rules: WAC 308-150-009 Emergency treatment; 308-150-012 Provision of alternate veterinary services for clients; 308-150-013 Emergency services; and 308-150-014 Honesty, integrity and fair dealing.

Reason for Proposed Rules: To clarify the rule related to the care of animals presented in emergency situations; to adopt a rule concerning the provision of emergency services; to adopt a rule regarding honesty, integrity and

fair dealing in the practice of veterinary medicine; and to repeal a rule relating to the provision of alternate veterinary services for clients.

Responsible Personnel: The Washington State Veterinary Board of Governors and the executive secretary for the board have the responsibility for drafting, implementing and enforcing these rules. The executive secretary is Yvonne Braeme, 1300 Quince Street S.E., Olympia, WA 98504, phone (206) 753-3576 comm, 234-3576 scan.

Proponents of the Proposed Rules: Washington State Veterinary Board of Governors.

Federal Law or Federal or State Court Requirements: Not necessitated as the result of federal or state court action.

Small Business Economic Impact Statement: Not required and not provided in that these rules do not impact small businesses as that term is defined in RCW 19.85.020.

Chapter 308-150 WAC  
**VETERINARY BOARD OF GOVERNORS — VETERINARY  
 CODE OF PROFESSIONAL CONDUCT/ETHICS**

AMENDATORY SECTION (Amending Order PL 351, filed 7/23/80)

WAC 308-150-009 EMERGENCY ((TREATMENT)) CARE OF ANIMALS OF UNKNOWN OWNERSHIP. The veterinarian shall endeavor to provide at least minimal treatment to alleviate the suffering of an animal presented in ((instances where no services have been requested or authorized, if the animal is presented to the veterinarian's clinic or facility during posted office hours)) the absence of the owner or his agent. ((After-hours emergency treatment is encouraged, but may be accepted or rejected by the veterinarian as determined by his or her professional judgment.))

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

NEW SECTION

WAC 308-150-013 EMERGENCY SERVICES. Emergency service shall be provided at all times. This requirement does not mean that a veterinary medical facility must be open to the public at all times but that the provision of professional services must be accomplished by appropriate means such as the assignment of staff or cooperation between practices or the after-hours emergency veterinary medical facility serving the area. In the absence of an emergency veterinary medical facility serving the area, the phone shall be answered at all times so that inquirers can be told if the veterinarian is available and, if not, where alternative emergency service is available.

NEW SECTION

WAC 308-150-014 HONESTY, INTEGRITY AND FAIR DEALING. A veterinarian shall conduct his/her practice on the highest plane of honesty, integrity and fair dealing with his/her clients in time and services rendered, and in the amount charged for services, facilities, appliances and drugs. It is unprofessional and unethical for a veterinarian to attempt to mislead or deceive a client or to make untruthful statements or representations to a client.

REPEALER

The following section of the Washington Administrative Code is repealed:  
 WAC 308-150-012 Provision of alternate veterinary services for clients.

**WSR 85-22-080**  
**ADOPTED RULES**  
**DEPARTMENT OF LICENSING**  
 [Order 85-2—Filed November 6, 1985]

I, Theresa Anna Aragon, director of the Washington State Department of Licensing, do promulgate and adopt at Olympia, Washington, the annexed rules relating to Appointment of director—Agency documents, amending WAC 308-04-001.

This action is taken pursuant to Notice No. WSR 85-19-035 filed with the code reviser on September 12, 1985. These rules shall take effect thirty days after they are filed with the code reviser pursuant to RCW 34.04.040(2).

This rule is promulgated under the general rule-making authority of the Director of Licensing as authorized in RCW 43.17.060.

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

APPROVED AND ADOPTED November 1, 1985.

By Theresa Anna Aragon  
 Director

**AMENDATORY SECTION** (Amending Order DOL 622, filed 3/16/81)

WAC 308-04-001 APPOINTMENT OF DIRECTOR—AGENCY DOCUMENTS. ((John Gonsalez)) Theresa Anna Aragon was appointed director of the department of licensing on January ((14, 1981)) 16, 1985. All documents issued after that date in the name of the director in the disposition and performance of the official business of the department of licensing shall be considered to have been issued by ((him)) her or at ((his)) her direction whether ((his)) her name, or the name of the former director, appears on the document.

This rule is adopted to ratify the use of thousands of forms now in the department's inventory which have been preprinted with the ((name of the)) former director's name, the replacement of which would result in the unnecessary expenditure of state funds.

**WSR 85-22-081**  
**PROPOSED RULES**  
**DEPARTMENT OF**  
**LABOR AND INDUSTRIES**  
 [Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 34.04.025, that the Department of Labor and Industries intends to adopt, amend, or repeal rules concerning rules and fee schedule governing payment to doctors and other health care vendors rendering service to injured workers;

that the agency will at 9:00 a.m., Tuesday, December 10, 1985, in the Conference Room, First Floor, General

Administration Building, Olympia, Washington, conduct a public hearing on the proposed rules.

The formal decision regarding adoption, amendment, or repeal of the rules will take place on December 16, 1985.

The authority under which these rules are proposed is RCW 51.04.020(4) and 51.04.030.

Interested persons may submit data, views, or arguments to this agency in writing to be received by this agency before December 10, 1985.

The agency reserves the right to modify the text of these proposed rules prior to the public hearing thereon or in response to written or oral comments thereon received prior to or during the public hearing.

Written and/or oral submissions may also contain data, views, and arguments concerning the effect of the proposed rules or amendments of rules on economic values pursuant to chapter 43.21H RCW.

Correspondence relating to this notice and proposed rules attached should be addressed to:

Mr. Richard A. Davis, Director  
 Department of Labor and Industries  
 General Administration Building  
 Olympia, Washington 98504

Dated: November 6, 1985

By: Richard A. Davis  
 Director

**STATEMENT OF PURPOSE**

The proposals for rule changes, which follow amend portions of chapters 296-20, 296-21, 296-22 and 296-23 WAC. These chapters pertain to rules and fees for treatment and vocational services provided to injured workers.

The purpose of these proposed rules is to make the following substantive changes in Title 296 WAC as previously enacted: Revise treatment rules and fee schedule pertaining to reimbursement of health care practitioners and other vendors for service on worker's compensation claims.

Statutory Authority: RCW 51.04.020(4) and 51.04.030.

In Summary, the Following Changes are Accomplished by the Proposed Rules: Some diagnostic and treatment procedure numbers have been added or otherwise modified to reflect current procedural terminology. WAC 296-23-940 through 296-23-9410 are being repealed pursuant to adoption of WAC 296-18-420 through 296-18-520.

Agency Personnel Responsible for Drafting: Loris Jenkins, Linda Randall and Mary Jo Mathies; Implementation and Enforcement: Allen Ziegler and other industrial insurance division personnel.

These rule changes are proposed by the Department of Labor and Industries, an agency of the state of Washington.

The proposing agency has no comments regarding statutory language, implementation, enforcement or fiscal matters beyond those appearing above.

These rules are not necessitated by any federal law or federal or state court action.

The department has considered whether these rules are subject to the Regulatory Fairness Act, (chapter 6, Laws of 1982) and has determined that they are not for the following reason: There is no unfavorable economic impact for small business, because there is no fiscal impact resulting from these rules.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-20-010 GENERAL INFORMATION. (1) The following rules and fees are promulgated pursuant to RCW 51.04.020. This fee schedule is intended to cover all services for accepted industrial insurance claims. All fees listed are the maximum fees allowable. IF A FEE FOR ANY PARTICULAR SERVICE IS LOWER TO THE GENERAL PUBLIC THAN LISTED IN THE FEE SCHEDULE, THE PRACTITIONER SHALL BILL THE DEPARTMENT OR SELF-INSURER AT THE LOWER RATE.

(2) The rules contained in the introductory section pertain to all practitioners regardless of specialty area or limitation of practice. Additional rules pertaining to specialty areas will be found in the appropriate section.

(3) The maximum allowable fee for a procedure is determined by multiplying the unit value of a procedure by the appropriate conversion factor, per the conversion factor tables listed in WAC 296-20-135 to 296-20-155.

(4) Initial and follow-up visit charges by practitioners include routine examinations, physical modalities, injections, minor procedures, etc., not otherwise provided for in this schedule. No fee is payable for missed appointments unless the appointment is for an examination arranged by the department or self-insurer.

(5) When a claim has been accepted by the department or self-insurer, no provider or his/her representative may bill the worker for the difference between the allowable fee and his usual and customary charge. Nor can the worker be charged a fee, either for interest or completion of forms, related to services rendered for the industrial injury or condition.

(6) When an injured worker is being treated concurrently for an unrelated condition the fee allowable for the service(s) rendered must be shared equally between the payors.

(7) Correspondence: ~~((A#))~~ Correspondence ~~((and billings))~~ pertaining to state fund and department of energy claims should be sent ~~((directly))~~ to Department of Labor and Industries, ~~((General))~~ Claims Administration ~~((Building))~~, MS: HC-241, Olympia, Washington 98504. Accident reports should be sent to Department of Labor and Industries, P.O. Box 9001, Olympia, Washington 98504-9001. Billings should be sent to Department of Labor and Industries, P.O. Box 9002, Olympia, Washington 98504-9002. State fund claims have six digit numbers preceded by ((an alpha)) a letter other than "S," "T," or "V."

Department of energy claims have seven digit numbers with no ~~((alpha))~~ letter prefix.

All correspondence and billings pertaining to crime victims claims should be sent to Crime Victims Division, Department of Labor and Industries, ~~((General Administration Building))~~ 925 Plum Street, MS: HC-720, Olympia, Washington 98504.

Crime victim claims have six digit numbers preceded by a "V."

All correspondence and billings pertaining to self-insured claims should be sent directly to the employer or his service representative as the case may be. A listing of self-insured employers and service representatives can be found in Appendix B.

Self-insured claims are six digit numbers preceded by ~~((an))~~ a "S," or "T."

Communications to the department or self-insurer must show the patient's full name and claim number ~~((if known))~~. If the claim number is ~~((unknown))~~ unavailable, providers should contact the department or self-insurer for the number, indicating the patient's name, Social Security number, the date and the nature of the injury, and the employer's name ((must be indicated)). A communication should refer to one claim only. Correspondence must be legible and reproducible, as department records are microfilmed. Correspondence regarding specific claim matters should be sent directly to the department in Olympia or self-insurer in order to avoid rehandling by the service location.

~~((7))~~ (8) APPENDIX C is a listing of the department's various local service locations. These facilities should be utilized by providers to obtain information, supplies, or assistance in dealing with matters pertaining to industrial injuries.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-015 WHO MAY TREAT. All licensed practitioners except those under suspension by the department, are eligible to treat injured workers entitled to benefits under the industrial insurance law. Only that treatment which falls within the scope and field of the practitioner's license to practice will be allowed as treatment to an injured worker.

Para-professionals, who are not independently licensed, must practice under the direct supervision of a licensed health care professional whose scope of practice and specialty training includes the service provided by the para-professional.

Procedures and evaluations requiring specialized skills and knowledge will be limited to board certified or board qualified physicians, as specified by the American Medical Association or the American Osteopathic Association.

No practitioner shall be formally refused permission to treat cases coming under the jurisdiction of the department, except for reasons that are, in the opinion of the department, to the best interest of the workers and the funds created for their protection.

Reasons for holding a practitioner ineligible to treat industrial insurance cases include, but are not necessarily limited to any one or a combination of the following:

(1) Failure, neglect or refusal to submit complete, adequate and detailed reports.

(2) Failure, neglect or refusal to respond to requests by the department for additional reports.

(3) Failure, neglect or refusal to observe and comply with the department's orders and medical aid rules.

(4) Persistent failure to notify the department immediately and prior to burial in any death where the cause of death is not definitely known or where there is question of death being due to an industrial injury.

(5) Persistent failure to recognize emotional and social factors impeding recovery of injured workers.

(6) Persistent unreasonable refusal to comply with the recommendations of board certified or qualified specialists who have examined the worker.

(7) Submission of false or misleading reports to the department.

(8) Collusion with any other persons in submission of false or misleading information to the department.

(9) Submission of inaccurate or misleading billings.

(10) Persistent submission of false or erroneous diagnosis.

(11) Knowingly submitting bills to an injured worker for treatment of an industrial condition for which the department has accepted responsibility.

(12) Persistent use of:

(a) Treatment of controversial or experimental nature;

(b) Contraindicated or hazardous treatment measures;

(c) Continuation of treatment measures past stabilization of the industrial condition or after maximum improvement has been obtained;

(d) Nonspecific treatment measures;

(e) Treatment terminating in unsatisfactory results.

(13) Charging or attempting to charge industrially injured workers fees in addition to the fee paid by the department or self-insurer for care of the industrial injury or billing for difference between the maximum allowable fee set forth in this schedule and usual and customary charges.

(14) Conviction in any court of any offense involving moral turpitude, in which case the record of such conviction shall be conclusive evidence.

(15) The use or prescription for use, of narcotic, addictive, habituating or dependency inducing drugs in any way other than for therapeutic purposes.

(16) Repeated acts of gross misconduct in the practice of the profession.

(17) Declaration of mental incompetency by a court of competent jurisdiction.

(18) The finding of any peer group disciplinary board of reason to suspend or revoke a practitioner's practice privilege temporarily or permanently.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-020 ACCEPTANCE OF RULES AND FEES. The filing of an accident report or the rendering of treatment to an injured worker who comes under the department's or self-insurer's jurisdiction, as the case may be, constitutes acceptance of the department's medical aid rules and compliance with its rules and fees.

In accordance with RCW 51.28.020 of the industrial insurance law, when a doctor renders treatment to an injured worker entitled to benefits under the law, "it shall be the duty of the physician to inform the injured worker of his rights under this title and to lend all necessary assistance in making the application for compensation and such proof of other matters as required by the rules of the department without charge to the worker," an injured worker shall not be billed for treatment rendered for his accepted industrial injury or occupational disease.

The department or self-insurer must be notified immediately, when an unrelated condition is being treated concurrently with an industrial injury. See WAC 296-20-055 for specific information required.

When there is questionable eligibility, (i.e., service is not usually allowed for industrial injuries or investigation is pending, etc.) the provider may require the worker to pay for the treatment rendered.

In cases of questionable ((beneficiary)) eligibility where the provider has billed the injured worker or other insurance, and the claim is subsequently allowed, the provider shall refund the injured worker or insurer in full and bill the department or self-insurer for services rendered at fee schedule rates using billing instructions outlined in WAC 296-20-125.

Cases in which there is a question of medical ethics or quality of medical care, will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries for recommendations.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-02001 PENALTIES. RCW 51.48.060 of the industrial insurance law provides that a civil penalty of \$100.00 each day may be assessed against any doctor who: ". . . fails, neglects or refuses to file a report with the director, as required by this title, within five days of treatment showing the condition of the injured worker at the time of treatment, a description of the treatment given, and an estimate of the probable duration of the injury, or who fails or refuses to render all necessary assistance to the injured worker, as required by this title, . . ."

RCW 51.48.080 of the industrial insurance law provides that, "Every person, firm or corporation who violates or fails to obey, observe or comply with any rule of the department promulgated under authority of this title, shall be subject to a penalty of not to exceed two hundred and fifty dollars."

NEW SECTION

WAC 296-20-023 THIRD PARTY SETTLEMENT—EXCESS RECOVERIES. In cases where a third party settlement has been made resulting in an excess recovery subject to offset from the injured worker's future benefits or compensation due, the department or self-insurer is not liable for payment for services rendered by providers. The injured worker should be treated and billed in accordance with the rules and instructions contained in chapters 296-20 through 296-23 WAC. When bills are processed against the amount of the excess recovery, the department will notify the provider on the remittance advice. The department or self-insurer will resume financial responsibility to or on behalf of the injured worker when the amount of such excess has been reduced to zero.

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-025 INITIAL TREATMENT AND REPORT OF ACCIDENT. It is the responsibility of the worker to notify the practitioner when the worker has reason to believe his injury or condition is industrial in nature. Conversely, if the attending doctor discovers a condition which he believes to be work related or has reason to believe an injury is work related, he must so notify the worker. Once such determination is made by either the claimant or the attending doctor, a report of accident must be filed.

Failure to comply with this responsibility can result in penalties as outlined in WAC 296-20-02001.

It is the practitioner's responsibility to ascertain whether he is the first attending practitioner. If so, he will take the following action:

- (1) Give emergency treatment.
- (2) Immediately complete and forward the report of accident, to the department and the employer or self-insurer. Instruct and give assistance to the injured worker in completing his portion of the report of accident. In filing a claim, the following information is necessary so there is no delay in adjudication of the claim or payment of compensation.
  - (a) Complete history of the industrial accident or exposure.
  - (b) Complete listing of positive physical findings.
  - (c) Specific diagnosis with ICD-9-CM code(s) and narrative definition relating to the injury.
  - (d) Type of treatment rendered.
  - (e) Known medical, emotional or social conditions which may influence recovery or cause complications.
  - (f) Estimate time loss due to the injury.

(3) If the patient remains under his care continue with necessary treatment in accordance with medical aid rules. If the practitioner is not the original attending doctor, he should question the injured worker to determine whether a report of accident has been filed for the injury or condition. If no report of accident has been filed, it should be completed immediately and forwarded to the department or self-insurer, as the case may be, with information as to the name and address of original practitioner if known, so that he/she may be contacted for information if necessary.

If a report of accident has been filed, it is necessary to have the worker complete a request for transfer as outlined in WAC 296-20-065, if the worker and practitioner agree that a change in attending doctor is desirable.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-20-030 TREATMENT NOT REQUIRING AUTHORIZATION FOR ACCEPTED CONDITIONS. (1) A maximum of twenty office calls for the treatment of the industrial condition, during the first sixty days, following injury. Subsequent office calls must be authorized. Reports of treatment rendered must be filed at sixty day intervals to include number of office visits to date. See WAC 296-20-03001 for report requirements and further information.

(2) Initial diagnostic x-rays necessary for evaluation and treatment of the industrial injury or condition. See WAC 296-20-121 for further information.

(3) The first twelve physical therapy treatments as provided by WAC 296-23-710 and 296-21-095, upon ((written prescription)) consultation by the attending doctor or under his direct supervision. Additional physical therapy treatment must be authorized and the request substantiated by evidence of improvement. In no case will the department or self-insurer pay for inpatient hospitalization of a claimant to receive physical therapy treatment only. USE OF DIAPULSE, THERMATIC (standard model only), SPECTROWAVE AND SUPERPULSE MACHINES AND IONTOPHORESIS IS NOT AUTHORIZED FOR WORKERS ENTITLED TO BENEFITS UNDER THE INDUSTRIAL INSURANCE ACT.

(4) Routine laboratory studies reasonably necessary for diagnosis and/or treatment of the industrial condition. Other special laboratory studies require authorization.

(5) Routine standard treatment measures rendered on an emergency basis or in connection with minor injuries not otherwise requiring authorization.

(6) Consultation with specialist when indicated. See WAC 296-20-051 for consultation guidelines.

(7) Nonscheduled drugs and medications during the acute phase of treatment for the industrial injury or condition.

(8) Scheduled drugs and other medications known to be addictive, habit forming or dependency inducing may be prescribed in quantities sufficient for treatment for a maximum of ((fifteen)) twenty-one days. If drug therapy extends beyond thirty days, see WAC 296-20-03003 regarding management.

(9) Injectable scheduled and other drugs known to be addictive, habit forming, or dependency inducing may be provided only on an inpatient basis. Hospital admission for administration of drugs ((provision)) for relief of chronic pain only will not be allowed.

(10) Diagnostic or therapeutic nerve blocks. See WAC 296-20-03001 for restrictions.

(11) Intra-articular injections. See WAC 296-20-03001 for restrictions.

(12) Myelogram if prior to emergency surgery.

#### AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-20-03001 TREATMENT REQUIRING AUTHORIZATION. Certain treatment procedures require authorization by the department or self-insurer. Requests for authorization must include a statement of: The condition(s) diagnosed; ICD-9-CM codes; their relationship, if any, to the industrial injury/exposure; an outline of the proposed treatment program, its length and components, and expected prognosis; and an estimate of when treatment would be concluded and condition stable.

(1) Office calls in excess of the first twenty visits or sixty days whichever occurs first.

(2) All nonemergent major surgery must be authorized prior to surgery date. Some surgical procedures require concurring opinions prior to authorization. (See WAC 296-20-045 for details.)

(3) X-ray and radium therapy.

(4) Diagnostic studies other than routine x-ray and blood or urinalysis laboratory studies.

(5) Myelogram and discogram in nonemergent cases.

(6) Physical therapy treatment beyond initial twelve treatments as outlined in WAC 296-21-095 and 296-23-710.

(7) Diagnostic or therapeutic injection. Epidural or caudal injection of substances other than anesthetic or contrast solution will be authorized under the following conditions only:

(a) When the worker has experienced acute low back pain or acute exacerbation of chronic low back pain of no more than six months duration.

(b) The worker will receive no more than three injections in an initial thirty-day treatment period, followed by a thirty-day evaluation period. If significant pain relief is demonstrated one additional series of three injections will be authorized. No more than six injections will be authorized per acute episode.

(8) Home nursing or convalescent center care must be authorized per provision outlined in WAC 296-20-091.

(9) Provision of prosthetics, orthotics, surgical appliances, special equipment for home or transportation vehicle; custom made shoes for ankle/foot injuries resulting in permanent deformity or malfunction of a foot; TNS units; masking devices; hearing aids; etc., must be authorized in advance as per WAC 296-20-1101 and 296-20-1102.

(10) Biofeedback program; pain clinic; weight loss program; psychotherapy; rehabilitation programs; and other programs designed to treat special problems must be authorized in advance. See WAC 296-21-0501 and 296-20-0502 for details.

(11) Prescription or injection of vitamins for specific therapeutic treatment of the industrial condition(s) when the attending doctor can demonstrate that published clinical studies indicate vitamin therapy is the treatment of choice for the condition. Authorization for this treatment will require presentation of facts to and review by department medical consultant.

(12) Injections of anesthetic and/or antiinflammatory agents into the vertebral facet joints will be authorized to qualified specialists in orthopedics, neurology, and anesthesia, or other physicians who can demonstrate expertise in the procedure, AND who can provide certification their hospital privileges include the procedure requested under the following conditions:

(a) Rationale for procedure, treatment plan, and request for authorization must be presented in writing to the ((supervisor of medical services)) department or self-insurer.

(b) Procedure must be performed in an accredited hospital under radiographic control.

(c) Not more than four facet injection procedures will be authorized in any one patient.

(13) The long term prescription of medication under the specific conditions and circumstances in (a) and (b) are considered corrective therapy rather than palliative treatment and approval in advance must be obtained.

(a) Nonsteroidal antiinflammatory agents for the treatment of degenerative joint conditions aggravated by occupational injury.

(b) Anticonvulsive agents for the treatment of seizure disorders caused by trauma.

(14) Intra-muscular and trigger point injections of steroids and other nonscheduled medications are limited to three injections per patient. The attending doctor must submit justification for an additional three

injections if indicated with a maximum of six injections to be authorized for any one patient.

#### AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-20-03002 TREATMENT NOT AUTHORIZED. The department or self-insurer will not allow nor pay for following treatment:

(1) USE OF DIAPULSE, THERMATIC (standard model only), SPECTRO-WAVE AND SUPERPULSE MACHINES ON WORKERS ENTITLED TO BENEFITS UNDER THE INDUSTRIAL INSURANCE ACT.

(2) Iontophoresis; prolotherapy; acupuncture; injections of colchicine; injections of fibrosing or sclerosing agents; and injections of substances other than anesthetic or contrast into the subarachnoid space (intra-thecal injections).

(3) ((Prescription and/or injection of vitamins)) Treatment to improve or maintain general health (i.e., prescriptions and/or injection of vitamins or referrals to special programs such as health spas, swim programs, exercise programs, athletic-fitness clubs, diet programs, social counseling).

(4) Continued treatment beyond stabilization of the industrial condition(s), i.e., maintenance care, except where necessary to monitor prescription of medication necessary to maintain stabilization i.e., anti-convulsive, anti-spasmodic, etc.

(5) After consultation and advice to the department or self-insurer, any treatment measure deemed to be dangerous or inappropriate for the injured worker in question.

(6) Treatment measures of an unusual, controversial, obsolete, or experimental nature (see WAC 296-20-045). Under certain conditions, treatment in this category may be approved by the department or self-insurer. Approval must be obtained prior to treatment. Requests must contain a description of the treatment, reason for the request with benefits and results expected.

#### AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-20-03003 DRUGS AND MEDICATION. (1) GENERAL PRINCIPLES. There has been a significant increase in the incidence of drug dependence in workers covered under the industrial insurance program of this state. The industrial insurance committee of the Washington state medical association has recommended that the medical aid rules should contain reasonable and appropriate guidelines for the prescription of controlled substances, psychotropics, and injectables with the intent to improve prescribing practices and the general level of medical care for claimants.

The physician's record should include the reason for the medication, the dosage and the amount prescribed. With repeated prescriptions, the record should make clear the plan and the need for continuing medication.

Because of the dangers inherent in prescriptions for large amounts of psychotropic drugs, the following rules will set forth guidelines for the prescription of psychotropic drugs and benzodiazepines.

(2) COVERAGE. Prescriptions are to be written only for injuries and diseases accepted under the claim.

(3) INITIAL RX-ALL MEDICATION. Initial prescription of medication shall be for quantities sufficient for twenty-one days or less. Refills shall be in ((accord)) accordance with the physician's treatment plan and the additional rules which follow.

(4) OTC DRUGS OVER-THE-COUNTER. Prescriptions for the over-the-counter items may be ((written on the department forms)) paid. Special compounding fees for over-the-counter items ((will)) are not ((be paid)) payable.

(5) PENSION CASES. The industrial insurance statute prohibits department or self-insurer payment for controlled substances for claimants on pension. Payment for other medications for pensioners is dependent upon a special order on the individual claim.

(6) CONTROLLED SUBSTANCES AND OTHER ANALGESICS. Prescriptions for controlled substances may not be for quantities for more than twenty-one days. Refills of prescriptions for controlled substances will be contingent upon the attending physician's reevaluation of the claimant. Directions should be on time contingent rather than a PRN basis.

Schedule II substances and other analgesics (including but not limited to Stadol, Nubaine, etc.), may be used to relieve pain during hospitalization and the acute stage of an injury or illness. The prescription of the above beyond reasonable recovery periods, or for chronic pain, pain behavior or suffering is prohibited. Injectable narcotics or

analgesics are not permitted or paid in the outpatient setting except an emergency basis.

(7) **METHADONE FOR NARCOTIC MAINTENANCE OR WITHDRAWAL.** Prescriptions for Methadone or "pain cocktails" containing Methadone for narcotic addiction, maintenance or detoxification are prohibited by Federal Public Law 93-281. Methadone for withdrawal purposes may be dispensed only by agencies licensed by the drug enforcement administration. Those agencies in the state of Washington are:

Veteran's Administration Hospital (Seattle);  
Evergreen Treatment Center (Seattle);  
Center for Addiction Services (Seattle);  
Therapeutic Health Services (Seattle);  
Tacoma Pierce County Health Service (Tacoma);  
Mid-Columbia Mental Health (Pasco);  
Central Washington Mental Health (Yakima); and  
Youth Help Association (Spokane).

The department is required to notify the drug enforcement administration when Methadone is prescribed for detoxification purposes by persons other than agencies licensed by the drug enforcement administration.

(8) **NONSTEROIDAL ANTI-INFLAMMATORY AGENTS.** Prescriptions for anti-inflammatory agents are exempt from the rule prohibiting palliative treatment. Nonsteroidal anti-inflammatory agents may be prescribed if high dose enteric coated aspirin trial is unsuccessful.

Prescriptions for ulcer medications such as H<sub>2</sub> blockers (Tagamet and Zantac) and ulcer adherent complexes (Carafate) written on a prophylactic basis in connection with prescriptions for analgesic, anti-inflammatory, and steroidal agents may be allowed when:

- (a) Peptic ulcer disease has been documented; or
- (b) Intensive treatment with steroidal agents is being utilized; or
- (c) The physician certifies that prescription with meals or with an alternative NSAID has failed to control the abdominal distress.

(9) **SEDATIVES.** Sedatives including but not limited to short acting barbiturates such as Seconal or Nembutal, and nonbarbiturate sedatives such as Noctec and Dalmane are prohibited and will not be paid during the chronic stage of any occupational injury or illness. Doriden (Glutethimide) and Quaalude (Methaqualone) are prohibited and will not be paid at any time.

(10) **ANTICONSULSANTS FOR CHRONIC PAIN.** Anticonvulsants including but not limited to Dilantin and Tegretol, may be prescribed on a trial basis for chronic pain if all of the precautions regarding their use are observed. Long-term prescription of anticonvulsants may be allowed if concurring opinion is obtained from a physician with special training in the pain field.

(11) **PSYCHOTROPICS.** Because of the dangers inherent, prescriptions for psychotropic drugs such as Phenothiazines, butyrophenones, tri- or quadricyclic antidepressants must be in compliance with published indications, contraindications, precautions, and warnings. Prescriptions should not exceed a lethal dose (for example maximum of one hundred 50 mg. tablets of Amitriptyline (Elavil)).

(12) **BENZODIAZEPINES.** Prescriptions for Benzodiazepines including but not limited to Valium, Tranxene, Serax, Librium, etc., are limited to the following types of patients: Hospitalized patients, claimants with accepted psychiatric disorders, and to outpatients for not more than twenty-one days.

(13) **RX FOR NONRELATED.** The department or self-insurer may consider temporary coverage of conditions not related to the industrial injury when such conditions are retarding recovery. However, prescriptions for treatment of such conditions must have prior authorization per WAC 296-20-055.

(14) **INJECTABLES.** Prescriptions for injectable narcotics, sedatives, analgesics, antihistamines, tranquilizers, psychotropics, vitamins, minerals, food supplements, and hormones (except Insulin and Heparin) are not covered. Such drugs may be administered for inpatients or during emergency treatment of a life-threatening condition/injury or during outpatient treatment of burns or fractures when needed for dressing or cast changes. They may not be administered for chronic pain. Prescriptions for syringes and needles are prohibited and will not be paid except for Insulin and Heparin.

(15) **GENERIC DRUGS.** Prescriptions are to be written for generic drugs only unless the patient cannot tolerate substitution. Pharmacists are instructed to fill with generic drugs unless the attending physician specifically indicates substitution is not permitted.

(16) **PROVIDER NUMBER.** Prescriptions for department claims must include the department assigned provider ((billing numbers)) account number of the prescribing physician and legible physician signature.

~~((A rubber stamp is provided free for all billings as well as prescriber identification:))~~

(17) The department realizes that management of chronic pain cases is most difficult subjecting the physician to extreme pressures. With this in mind, the following guidelines are suggested with the intent that they will help the doctor cope with the pressures and assist in the management of these difficult cases:

- (a) Keep a drug summary on all claimants.
- (b) Determine if pain complaints are consistent with the amount of injury.
- (c) Write specific instructions for the use of sedatives and analgesics.
- (d) Treat the natural depression in injured workers properly, avoiding tranquilizers, and sedatives which increase depression.
- (e) Evaluate recovery time frequently, and allow patient to regain self-esteem by returning to work.
- (f) If a patient is requiring these drugs in amounts sufficient to cause concern about habituation or addiction or for longer than sixty days, the attending physician should:
  - (i) Revise the treatment plan and withdraw the drugs.
  - (ii) If unable to treat addiction or habituation himself, refer the patient to a physician or an institution experienced in drug withdrawal.
  - (iii) If (i) and (ii) are not acceptable or appropriate, obtain unbiased concurring opinion, and justify an alternate course in writing to the department of labor and industries or self-insurer and the Federal Drug Enforcement Administration.

(18) The department or self-insurer will inform the attending physician when it is concerned about the amount of these drugs the patient is receiving and will provide information regarding physicians and institutions experienced in drug withdrawal.

(19) As per RCW 51.36.010, when a worker is placed on pension the department cannot pay for Schedule I, II, III or IV substances.

(20) Physician failure to reduce or terminate prescription of controlled substances, habit forming or addicting medications, or dependency inducing medications, after department or self-insurer request to do so for an injured worker may result in a transfer of the worker to another physician of the worker's choice. Refusal of the worker to select another doctor can result in department or self-insurer selection of new attending doctor. (See WAC 296-20-065 regarding transfer.)

(21) Should the attending doctor or the injured worker refuse to comply with the department or self-insurer request to discontinue certain medications, the department or self-insurer, after providing adequate prior notice to the worker, doctor, and pharmacy/s involved, may discontinue payment for the medication.

#### AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-20-035 **TREATMENT IN CASES THAT REMAIN OPEN BEYOND SIXTY DAYS.** Conditions requiring treatment beyond sixty days are indicative of a major industrial condition or complication by other conditions. Except in cases of severe and extensive injuries, i.e., quadriplegia, paraplegia, multiple fractures, etc., when the injured worker requires treatment beyond sixty days following injury, a complete examination is necessary to determine and/or establish need for continued treatment and/or payment of time loss compensation. This may be accomplished either by the attending doctor or a consultation exam. In either case, a detailed exam report must be provided to the department or self-insurer. The following information is required. Additional information may be included or requested.

- (1) Attending doctor report.
  - (a) The condition(s) diagnosed including ICD-9-CM codes and the objective and subjective findings.
  - (b) Their relationship, if any, to the industrial injury or exposure.
  - (c) Outline of proposed treatment program, its length, components, and expected prognosis including an estimate of when treatment should be concluded and condition(s) stable. An estimated return to work date should be included. The probability, if any, of permanent partial disability resulting from industrial conditions should be noted.
  - (d) If the worker has not returned to work, the attending doctor should indicate whether he feels vocational assessment will be necessary to evaluate the worker's ability to return to work and why.
  - (e) If the claimant has not returned to work, a physical capacities evaluation should be included with the report. The physical capacities evaluation may be completed by an occupational therapist or a registered physical therapist.

(2) Consultation exam.

(a) A DETAILED HISTORY TO ESTABLISH:

- (i) The type and severity of the industrial injury or occupational disease.
- (ii) The patient's previous physical and mental health.
- (iii) Any social and emotional factors which may effect recovery.
- (b) A COMPARISON HISTORY between history provided by attending doctor and injured worker, must be provided with exam.
- (c) A DETAILED PHYSICAL EXAMINATION concerning all systems affected by the industrial accident.
- (d) A GENERAL PHYSICAL EXAMINATION sufficient to demonstrate any preexisting impairments of function or concurrent condition.
- (e) A COMPLETE DIAGNOSIS OF ALL PATHOLOGICAL CONDITIONS INCLUDING ICD-9-CM CODES FOUND TO BE LISTED:
- (i) Due solely to injury.
- (ii) Preexisting condition aggravated by the injury and the extent of aggravation.
- (iii) Other medical conditions neither related to nor aggravated by the injury but which may retard recovery.
- (iv) Coexisting disease (arthritis, congenital deformities, heart disease, etc.).
- (f) CONCLUSIONS MUST INCLUDE:
- (i) Type treatment recommended for each pathological condition and the probable duration of treatment.
- (ii) Expected degree of recovery from the industrial condition.
- (iii) Probability, if any, of permanent disability resulting from the industrial condition.
- (iv) Probability of returning to work.
- (g) REPORTS OF NECESSARY, REASONABLE X-RAY AND LABORATORY STUDIES TO establish or confirm the diagnosis when indicated.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-045 PROCEDURES REQUIRING CONSULTATION. In the event of complication, controversy, or dispute over the treatment aspects of any claim, the department or self-insurer will not authorize treatment until the attending doctor has arranged a consultation with a qualified doctor with experience and expertise on the subject, and the department or self-insurer has received notification of the findings and recommendations of the consultant. The attending doctor must provide the names of three consultants qualified to the injured worker to select for the consultation.

This consultation must be arranged in accordance with WAC 296-20-051.

Consultations are also required in the following situations:

- (1) All nonemergent neck and back surgery.
- (2) All repeat nonemergent major surgery, except inguinal hernia.
- (3) All nonemergent major surgery on a patient with serious medical, emotional or social problems which are likely to complicate recovery.
- (4) All procedures of a controversial nature or type not in common use for the specific condition.
- (5) Surgical cases where there are complications or unfavorable circumstances such as age, preexisting conditions or interference with occupational requirements, etc.
- (6) Conservative or chiropractic care extending past one hundred twenty days following initial visit. Such consultation may be with a chiropractic or a medical consultant.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-051 CONSULTATIONS. In cases presenting diagnostic or therapeutic problems to the attending doctor, consultation with a specialist will be allowed without prior authorization. The consultant must submit his findings and recommendations immediately to the attending doctor and the department or self-insurer. See WAC 296-20-035 for report content requirements.

Whenever possible, the referring doctor should make his x-rays and records available to the consultant to avoid unnecessary duplication. The department's consultation referral form may be used to convey information to the consultant. Consultants may proceed with indicated and reasonable x-rays or laboratory work and reasonable diagnostic studies as permitted within their scope of practice.

Consultations will be held with a specialist within a reasonable geographic area. Whenever possible, consultation should be made with a doctor outside the referring doctor's office or partnership.

The attending doctor will not arrange a consultation if he has received notification that a special or commission examination is being

arranged by the department or self-insurer. If he has had recent consultation and is notified that the department or self-insurer is arranging an examination, he must immediately advise the department or self-insurer of the consultation.

The consultation fee will be paid only if a consultation report is complete and contains all pathological findings as well as all pertinent negative or normal findings. The report must be received in the department within fifteen days from the date of the consultation. No fee is paid to the consultant if the worker fails the appointment.

The consultant may not order, prescribe, or provide treatment without the approval of the attending doctor and the injured worker. No transfer will be made to the consultant without the prior approval of the attending doctor and the injured worker.

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-20-06101 REPORTING REQUIREMENTS. The department or self-insurer does require several kinds of reports at various stages of the claim in order to authorize treatment, time loss compensation, and treatment bills.

INITIAL REPORT OF ACCIDENT: The first report required is the report of accident. The report of accident qualifies as the office note or report of the initial visit for brief or limited office calls. In addition to the office call charge, the doctor may bill code 90001 for the filing of the accident report. Reimbursement of these services will be paid if the claim is allowed by the department or self-insurer. If the initial visit is a transfer case, a report is required. Billing for an extended or comprehensive initial visit may require submission of additional reports.

OFFICE NOTES: Legible copies of office or progress notes are required ((when billing)) for all follow-up visits. Office notes are not acceptable in lieu of requested narrative reports.

SIXTY-DAY NARRATIVE REPORTS: When conservative treatment is to continue beyond sixty days, submission of a narrative report is required to substantiate the need for continued care. A narrative report must contain basic information contained in WAC 296-20-035. For this narrative report, the department or self-insurer will pay 16.0 units for a routine report in addition to a routine office call if the call is needed to provide the information. If the doctor supplies additional comprehensive information in the report, payment of a charge submitted in excess of 16.0 units will be considered. In most cases, payment for a narrative report in addition to an extended or comprehensive office visit will not be considered as the fee for those services includes a comprehensive report. A narrative report should be billed under code 99080 and described as a "sixty-day report."

CONSULTATIONS REPORTS: Following one hundred twenty days of conservative care (nonsurgical cases), a consultation with the doctor of the attending doctor's choice is required to substantiate further treatment authorization. No prior authorization is required for such consultations. The department or self-insurer should be notified via a consultation referral form (LI-210-299). The consultant is responsible for submitting a copy of his report as outlined in WAC 296-20-035 and 296-20-051 with his bill to the department or self-insurer.

FOLLOW-UP REPORTS: Following the one-hundred twenty day consultation, narrative reports are required at sixty-day intervals as outlined in WAC 296-20-035. The department or self-insurer will request additional consultations and/or special exams as warranted by the individual case.

HOSPITAL REPORTS: When injured workers are hospitalized it is the responsibility of the doctor to submit his reports to the hospital for submission with the hospital billing. The doctor may bill for hospital visits without attaching copies of the reports. However, billing for operative procedures requires a copy of the operative report.

REOPENING APPLICATION: On claims closed over sixty days, the department or self-insurer will pay ((the doctor for)) for completion of a reopening application (Code 90097), an office visit and diagnostic studies ((if)) necessary to complete ((a reopening application on claims closed over sixty days)) the application. (See WAC 296-20-097.) ((In addition, Code 90097 "completion of reopening application" can be billed.)) NO OTHER BENEFITS WILL BE PAID UNTIL THE ADJUDICATION DECISION IS RENDERED.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-065 TRANSFER OF DOCTORS. All transfers from one doctor to another must be approved by the department or self-insurer. Normally transfers will be allowed only after the worker

has been under the care of the attending doctor for sufficient time for the doctor to: Complete necessary diagnostic studies, establish an appropriate treatment regimen, and evaluate the efficacy of the therapeutic program.

Under RCW 51.36.010 the injured worker is entitled to free choice of treating doctor. ~~((No reasonable request for transfer will be denied.))~~ Except as provided under subsections (1) through (7) of this section, no reasonable request for transfer will be denied. The injured worker must be advised when and why a transfer is denied.

When a transfer is approved, the new attending doctor must be provided with a copy of the worker's treatment record by the previous attending doctor. X-rays in the possession of the previous attending doctor must be immediately forwarded to the new attending doctor for his or her retention as long as the worker remains under his or her care.

The department or self-insurer reserves the right to require a worker to select another doctor or specialist for treatment, under the following conditions:

- (1) When more conveniently located doctors, qualified to provide the necessary treatment, are available.
- (2) When the attending doctor fails to cooperate in observance and compliance with the department rules.
- (3) In time loss cases where reasonable progress towards return to work is not shown.
- (4) Cases requiring specialized treatment, which the attending doctor is not qualified to render, or is outside the scope of the attending doctor's license to practice.
- (5) Where the department or self-insurer finds a transfer of doctor to be appropriate and has requested the worker to transfer in accordance with this rule, the department or self-insurer may select a new attending doctor if the worker unreasonably refuses or delays in selecting another attending doctor.
- (6) In cases where the attending doctor is not qualified to treat each of several accepted conditions. This does not preclude concurrent care where indicated. See WAC 296-20-071.
- (7) No transfer will be approved to a consultant or special examiner without the approval of the attending doctor and the worker.

Transfers will be authorized for the foregoing reasons or where the department or self-insurer in its discretion finds that a transfer is in the best interest of returning the injured worker to a productive role in society.

When a flat fee case is transferred to another doctor it is the responsibility of the two doctors involved to determine the proper apportionment of the total fee for the flat fee procedure. It shall be the responsibility of the operating doctor to advise the department or self-insurer of the proportion of the postoperative care provided by each doctor and the fee distribution. Each doctor must submit a separate bill to the department or self-insurer for his portion of the care. No payment will be made until this apportionment has been received by the department or self-insurer. If no agreement can be reached between the two doctors concerning the fee distribution, the matter will be referred to the Washington state medical association's medical advisory and utilization review committee to the department of labor and industries.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-071 CONCURRENT TREATMENT. In some cases, treatment by more than one practitioner may be allowed. The department or self-insurer will consider concurrent treatment when the accepted conditions resulting from the injury involve more than one system and/or require specialty or ~~((multidiscipline))~~ multidisciplinary care.

When requesting consideration for concurrent treatment, the attending doctor must provide the department or self-insurer with the following:

The name, address, discipline, and specialty of all other practitioners assisting in the treatment of the injured worker and an outline of their responsibility in the case and an estimate of the length of the period of concurrent care.

When concurrent treatment is allowed, the department or self-insurer will recognize one primary attending doctor, who will be responsible for prescribing all medications; directing the over-all treatment program; providing copies of all reports and other data received from the involved practitioners and, in time loss cases, providing adequate certification evidence of the worker's inability to work.

The department or self-insurer will approve concurrent care on a case-by-case basis. Consideration will be given to all factors in the case including availability of providers in the worker's geographic location.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-075 HOSPITALIZATION. Hospitalization will be paid when indicated for treatment of the accepted condition(s). Unless the worker's condition requires special care, ward or semi-private accommodations will be paid. Hospitalization solely for physical therapy or administration of injectable drugs will not be paid.

Discharge from the hospital shall be at the earliest date possible consistent with proper health care. If transfer to a convalescent center or nursing home is indicated, prior arrangements should be made with the department or self-insurer. See WAC 296-20-091 for further information.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-100 EYE GLASSES AND REFRACTIONS. The department or self-insurer will be responsible one time for replacement of glasses or contact lenses only to the extent of the cost of restoring damaged item to its condition at the time of the accident. This benefit applies only if the worker was wearing the glasses or contact lens when the industrial accident occurred.

If glasses are repairable and a worker determines that he/she prefers a replacement, the department or self-insurer is responsible only for the cost of the repairs and the worker is responsible for the difference between repair and replacement costs.

Refraction to replace a broken or lost lens is only payable when it is substantiated that the prescription was not available from the broken lens or any other source. If the prescription is available, and the patient needs a new refraction, he is responsible for the costs of such exam.

If a refractive error is the result of the industrial injury or occupational disease condition, refraction and glasses or contact lenses will be authorized and paid by the department or self-insurer.

When broken or lost glasses or contact lenses are the only injury or condition suffered, the doctor's portion of the report of accident can be completed by an optometrist or other vendor furnishing the replacement. A report of accident must be received by the department or self-insurer in order to adjudicate the claim.

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-20-110 DENTAL. Only dentists, oral surgeons or dental specialists licensed in the state in which they practice are eligible to treat injured workers entitled to benefits under the industrial insurance law.

If only a dental injury is involved, the doctor's portion of the report of accident must be completed by the dentist to whom the worker first reports. See WAC 296-20-025 for further information.

If the accident report has been submitted by another doctor, the dentist's report should be made by letter. In addition to the information required under WAC 296-20-025, the dentist should outline the extent of the dental injury and the treatment program necessary to repair damage due to the injury. Dental x-rays should be retained by the attending dentist for a period of not less than ten years. The department or self-insurer does not require submission of the actual films except upon specific request.

The department or self-insurer is responsible only for repair or replacement of teeth injured or dentures broken as a result of an industrial accident. Any dental work needed due to underlying conditions unrelated to the industrial injury is the responsibility of the worker. It is the responsibility of the dentist to advise the worker accordingly.

In cases presenting complication, controversy, or diagnostic or therapeutic problems, consultation by another dentist may be requested to support authorization for restorative repairs.

Bills covering the cost of dentures should be submitted for the denture only and should not include the cost for subsequent relining. If relining becomes necessary, authorization for relining must be obtained in advance from the department or self-insurer.

Bills must be submitted to the department or self-insurer within ninety days from the date the service is rendered. Bills must itemize

the service rendered, including standard American Dental Association procedure codes, the materials used and ((it must be accompanied by a dental chart illustrating the teeth insured)) the injured tooth number(s). See WAC 296-20-125 for further billing instructions.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-20-1102 SPECIAL EQUIPMENT RENTAL AND PURCHASE PROSTHETIC AND ORTHOTICS EQUIPMENT. The department or self-insurer will authorize and pay rental fee for equipment or devices if the need for the equipment will be for a short period of treatment during the acute phase of condition. Rental extending beyond sixty days requires prior authorization. If the equipment will be needed on long term basis, the department or self-insurer will consider purchase of the equipment or device.

The prescribing doctor must obtain prior authorization from the department or self-insurer, for rental or purchase of special equipment or devices.

The department or self-insurer will authorize and pay for prosthetics and orthotics as needed by claimant and substantiated by attending doctor. If such items are furnished by the attending doctor, the department or self-insurer will reimburse the doctor his cost for the item. In addition, a handling fee, not to exceed five percent of the wholesale cost of the item, will be paid. See WAC 296-20-124 for information regarding replacement of such items on closed claims.

The department or self-insurer will repair or replace originally provided damaged, broken, or worn-out prosthetics, orthotics, or special equipment devices upon documentation and substantiation from the attending doctor.

Provision of such equipment requires prior authorization.

THE GRAVITY GUIDING SYSTEM, GRAVITY LUMBAR REDUCTION DEVICE, ((AND)) BACKSWING AND OTHER INVERSION TRACTION EQUIPMENT MAY ONLY BE USED IN A SUPERVISED SETTING. RENTAL OR PURCHASE FOR HOME USE WILL NOT BE ALLOWED.

EQUIPMENT NOT REQUIRING PRIOR AUTHORIZATION INCLUDES CRUTCHES, CERVICAL COLLARS, LUMBAR AND RIB BELTS, AND OTHER COMMONLY USED ORTHOTICS OF MINIMAL COST.

PERSONAL APPLIANCES SUCH AS VIBRATORS, HEATING PADS, HOME FURNISHINGS, HOT TUBS, WATERBEDS, EXERCISE BIKES, EXERCISE EQUIPMENT, JACUZZIES, ETC. WILL NOT BE AUTHORIZED OR PAID .

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-20-121 X-RAYS. Recognizing the greatest need for access to x-rays lies with the attending doctor, the department or self-insurer requires only submission of x-ray findings and does not require submission of the actual films except upon specific request when needed for purposes of permanent disability rating, other administrative or legal decisions, or in litigation cases. The department or self-insurer requires the attending doctor retain x-rays for a period of not less than ten years. In transfer cases, the x-rays in the possession of the current attending doctor must be made available to the new attending doctor.

When requesting consultation, the attending doctor should make any x-rays in his possession available to the consultant.

When the doctor's office is closed because of death, retirement or leaving the state, arrangements must be made with the department or self-insurer regarding custody of x-rays to insure availability on request. When submitting billing for x-ray service, a copy of the x-ray findings ((must be attached)) is required. No payment will be made for excessive or unnecessary x-rays. No payment will be made on closed or rejected claims, except under conditions outlined in WAC 296-20-124.

Prior authorization is required for x-rays subsequent to the initial study. Repeat or serial radiology examinations may be performed only upon adequate clinical justification to confirm changes in the condition(s) accepted. The subjective complaints and the objective findings substantiating the repeat study must be submitted by the practitioner in the request for authorization to the department or self-insurer.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-20-125 BILLING PROCEDURES. All services rendered must be in accordance with the medical aid rules. The department or self-insurer may reject bills for services rendered in violation of these rules. The injured worker may not be billed for services rendered in violation of these rules.

(1) Bills must be itemized on department or self-insurer forms or other forms which have been approved by the department or self-insurer. Physicians, osteopaths, certified registered nurses, chiropractors, naturopaths, an psychologists use the Health Insurance Claim Form - Washington State billing form. Hospitals use the UB-82 billing form for institution services and the Health Insurance Claim Form - Washington State for professional services. Pharmacies use the department's Statement for Pharmacy Services (F-245-100). Dentists, equipment suppliers, transportation services, home health services, vocational services, and massage therapists use the department's Statement for Miscellaneous Services (F-245-72). Providers may obtain billing forms from the department's local service locations (see AP-PENDIX C for listing).

(2) Bills must specify the date and type of service, the appropriate procedure code, the condition treated, and the charges for each service.

(3) ~~((Special department prescription forms are available upon request and should be used whenever possible. If department prescription forms are not available, a copy of the prescription, with the doctor's, physician assistant's, or certified registered nurse's signature, must be attached to bills for medication or other supplies. Prescriptions for self-insurer workers cannot be written on department forms.~~

~~((4))~~ The Bills ~~((form))~~ submitted to the department must be completed to include the following:

- (a) Worker's name and address;
- (b) Worker's claim number;
- (c) Date of injury;
- (d) Referring doctor's name and L & I provider account number;
- (e) Area of body ~~((injured))~~ treated, including ICD-9-CM code(s), identification of right or left ~~((if))~~, as appropriate;
- (f) Dates of service;
- (g) Place of service;
- (h) Type of service;
- (i) Appropriate procedure code, hospital revenue code, or national drug code;

(j) Description of service;

(k) Charge;

(l) Units of service;

(m) Tooth number(s);

(n) Total bill charge;

~~((f))~~ (o) The name and address of the practitioner rendering the services and ~~((if assigned;))~~ the ~~((payee))~~ provider account number assigned by the department;

~~((ff))~~ (p) Date of billing;

(q) Submission of supporting documentation required under subsection (6) of this section.

~~((fg))~~ (4) Responsibility for the completeness and accuracy of the description of services and charges billed rests with the practitioner rendering the service, regardless of who actually completes the bill form;

~~((h))~~ Attachment of supporting documentation required under (6) of this section.))

(5) Vendors are urged to bill on a monthly basis. Bills must be received within ninety days of service to be considered for payment.

(6) The following supporting documentation is required when billing for services:

- (a) Laboratory and pathology reports;
- (b) X-ray findings;
- (c) Operative reports;
- (d) Office notes;
- (e) Consultation reports;
- (f) Special diagnostic study reports;
- (g) For BR procedures - see WAC 296-20-010 for requirements;

and

(h) Special or closing exam reports.

(7) The claim number must be placed on each bill and on each ((attachment)) page of reports and other correspondence in the upper right-hand corner.

(8) Rebills. If you do not receive payment or notification from the department within ninety days, services may be rebilled. Rebills must be submitted for services denied if a claim is closed or rejected and subsequently reopened or allowed. Rebills should be identical to the original bill: Same charges, codes, and billing date. Please indicate rebill on the bill.

Any inquiries regarding adjustment of charges must be submitted within ninety days from the date of payment to be considered.

AMENDATORY SECTION (Amending Order 80-24, filed 12/1/80, effective 1/1/81)

WAC 296-20-170 PHARMACY—ACCEPTANCE OF RULES AND FEES. Acceptance and filling of a prescription for an injured worker entitled to benefits under the industrial insurance law, constitutes acceptance of the department's rules and fees. When there is questionable eligibility, (i.e., no claim number, prescription is for medication other than usually prescribed for industrial injury; or pharmacist has reason to believe claim is closed or rejected), the pharmacist may require the worker to pay for the prescription. In these cases, the pharmacist must furnish the ((claimant)) worker with a signed receipt and a nonnegotiable copy of the prescription including national drug code and quantity or a completed department pharmacy bill form signed in the appropriate areas verifying worker has paid for the prescribed item(s) in order for the worker to bill the department or self-insurer for reimbursement. The worker may not be charged more than the amount allowable by the department or self-insurer. The worker must submit such reimbursement request within ninety days of service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-20-17001 ALLOWANCE AND PAYMENT FOR MEDICATION. The department or self-insurer will pay for medications or supplies dispensed for the treatment of conditions resulting from an industrial injury and/or conditions which are retarding the recovery from the industrial injury, for which the department or self-insurer has accepted temporary responsibility.

Approved generics are to be substituted for brand name pharmaceuticals in all cases unless the worker's condition will not tolerate a generic preparation and the prescribing physician indicates no substitution is permitted. A list of approved generics and their base cost will be published periodically by the department.

Items not normally paid include: Syringes, injectables, heating pads, vibrators, personal appliances, oral nutritional supplements, anorexiant, and medications normally prescribed for systemic conditions. These items may be authorized to certain individuals in unusual circumstances; prior approval from the department or self-insurer is mandatory.

Rental or purchase of medical equipment must be prior authorized by the department or self-insurer.

No bills will be paid for medication dispensed after the date of order and notice of claim closure, on an accepted claim; nor, on rejected claims; nor for conditions unrelated to the industrial condition (even though the prescription may be written on departmental prescription forms)).

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-20-17002 BILLING. In addition to the billing procedures described in WAC 296-20-125 the current national drug code number for each prescribed drug, followed by the average wholesale price to the pharmacy must be entered on each prescription. The department's statement for pharmacy services must be used when billing the department for NDC medications and supplies. The department's statement for miscellaneous services must be used when billing the department for non-NDC medications and supplies. In addition, the claimant's name, claim number, date of injury, prescribing doctor's name and department of labor and industries provider number; and the assigned department provider number for the pharmacy must be on the bill. Bills for medication not containing this information will be returned to the pharmacy. Billing must be made within ninety days of service. It is requested bills be presented on a monthly basis.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-21-011 FOOTNOTES.  
+ BR: By Report; see WAC 296-20-01002 for detailed information.

@ Listed units represent basic anesthesia value only; add value for time. See WAC 296-21-130 for calculating total anesthesia values.

MEDICINE MODIFIERS

Listed values for most procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate "modifier code number" (including the hyphen) after the usual procedure number. The value

should be listed as a single modified total for the procedure. When multiple modifiers are applicable to a single procedure, see modifier code -99.

Unit Value

-22 UNUSUAL SERVICES: When the services provided are greater than those usually required for the listed procedure, identify by adding this modifier (-22) to the usual procedure number. List modified value. May require report . . . . . BR((+))

-26 PROFESSIONAL COMPONENT: The listed values of certain procedures (laboratory, x-ray, specific diagnostic and therapeutic services, etc.) are a combination of a physician component and a technical component. When the physician component is billed separately, identify by adding this modifier (-26) to the usual procedure number.

-52 REDUCED VALUES: Under certain circumstances, the listed value for a procedure is reduced or eliminated because of ground rules, common practice, or at the physician's election (e.g., the management of a patient in diabetic coma involving detention with patient in critical condition, with spinal tap, gastric lavage, multiple arterial punctures, cutdown, etc.). Under these or similar circumstances, the services provided can be identified by their usual procedure numbers and the use of a reduced value indicated by adding this modifier (-52) to the procedure number. (Use of this modifier provides a means of reporting services at a reduced charge without disturbing usual relative values.)

-55 POSTOPERATIVE MANAGEMENT ONLY: When one physician performs the postoperative management and another physician has performed the surgical procedure, the postoperative component may be identified by adding the modifier '-55' to the usual procedure number.

-56 PREOPERATIVE MANAGEMENT ONLY: When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure, the preoperative component may be identified by adding the modifier '-56' to the usual procedure number.

-75 CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.

-76 REPEAT PROCEDURE BY SAME PHYSICIAN: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This circumstance may be reported by adding the modifier '-76' to the repeated service.

-77 REPEAT PROCEDURE BY ANOTHER PHYSICIAN: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This situation may be reported by adding modifier '-77' to the repeated service.

-90 REFERENCE (OUTSIDE) LABORATORY: When laboratory procedures are performed by other than the billing physician, the procedure(s) shall be identified by adding this modifier (-90) to the usual single or panel procedure number and shall be billed as charged to the physician.

-99 MULTIPLE MODIFIERS: Under certain circumstances multiple modifiers may be applicable. Under such circumstances, identify by adding this modifier (-99) to the usual procedure number and briefly

indicate the circumstances. Value in accordance with appropriate modifiers ..... BR((+))

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

WAC 296-21-013 SPECIAL SERVICES AND BILLING PROCEDURES. The following services are generally part of the basic services listed in the maximum fee schedule but do involve additional expenses to the physician for materials, for his time or that of his employees. These services are generally provided as an adjunct to common medical services and should be used only when circumstances clearly warrant an additional charge over and above the usual charges for the basic services.

	Unit Value
99000 (( <del>Collection and</del> ) <u>Handling and/or conveyance of specimen for transfer from the physician's office to a laboratory</u> .....	6.0
99001 (( <del>Collection;</del> ) <u>Handling((;) and/or conveyance of specimen for transfer from the patient((s home)) in other than a physician's office to a laboratory (distance may be indicated)</u> .....	8.0
99002 (( <del>Collection;</del> ) <u>Handling, conveyance, and/or any other service in connection with the implementation of an order involving devices (e.g., designing, fitting, packaging, handling, delivery or mailing) when devices such as orthotics, protectives, prosthetics are fabricated by an outside laboratory or shop but which items have been designed, and are to be fitted and adjusted by the attending physician</u> .....	12.0
<u>(For routine collection of venous blood, use 36415)</u>	
(99012 Telephone calls has been deleted. To report, use 99013-99015)	
99013 Telephone call for consultation or medical management; simple or brief, under 15 minutes .....	5.0
(e.g., to report on tests and/or laboratory results; to clarify or alter previous instructions; to adjust therapy)	
99014 intermediate, 15 - 30 minutes .....	10.0
(e.g., to provide advice to an established patient on a new problem; to initiate therapy that can be handled by telephone; to discuss results of tests in detail)	
99015 lengthy or complex .....	15.0
(e.g., lengthy counseling session with anxious or distraught patient; detailed or prolonged discussion with family member regarding seriously ill patient)	
99024 Post-operative follow-up .....	BR
(See WAC 296-22-010)	
99025 Initial (new patient) visit when asterisk (*) surgical procedure constitutes major service at that visit .....	20.0
99030 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile .....	2.0
99040 Completion of certificate of disability card .....	2.0
99050 Services requested after office hours in addition to basic service .....	10.0
99052 Services requested between 10:00 p.m. and 8:00 a.m. in addition to basic services provided the office is closed during this period of time .....	12.0
99054 Services requested on Sundays and holidays in addition to basic services .....	12.0

99056 Services provided at request of patient in a location other than physician's office which are normally provided in the office .....	BR
99058 Office services provided on an emergency basis .....	BR
(For hospital-based emergency care facility services, see 90500 et seq.)	
99062 Emergency care facility services: When the non-hospital-based physician is in the hospital but is involved in patient care elsewhere and is called to the emergency facility to provide emergency services .....	8.0
<u>(For hospital-based emergency care facility services, see 90500 et seq.)</u>	
99064 Emergency care facility services: When the non-hospital-based physician is called to the emergency facility from outside the hospital to provide emergency services; not during regular office hours .....	25.0
99065 during regular office hours .....	16.0
99070 Supplies and materials ( <u>except spectacles</u> ) provided by the physician over and above those usually included with the office visit or other services rendered (list drugs, trays, supplies or materials cast room and/or casting supplies provided). Bill at cost .....	BR((+))
(For spectacles, see 92390-92395)	
99080 Special reports as insurance forms, sixty-day report, or the review of medical data to clarify a patient's status—more than the information conveyed in the usual medical communications or standard reporting form at department request (see WAC 296-20-06101 for reporting requirements) .....	BR
99082 Unusual travel (e.g., transportation and escort of patient) per mile .....	2.0
99083 Copies of medical records requested by the department or self-insurance or their representative(s), not required to support billing for services rendered, per page .....	0.2
99084 Maximum allowed per claim .....	4.6
99085 Physician called on to convey instructions by telephone to hospital emergency room or nurse practitioner clinic—to be paid only to initial attending physician upon completion of report of accident form .....	12.0
99150 Detention, prolonged, with patient requiring attention beyond usual service (e.g., critically ill patient, 30 minutes or less) .....	25.0
99151 one hour .....	50.0

**CRITICAL CARE**

Critical care includes the care of critically ill patients in a variety of medical emergencies that requires the constant attention of the physician (cardiac arrest, shock, bleeding, respiratory failure, postoperative complications, critically ill neonate). Critical care is usually, but not always, given in a critical care area, such as the coronary care unit, intensive care unit, respiratory care unit, or the emergency care facility. The descriptors for critical care are intended to include cardiopulmonary resuscitation and a variety of services attendant to this procedure as well as other acute emergency situations. Separate procedure codes for services performed during this period, such as placement of catheters, cardiac output measurement, management of dialysis, control of gastrointestinal hemorrhage, electrical conversion of arrhythmia, etc., are excluded when this descriptor is used on a per hour basis. (The physician may list his services separately if he desires.)

99160 Critical care, initial, including the diagnostic and therapeutic services and direction of care of the critically ill or multiple injured or comatose patient, requiring the prolonged presence of the physician; each hour .....	100.0
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	Unit Value
99162 additional 30 minutes .....	50.0
99165 Monitoring respiration .....	20.0
99166 Monitoring temperature .....	20.0
<u>(For monitoring cardiac output, see 78470, 93561, 93962)</u>	
<u>(For monitoring intra-aortic balloon counter pulsation, see 33972)</u>	
<u>(For subsequent visits, see appropriate critical care visit, 99171-99174 or hospital visits, 90200-90280)</u>	

99170 Gastric intubation, and aspiration or lavage for treatment (e.g., for ingested poisons) .....	SV
99171 Critical care, subsequent follow-up visit; brief examination, evaluation and/or treatment for same illness .....	SV
99172 limited examination, evaluation and/or treatment, same or new illness .....	SV
99173 intermediate examination, evaluation and/or treatment, same or new illness .....	SV
99174 extended reexamination, reevaluation and/or treatment, same or new illness .....	SV

OTHER SERVICES

99175 Ipecac or similar administration for individual emesis and continued observation until stomach adequately emptied of poison .....	SV
<u>(For diagnostic intubation, see 82926-82932, 89130-89141)</u>	
<u>(For gastric lavage for diagnostic purposes, see 91055)</u>	
99180 Hyperbaric oxygen pressurization; initial .....	12.0
99182 Subsequent .....	3.0
99185 Hypothermia; regional .....	BR
99186 total body .....	BR
99190 Assembly and operation of pump with oxygenator or heat exchanger (with or without ECG and/or pressure monitoring); each hour .....	60.0
99191 3/4 hour .....	45.0
99192 1/2 hour .....	30.0
99195 Phlebotomy, therapeutic (separate procedure) .....	((BR)) 20.0
99199 Unlisted special service or report .....	BR
<u>(For monitoring cardiac output, see 78470, 93561, 93962)</u>	
<u>(For monitoring intra-aortic balloon counterpulsation, see 33972)</u>	
<u>(For subsequent visits, see appropriate hospital visits, 90200-90280)</u>	
<u>(For physicians assigned to critical care units or other long-term attendance, use special reports)</u>	

DEFINITIONS

Definitions and items of commonality.

Terms and phrases common to the practice of medicine are defined as follows and apply to procedures 90000 through 90696.

(1) NEW PATIENT: A patient who is new to the physician or a known patient with a new industrial injury or condition, and whose medical and administrative record need to be established.

(2) ESTABLISHED PATIENT: A patient known to the physician and/or whose records are usually available.

(3) INITIAL VISIT: Initial care, including physical examination and initiation of diagnostic and treatment program, for a condition regardless of whether the patient is known to the physician.

(4) FOLLOW-UP VISIT: Subsequent care for a patient and condition known to the physician.

(5) CONSULTATION: A consultation includes services rendered by a physician whose opinion or advice is requested by a physician or other appropriate source for the further evaluation and/or ((treatment)) management of the patient. When the consulting physician assumes responsibility for the continuing care of the patient, any subsequent service rendered by him will cease to be a consultation. ((Four)) The consulting physician cannot assume care without the concurrence of the patient or the referring doctor. See WAC 296-20-051. Five levels of consultation are recognized: Limited, intermediate, extensive, comprehensive, and consultation of complexity. See WAC 296-21-030 for description.

((For example:

(a) In a LIMITED consultation the physician confines his service to the examination or evaluation of a single organ system for a limited condition. For example, the dermatologist's opinion about a skin lesion; the neurologist's opinion about a disc problem and the orthopedist's opinion about a knee or low back problem.

(b) An EXTENSIVE consultation involves a prolonged evaluation including more than a single organ system or region. For example: The examination of the cardiac patient who needs clearance before undergoing a surgical operation; consultations involving cardio-pulmonary problems and neurologic and orthopedic examinations of patient whose complaints seem disproportionate to his objective findings requiring detailed psychosocial evaluation.

(c) A COMPREHENSIVE consultation indicates the performance of detailed history (including the current problem; any previous illnesses; family disease tendencies and a review of all organ systems) and a thorough physical examination on a patient with a complex illness to establish the diagnosis and/or recommended therapy. For example: The young person with fever, arthritis and anemia and examination of patient for diagnosis and in-depth evaluation of all organ systems for preexisting and/or unrelated nonindustrial conditions.

(d) The consultation of UNUSUAL COMPLEXITY. This is an uncommonly performed service with an in-depth medical opinion in a case involving all components of a detailed history with exhaustive examination of all organ systems and regions. For example: The patient with an undiagnosed fever of several years duration, with multiple hospitalizations, requiring a review of previous records, laboratory studies and radiographs as well as a comprehensive examination. Another example is the psychotic patient with minor cardiac findings who is being considered for cardio-pulmonary bypass because of complaints of angina. Another example is the paraplegic patient with iatrogenic drug addiction or dependency (condition resulting from treatment:))

(6) REFERRAL: (Transfer) A referral is the transfer of the total or specific care of a patient from one physician to another and does not constitute a consultation. Initial evaluation and subsequent services are designated as listed below in levels of service.

(7) INDEPENDENT PROCEDURE: Certain listed procedures are commonly undertaken as an integral part of a total service. When such a procedure is undertaken as a separate entity, the designation "independent procedure" is appropriate. For example: A patient being seen in consultation by an ophthalmologist and it is necessary for him to perform a gonioscopy or a ophthalmoscopy with intravenous fluorescein as diagnostic procedures in connection with the consultation, then they would be considered as independent procedures. Another example would be cardiac monitoring with electronic equipment in intrathoracic or other critical surgery.

(8) LEVELS OF SERVICE: Examinations, evaluations, treatment, counseling, conferences with or concerning patients, and services which necessitate wide variations in skill, effort and time required for the diagnosis and treatment of illness and the promotion of optimal health. Six levels are recognized:

MINIMAL: A level of service including injections, dressings, minimal care, etc., not necessarily requiring the presence of the physician.

For example:

- (a) Routine immunization for tetanus administered by a nurse.
- (b) Blood pressure determination by a nurse for medication control.
- (c) Removal of sutures from laceration.

BRIEF: A level of service requiring a brief period of time, with minimal effort by the physician.

For example:

- (a) Certification of time loss in a stable or chronic case.
- (b) Reexamination of minor trauma (e.g., contusion or abrasion.)
- (c) Examination of conjunctiva by the physician in a patient with subconjunctival hemorrhage, irrigation, medication and removal of foreign body with instrument.
- (d) Review of interval history, physical status, and adjustment of medication in patient with compensated arteriosclerotic heart disease on chronic diuretic therapy.

LIMITED: A level of service requiring limited effort or judgment, such as abbreviated or interval history, limited examination or discussion of findings and/or treatment.

For example:

- (a) Review and examination of uncomplicated sprains and strains with initiation, continuation and/or change of treatment.
- (b) Examination of an extremity fracture not requiring reduction.
- (c) Post-operative care in instances where the unit value is for surgical procedure only.

INTERMEDIATE: A level of service such as a complete history and physical examination of one or more organ systems, complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis that necessitates the obtaining and evaluation of pertinent history and physical or mental status findings, diagnostic tests and procedures, and the ordering of appropriate therapeutic management or an in depth counseling or discussion of the findings, but not requiring a comprehensive examination of the patient as a whole.

For example:

- (a) Review of interval history; examination of neck veins, lungs, heart, abdomen and extremities, discussion of findings and prescription of treatment in decompensated arteriosclerotic heart disease.
- (b) Review of interval history, examination of musculoskeletal system, discussion of findings, and adjustment of therapeutic program in low back and/or arthritic disorders.
- (c) Review of recent illness: Examination of pharynx, neck, axilla, groin, and abdomen; interpretation of laboratory tests and prescription of treatment in infectious mononucleosis.
- (d) Evaluation of a chest, post trauma, with impaired respiration with development of shock.

EXTENDED: A level of service requiring an unusual amount of ~~((time,))~~ effort or judgment ~~((but not complete))~~ with report to include a detailed history, review of medical records, examination, conclusions of x-ray or laboratory studies, diagnosis and recommendations for treatment, and a formal conference with patient or family. This service may, or may not involve a complete examination of the patient as a whole.

For example:

- (a) ~~((Detailed review of results of diagnostic evaluation including discussion of physical findings, laboratory studies, x-ray examinations, diagnostic conclusions and recommendations for treatment.~~
- (b) ~~Prolonged evaluation required for psychologically unstable or dependent patient.~~

COMPREHENSIVE: A level of service providing an in-depth evaluation of the patient.

For example:

- (a) Evaluation of the patient including complete history, physical examination and initiation of diagnostic and/or treatment program.
- (b) Reexamination or reevaluation of patient with continuing or new illness, including complete history, physical examination and initiation of diagnostic and/or treatment program.
- (c) Evaluation of a head injury immediately post trauma with a known previous history of convulsive disorders and a post trauma history of transitory loss of consciousness, dizziness, visual problems, etc.
- (d) Evaluation of a cardiac problem with respiratory distress resulting from inhalation of toxic and/or irritant chemicals.) Re-examination of neurological findings, detailed review of hospital studies and course, and formal conference with patient and family jointly concerning findings and plans in a diagnostic problem of suspected intracranial disease in a young adult.
- (b) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent physical findings of a patient with

a recent coronary infarct with complications requiring constant physician bedside attention.

(c) Review of results of diagnostic evaluation, performance of a detailed examination and a thorough discussion of physical findings, laboratory studies, x-ray examinations, diagnostic conclusions and recommendations for treatment of complicated chronic pulmonary disease.

(d) Detailed review of studies and hospital course and thorough re-examination of pertinent physical findings of a patient with a recent coronary infarct and formal conference with patient or family to review findings and prognosis.

(e) Reevaluation of a psychotic delusional patient who develops severe and acute abdominal pain involving a mental status reassessment but not a psychiatric diagnostic interview, and a conference with the consulting surgeon and nursing personnel.

(f) Detailed intensive review of studies and hospital course and thorough reexamination of pertinent findings of a patient with a recently diagnosed uterine adenocarcinoma who also has a pulmonary coin lesion under consideration for thoracotomy; this service involves several abbreviated conferences with consultants, and family or patient.

COMPREHENSIVE: A level of service providing an in depth evaluation of the patient with a new or existing problem requiring the development or complete reevaluation of medical data. This procedure includes the recording of a chief complaint(s), and present illness, family history, past medical history, personal history, system review, a complete physical examination, and the ordering of appropriate diagnostic tests and procedures.

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-21-027 EMERGENCY ROOM SERVICE. The following values apply for services performed in the emergency room when the physician is assigned to emergency room duty or is present in the emergency room because of other activity there, or if the physician elects to use the emergency room as a substitute for his office.

~~((When the physician is in the hospital but is involved in patient care elsewhere and is called to the emergency room to provide emergency service, use modifier code -18, under WAC 296-21-011.~~

~~When the physician is called to the emergency room from outside the hospital to provide services, use modifier code -20, WAC 296-21-011.))~~

	Unit Value
Initial visit	
90500 MINIMAL service (i.e. injection, etc.) . . . . .	10.0
90505 BRIEF evaluation, history, examination and/or treatment. (Not payable when other fees are payable except as indicated by modifiers) . . . . .	20.0
90510 Initial LIMITED history and physical examination, including initiation of diagnostic and treatment program. (Routine case involving a single region and/or organ system) (Not payable when other fees are payable except as indicated by modifiers) . . . . .	30.0
90515 Initial INTERMEDIATE history and physical examination, including initiation of diagnostic and treatment program and submission of a detailed report. (Serious or complicated case involving one or more regions and/or organ systems) (Not payable when other fees are payable except as indicated by modifiers) . . . . .	50.0
90517 Initial EXTENDED history and physical examination, including initiation of diagnostic and treatment program and submission of a detailed report in addition to the report of accident. (Examination or evaluation requiring an unusual amount of time, skill or judgment) (Not payable when other fees are payable except as indicated by modifiers) . . . . .	70.0
Follow-up visit	
90530 MINIMAL service (e.g., injection, minimal dressing, suture removal, minor laceration) (Not payable when other fees are applicable except as indicated by modifiers) . . . . .	8.0

		Unit Value
90540	BRIEF examination, evaluation and/or treatment. (Not payable when other fees are applicable except as indicated by modifiers).....	12.0
90550	LIMITED examination, evaluation and/or treatment. (Routine follow up care) (Not payable when other fees are applicable except as indicated by modifiers).....	16.0
90560	INTERMEDIATE examination, evaluation and/or treatment accompanied by a detailed report. (Case involving one or more regions and/or organ systems) (Not payable when other fees are payable except as indicated by modifiers).....	20.0
90570	EXTENDED reexamination or reevaluation and/or treatment requiring an unusual amount of time, skill or judgment but not necessitating evaluation of the man as a whole accompanied by a detailed report. (Not payable when other fees are applicable except as indicated by modifiers).....	30.0

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-21-030 CONSULTATIONS. A CONSULTATION is considered here to include those services rendered by a physician whose OPINION OR ADVICE is requested by another physician or agency in the evaluation and/or treatment of a patient's illness. When the consultant physician thereupon assumes the CONTINUING CARE of the patient, any subsequent service(s) rendered by him will no longer be considered as a consultation. Five levels of consultation are recognized: Limited, intermediate, extensive, comprehensive, and complex consultation.

(For example)

(a) In a LIMITED consultation (90600) the physician confines his service to the examination or evaluation of a single organ system for a limited condition. This procedure includes documentation of the complaint(s), present illness, pertinent examination, review of medical data and establishment of a plan of management relating to the specific problem. For example, the dermatologist's opinion about a skin lesion.

(b) An INTERMEDIATE consultation (90605) involves examination or evaluation of an organ system, a partial review of the general history, recommendations for establishment of a plan of management relating to the specific problem and preparation of a report. An example would be the evaluation of abdomen for possible surgery that does not proceed to surgery, the neurologist's opinion about a disc problem and the orthopedist's opinion about a knee or low back problem.

(c) An EXTENDED/EXTENSIVE consultation (90610) involves the evaluation of problems that do not require a comprehensive evaluation of the patient as a whole. This procedure includes the documentation of a history of the chief complaint(s), past medical history and pertinent physical examination, review and evaluation of the past medical data, recommendations for establishment of a plan of investigative and/or therapeutic management, and the preparation of an appropriate report. For example: The examination of the cardiac patient who needs clearance before undergoing a surgical operation, consultations involving cardio-pulmonary problems and neurologic and orthopedic examinations of patient whose complaints seem disproportionate to his objective findings requiring detailed psychosocial evaluation.

(d) A COMPREHENSIVE consultation (90620) involves an in depth evaluation of a patient with a problem requiring the development and documentation of medical data (the chief complaints, present illness, family history, past medical history, personal history, system review and physical examination, review of all diagnostic tests and procedures that have previously been done), recommendations for the establishment or verification of a plan for further investigative and/or therapeutic management and the preparation of a report. For example: The young person with fever, arthritis and anemia and examination of patient for diagnosis and in depth evaluation of all organ systems for preexisting and/or unrelated nonindustrial conditions; or a comprehensive psychiatric consultation that may include a detailed present illness history, and past history, a mental status examination, exchange of information with primary physician or nursing personnel or family members and other informants, and preparation of a report with recommendations.

(e) The COMPLEX consultation (90630) is an uncommonly performed service that involves an in depth evaluation of a critical problem that requires unusual knowledge, skill and judgment on the part of the consulting physician, and the preparation of an appropriate report with recommendations. An example would be acute myocardial infarction with major complications. Another example would be a young psychotic adult unresponsive to extensive treatment efforts under consideration for residential care, or the paraplegic patient with iatrogenic drug addiction or dependency (condition resulting from treatment).

A REFERRAL is considered here to be the transfer of the total or specific care of a patient from one physician to another. THIS IS NOT A CONSULTATION. Values for the initial visit and the subsequent services for referrals are listed under the appropriate headings in other portions of this schedule.

The values do not necessarily include consultations involving litigation.

		Unit Value
90600	Consultation requiring LIMITED examination and/or evaluation of a given system or region but not requiring a comprehensive history and examination. Report required.....	30.0
90605	Intermediate consultation - Consultation requiring intermediate history and physical exam of one or more regions and/or organ system, but not requiring comprehensive history and examination. Requires report.....	40.0
90610	Consultation requiring more EXTENSIVE examination and/or evaluation of one or more regions or organ systems but not requiring comprehensive history and examination. Report required. ....	50.0
90620	Consultation requiring COMPREHENSIVE history, examination and/or evaluation of one or more regions and/or organ systems with report. ....	70.0
90630	Consultation of unusual complexity (in excess of scope of services identified by 90600, 90610 and 90620.) Necessitating exceptionally detailed history and examination with extensive review of prior medical records, completion and assessment of data and the preparation of a special report.....	((BR+)) 95.0

Follow-up consultation

90640	Follow-up consultation; brief visit .....	16.0
90641	limited visit .....	20.0
90642	intermediate visit for evaluation .....	30.0
90643	extended visit requiring reexamination or reevaluation .....	40.0

Concurring (confirmatory or additional opinion) consultation

This section should be used when the consulting physician is aware of the confirmatory nature of the opinion that is sought, e.g., when a second/third opinion on the necessity or appropriateness of a (previously) recommended medical treatment or surgical procedure is requested.

90650	Confirmatory consultation; limited .....	30.0
90651	intermediate .....	40.0
90652	extensive .....	50.0
90653	comprehensive .....	70.0
90654	complex .....	BR

**AMENDATORY SECTION** (Amending Order 75-39, filed 11/28/75, effective 1/1/76)

WAC 296-21-040 SPECIAL AND CLOSING EXAMINATIONS.

Unit  
Value

Codes 90640, 90650 have been deleted. To report special and closing examinations by the attending physician or single special examiner (see 90678, 90679.)

	Unit Value		Unit Value
<del>((90640)) 90678</del> Special or closing examination, (including examination by the attending physician) requiring the examination and/or evaluation involving loss of function and permanent impairment of a minor nature to a region and/or organ system and requiring a limited history and physical examination	<del>((50.0)) 100.0</del>	<del>fee will be allowed at the discretion of the department</del>	<del>40.0</del>
<del>90690</del> When a consolidated commission examination report is submitted, an additional fee will be allowed to the examiner who prepares and transmits the report to the department			<del>14.0</del>
<del>90695</del> Time loss by physician from failure of the worker to appear for a special or commission examination and the physician is unable to see other patients during the time set aside for the special or commission examination, each 1/2 hour not to exceed two hours			<del>25.0</del>
<del>90696</del> Conference with department field representative relative to an individual case. (Each 15 minutes)			<del>16.0</del>
<del>90677</del> Panel examination by three members including a psychiatrist (NOP)	<del>((+100.0)) 150.0</del>		<del>610.17</del>
		<del>(90680, 90690 have been deleted. These services are included in 90675 - 90679.)</del>	

90694 Special examination of unusual complexity in excess of scope of examination identified by 90678 and 90679 involving extensive loss of function and permanent impairment necessitating complete history and examination and extensive review of prior medical records, compilation and assessment of data and the preparation of an exceptionally detailed report	BR
90695 Time loss by physician from failure of the worker to appear for a special examination and the physician is unable to see other patients during the time set aside for the special examination, each one-half hour not to exceed two hours	25.0
90696 Conference with department field representative relative to an individual case. (Each fifteen minutes)	16.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-21-046 IMMUNIZATION INJECTIONS.

(For allergy testing, see 95000 et seq.)

(For skin testing of bacterial, viral, fungal extracts, see 86450-86585)

(For therapeutic injections, see 90782-90799)

Immunizations are usually given in conjunction with a medical service. When an immunization is the only service performed, a minimal service may be listed in addition to the injection. Immunization procedures include the supply of materials. Immunizations, except for 90703, require prior authorization.

(Immunization 90720-90723 have been revised as 90701-90742)

AMENDATORY SECTION (Amending Order 76-34, filed 11/24/76, effective 1/1/77)

WAC 296-21-045 COMMISSION AND PANEL EXAMINATIONS.

	Unit Value
<del>(90660, 90670 have been deleted. To report see 90675, 90676, 90677.)</del>	
90671 No show commission examination	152.55
90673 No show panel examination	230.94
90674 No show NOP (neurologist, orthopedist, psychiatrist)	305.09
<del>((90660)) 90675</del> ((Special or)) Commission examination requiring examination and/or evaluation involving considerable loss of function and permanent impairment requiring an extremely comprehensive history and physical examination	<del>((+50.0)) 305.09</del>
<del>((90670)) 90676</del> ((Special or commission examination of unusual complexity in excess of scope of examinations identified by 90640, 90650 and 90660)) Panel examination by three members, not including a psychiatrist, involving extensive loss of function and permanent impairment necessitating complete history and examination and extensive review of prior medical records compilation and assessment of data, and the preparation of an exceptionally detailed report	<del>((BR)) 461.87</del>
<del>((90680</del> In complicated or controversial cases where voluminous departmental files must be reviewed in connection with a special or commission examination within the scope of examinations identified by 90640, 90650 and 90660, an additional	

	Unit Value
90701 Immunization, active; diphtheria and tetanus toxoids and pertussis vaccine (DTP)	((BR)) 8.0
90702 diphtheria and tetanus toxoids (DT)	((BR)) 5.0
90703 tetanus toxoid	((BR)) 6.0
90704 mumps virus vaccine, live	BR
90705 measles virus vaccine, live, attenuated	BR
90706 rubella virus vaccine, live	BR
90707 measles, mumps and rubella virus vaccine, live	BR
90708 measles and rubella virus vaccine, live	((BR)) 13.0
90709 rubella and mumps virus vaccine, live	BR
90712 poliovirus vaccine, live, oral (any type(s))	BR
90713 poliomyelitis vaccine	BR
90714 typhoid vaccine	BR
90717 yellow fever vaccine	BR
90718 tetanus and diphtheria toxoids absorbed, for adult use (Td)	((BR)) 5.0
90719 diphtheria toxoid	BR
90724 influenza virus vaccine	((BR)) 6.0
90725 cholera vaccine	BR
90726 rabies vaccine	((BR)) 4.0
90727 plague vaccine	BR
90728 BCG vaccine	BR
90731 hepatitis B vaccine	BR
90732 pneumococcal vaccine, polyvalent	BR
90733 meningococcal polysaccharide vaccine (any group(s))	BR
90741 Immunization, passive; immune serum globulin, human (ISG)	BR

	Unit Value
90742 specific hyperimmune serum globulin (e.g., hepatitis B, measles, pertussis, rabies, Rho(D), tetanus, vaccinia, varicella-zoster) .....	BR
90749 Unlisted immunization procedure .....	BR

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-21-050 PSYCHIATRIC SERVICES.

NOTES

Hospital care by the attending physician in treating a psychiatric inpatient may be initial or subsequent in nature (see 90200-90280) and may include exchanges with nursing and ancillary personnel. Hospital care services involve a variety of responsibilities unique to the medical management of inpatients, such as physician hospital orders, interpretation of laboratory or other medical diagnostic studies and observations, review of activity therapy reports, supervision of nursing and ancillary personnel, and the programming of all hospital resources for diagnosis and treatment. Some patients receive hospital care services only and others receive hospital care services and other procedures. If other procedures such as electroconvulsive therapy or medical psychotherapy are rendered in addition to hospital care services, these should be listed separately (i.e., hospital care service plus electroconvulsive therapy or plus medical psychotherapy if rendered).

Psychiatric care may be reported without time dimensions according to the procedure or service as are other medical or surgical procedures. In reporting medical psychotherapy procedures, time is only one aspect and may be expressed as is customary in the local area. For example, the usual appointment length of an individual medical psychotherapy procedure may be signified by the procedure code alone. The modifier '-52' may be used to signify a service that is reduced or less extensive than the usual procedure. The modifier '-22' may be used to indicate a more extensive service. Thus medical psychotherapy procedures may be reported by the procedure code alone or by the procedure code with a modifier. If appropriate and customary in the local area, codes 90841, 90843 or 90844 may be used.

Other medical services, such as 90050—Limited office medical service or other patient encounters, may be described as listed in the section on medicine if appropriate).

CONSULTATION

Consultation for psychiatric evaluation of a patient. Includes examination of patient and exchange of information with primary physician and other informants such as nurses or family members, and preparation of report. Apply to consultations as listed in the section on medicine. (90600-90630) (See also definition of consultation)

GENERAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE INTERVIEW PROCEDURES

	Unit Value	Basic Anes@
90801 Psychiatric diagnostic interview examination including history, mental status, or disposition (may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies; in certain circumstances other informants will be seen in lieu of the patient). Report required.....	70.0	

SPECIAL CLINICAL PSYCHIATRIC DIAGNOSTIC OR EVALUATIVE PROCEDURE

90825 Psychiatric evaluation of hospital records, other psychiatric reports, psychometric and/or projective tests, and other accumulated data for medical diagnostic purposes (without other informants or patient interview) .....	30.0	
90830 Psychological testing by physician, with written report, per hour .....	BR	

	Unit Value	Basic Anes@
90831 Telephone consultation with or about patient for psychiatric therapeutic or diagnostic purposes .....	20.0	
90835 Narcosynthesis for psychiatric diagnostic and therapeutic purposes, e.g., sodium amobarbital (Amytal) interview .....	50.0	
90840 Psychologic testing, psychometric and/or projective tests, with written report, given by or under supervision of physician, per hour .....	45.0	

PSYCHIATRIC THERAPEUTIC PROCEDURES

MEDICAL PSYCHOTHERAPY

90841 Individual medical psychotherapy with continuing medical diagnostic evaluation, and drug management when indicated, including psychoanalysis, insight oriented, behavior modifying or supportive psychotherapy; each 15 minutes with report .....	20.0	
90843 approximately 20 TO 30 minutes with report .....	45.0	
90844 approximately 45 OR 50 minutes with report .....	70.0	
90847 Family medical psychotherapy (conjoint psychotherapy) ((with continuing medical diagnostic evaluation, and drug management when indicated, of two family members. Report required-)) .....	50.0	
<del>((90848 of three or more members of one family. Report required. .... 60.0))</del> (90848 has been deleted. To report use 90847)		
90849 Multiple-family group medical psychotherapy ((with continuing medical diagnostic evaluation, and drug management when indicated:)) Report required. ....	50.0	
90850 Inpatient care including psychotherapy and supervision of milieu team (e.g., occupational therapy, psychiatric nursing, etc.) or conference with family, 50 minutes, with report .....	70.0	
90851 25 minutes, with report .....	45.0	
90852 15 minutes, with report .....	20.0	
90853 Group medical psychotherapy (other than of a multiple-family group) ((with continuing medical diagnostic evaluation, and drug management when indicated:)) Report required. ....	50.0	

PSYCHIATRIC SOMATOTHERAPY

90862 Chemotherapy management, including prescription, use, and review of medication with no more than minimal medical psychotherapy, per hour .....	60.0	
90870 Electroconvulsive therapy (includes necessary monitoring); single seizure .....	50.0	
<del>((90872 Subconvulsive electric shock treatment. .... 40.0))</del>		
90871 Multiple seizures, per day .....	75.0	
<del>(90872 Subconvulsive shock treatment has been deleted. To report use 90899)</del>		

OTHER PSYCHIATRIC THERAPY

90880 Medical hypnotherapy .....	35.0	
90882 Environmental intervention for medical management purposes on a psychiatric patient's behalf with agencies, employers, or institutions .....	30.0	
90887 Interpretation or explanation of results of psychiatric, other medical examinations and procedures, or other accumulated data to family or other responsible persons, or advising them how to assist patient .....	30.0	
90889 Preparation of report of patient's psychiatric status, history, treatment, or progress (other than for legal or consultative purposes) for		

	Unit Value	Basic Anes@
other physicians, agencies, or insurance carriers .....	50.0	
(For psychiatric consultation see 90600-90630)		
90898 If a claimant fails to appear for the initial psychiatric treatment interview and the psychiatrist, through investigation, including contact with the patient, files a useful report including recommendations, he is entitled to a full hour's fee .....	70.0	
OTHER PROCEDURES		
90899 Unlisted psychiatric service or procedure ...		BR
<u>AMENDATORY SECTION</u> (Amending Order 80-29, filed 12/23/80, effective 3/1/81)		
WAC 296-21-0502 BIOFEEDBACK.		Unit Value
90900 Biofeedback training, by electromyogram application separate procedure (one(=half) hour) .....	<del>((30))</del> 50.0	
90901 Biofeedback training, by electromyogram application including office visit (one-half hour) .....	<del>((50))</del> 30.0	
90902 In conduction disorder separate procedure (one(=half) hour) .....	<del>((30))</del> 50.0	
90903 In conduction disorder including office visit (one-half hour) .....	<del>((50))</del> 30.0	
90904 Regulation of blood pressure separate procedure (one(=half) hour) .....	<del>((30))</del> 50.0	
90905 Regulation of blood pressure including office visit (one-half hour) .....	<del>((50))</del> 30.0	
90906 Regulation of skin temperature or peripheral blood flow separate procedure (one(=half) hour) .....	<del>((30))</del> 50.0	
90907 Regulation of skin temperature or peripheral blood flow including office visit (one-half hour) .....	<del>((50))</del> 30.0	
90908 By electroencephalogram application separate procedure (one(=half) hour) .....	<del>((30))</del> 50.0	
90909 By electroencephalogram application including office visit (one-half hour) .....	<del>((50))</del> 30.0	
90910 By electro-oculogram application separate procedure (one(=half) hour) .....	<del>((30))</del> 50.0	
90911 By electro-oculogram application including office visit (one-half hour) .....	<del>((50))</del> 30.0	
90912 Diagnostic evaluation includes report (one hour) .....	<del>((60))</del> 60.0	
90913 Follow-up evaluation includes report (one-half hour) .....	<del>((30))</del> 30.0	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-21-062 EYE.

OPHTHALMOLOGICAL DIAGNOSTIC AND TREATMENT SERVICES

(For surgical procedures, see surgery, eye and ocular adnexa, 65091 et seq.)

NOTES

REPORTING

See guidelines in MEDICINE section WAC 296-21-010 and special ophthalmology notations below.

To report MINIMAL, BRIEF, AND LIMITED office services, use descriptors from the general medical section (90000 et seq.)

To report INTERMEDIATE, COMPREHENSIVE AND SPECIAL services, use the specific ophthalmological descriptors (92002 et seq.)

To report CONSULTATIONS, wherever performed, use descriptors from the general medical section (90600 et seq.)

To report HOME, HOSPITAL, EMERGENCY DEPARTMENT and other institutional medical services, use the descriptors from the general medical section ( 90200 et seq.) unless specific ophthalmological descriptors (92002 et seq.) are more appropriate.

To report surgical services, see SURGERY, EYE and OCULAR ADNEXA (65091 et seq.) and surgical guidelines WAC 296-22-010.

DEFINITIONS

MINIMAL MEDICAL SERVICE: A level of service supervised by a physician but not necessarily requiring his presence.

For example:

Visual acuity check or verification of lenses.

BRIEF MEDICAL SERVICE: A level of service pertaining to the evaluation and treatment of a condition requiring only an abbreviated history and examination.

For example:

- a. Follow-up for conjunctivitis.
- b. Removal of sutures from laceration (when not a post-op part of a total surgical service).

LIMITED MEDICAL SERVICE: A level of service pertaining to the evaluation of a circumscribed acute illness or to the periodic reevaluation of a problem including an interval history and examination, the review of effectiveness of past medical management, the ordering and evaluation of appropriate diagnostic tests, the adjustment of therapeutic management as indicated, and the discussion of findings and/or medical management.

For example:

- a. Review of history, external examination of eye, initiation of treatment for acute conjunctivitis.
- b. Review of interval history, and physical and sensory status, and adjustment of medication in a patient with iridocyclitis or glaucoma.

INTERMEDIATE OPHTHALMOLOGICAL SERVICES: A level of service pertaining to the evaluation of a new or existing condition complicated with a new diagnostic or management problem not necessarily relating to the primary diagnosis, including history, general medical observation, external ocular and adnexal examination and other diagnostic procedures as indicated; may include the use of mydriasis. Intermediate services do not usually include determination of the refractive state but may do so in an established patient (92012) who is under continuing active treatment.

For example:

- a. Review of history, external examination, ophthalmoscopy, biomicroscopy for an acute complicated condition (e.g. iritis) not requiring comprehensive ophthalmological services.
- b. Review of interval history, external examination, ophthalmoscopy, biomicroscopy and tonometry in established patient with known cataract not requiring comprehensive ophthalmological services.

**COMPREHENSIVE OPHTHALMOLOGICAL SERVICES:** A level of service in which a general evaluation of the complete visual system is made. The comprehensive services constitute a single service entity but need not be performed at one session. The service includes history, general medical observation, external and ophthalmoscopic examination, gross visual fields and basic sensorimotor examination. It often includes, as indicated: Biomicroscopy, examination with cycloplegia or mydriasis, tonometry, and usually determination of the refractive state unless known, or unless the condition of the media precludes this or it is otherwise contraindicated, as in presence of trauma or severe inflammation. It always includes initiation of diagnostic and treatment programs as indicated.

For example:

The comprehensive services required for diagnosis and treatment of a patient with symptoms indicating possible disease of the visual system, such as glaucoma, cataract or retinal disease, or to rule out disease of the visual system, new or established patient.

"Initiation of diagnostic and treatment program" includes the prescription of medication, lenses and other therapy and arranging for special ophthalmological diagnostic or treatment services, consultations, laboratory procedures and radiological services as may be indicated.

Prescription of lenses may be deferred to a subsequent visit, but in any circumstance is not reported separately. ("Prescription of lenses" does not include anatomical facial measurements for or writing of laboratory specifications for spectacles. For spectacle services, see 92340 et seq.)

**DETERMINATION OF THE REFRACTIVE STATE** is the quantitative procedure that yields the refractive data necessary to determine the best visual acuity with lenses and to prescribe lenses. It is not a separate medical procedure, or service entity, but is an integral part of the general ophthalmological services, carried out with reference to other diagnostic procedures. The evaluation of the need for and the prescription of lenses is never based on the refractive state alone.

Determination of the refractive state is not reported separately. It is usually part of the comprehensive ophthalmological services (92004, 92014), but may occasionally be a part of intermediate ophthalmological services to an established patient (92012) who, under continuing active treatment with periodic observation, may not require comprehensive reevaluation.

The explanatory codes, -X and -Y, are administrative codes only and not modifiers, and need only be used when by law a carrier in order to administer a program (e.g., MEDICARE) requires the information that "determination of the refractive state of the eyes" was or was not done in the course of the reported services 92004, 92012 or 92014 exclusively:

- X determination of refractive state was performed in course of diagnostic ophthalmological examination
- Y determination of refractive state was not performed in course of diagnostic ophthalmological examination

**SPECIAL OPHTHALMOLOGICAL SERVICES:** Services in which a special evaluation of part of the visual system is made, which goes beyond the services usually included under general ophthalmological services, or in which special treatment is given.

For example:

Fluorescein angiography, quantitative visual field examination, or extended color vision examination (such as Nagel's anomaloscope) should be specifically reported as special ophthalmological services.

Medical diagnostic evaluation by the physician is an integral part of all ophthalmological services. Technical procedures (which may or may not be performed by the physician personally) are often part of the service, but should not be mistaken to constitute the service itself.

Intermediate and comprehensive ophthalmological services constitute integrated services in which medical diagnostic evaluation cannot be separated from the examining techniques used. Itemization of service components, such as slit lamp examination, keratometry, ophthalmoscopy, retinoscopy, determination of refractive state, tonometry, motor evaluation, etc. is not applicable.

**GENERAL OPHTHALMOLOGICAL SERVICES**

**NEW PATIENT**

A patient who is new to the physician whose medical and administrative record needs to be established.

(For brief or limited services to new patient, as for minor adnexal condition, see 90000, 90010)

	Unit Value	Basic Anes@
92002 Ophthalmological services: Medical examination and evaluation with initiation of diagnostic and treatment program; intermediate, new patient .....	30.0	
92004 comprehensive, new patient, one or more visits .....	40.0	

**ESTABLISHED PATIENT**

A patient whose medical and administrative records are available to the physician. The designation of new or established patient does not preclude the use of a specific level of service.

(For minimal, brief, or limited services to an established patient, see 90030-90050)

92012 Ophthalmological services: Medical examination and evaluation, with initiation or continuation of diagnostic and treatment program; intermediate, established patient .....	30.0
92014 comprehensive, established patient, one or more visits .....	40.0

**SPECIAL OPHTHALMOLOGICAL SERVICES**

92018 Ophthalmological examination and evaluation, under general anesthesia, with or without manipulation of globe for passive range of motion or other manipulation to facilitate diagnostic examination; <del>((initial))</del> complete .....	20.0	3.0
92019 <del>((subsequent))</del> limited .....	15.0	
92020 Gonioscopy with medical diagnostic evaluation (separate procedure) .....	15.0	
(For gonioscopy under general anesthesia, see 92018)		
92060 Sensorimotor examination with medical diagnostic evaluation (separate procedure) .....	25.0	
92065 Orthoptic and/or pleoptic training, with continuing medical direction and evaluation .....	15.0	
92070 Fitting of contact lens for treatment of disease, including supply of lens .....	150.0	
92081 Visual field examination with medical diagnostic evaluation; <u>limited examination (e.g., tangent screen, Autoplot, arc perimeter, or single stimulus level automated test, such as Octopus 3 or 7 equivalent)</u> .....	20.0	
92082 <del>((quantitative perimetry, e.g., several isopters on Goldmann perimeter, or equivalent))</del> <u>intermediate examination (e.g., multistimulus level, full field, quantitative perimetry, several isopters on Goldmann perimeter or multilevel, full field automated test such as Octopus program 33 or 34 equivalent)</u> .....	20.0	
92083 <del>((static and kinetic perimetry, or equivalent))</del> <u>extended examination, quantitative perimetry (e.g., manual static and kinetic perimetry on Goldmann or Tubingen perimeter or equivalent, or automated static perimetry, complex, such as Octopus program 31+41 or 32+41)</u> .....	20.0	

((Routine tonometry is part of general and special ophthalmological services whenever indicated. It is not reported separately.))  
(Gross visual field testing (e.g., confrontation testing) is a part of general ophthalmological services and is not reported separately)

	Unit Value	Basic Anes@
92100 Serial tonometry with medical diagnostic evaluation (separate procedure), one or more sessions, same day . . . . .	15.0	
92120 Tonography with medical diagnostic evaluation, recording indentation tonometer method or perilimbal suction method . . . . .	30.0	
92130 Tonography with water provocation . . . . .	20.0	
92140 Provocative tests for glaucoma, with medical diagnostic evaluation, without tonography . . . . .	30.0	

**OPHTHALMOSCOPY**

Routine ophthalmoscopy is part of general and special ophthalmological services whenever indicated. It is not reported separately.

92225 Ophthalmoscopy, extended as for retinal detachment (may include use of contact lens, drawing or sketch, and/or fundus biomicroscopy), with medical diagnostic evaluation; initial . . . . .	30.0	
92226 subsequent . . . . .	20.0	
92230 Ophthalmoscopy, ((including)) with medical diagnostic evaluation; with fluorescein angiography (observation only) . . . . .	50.0	
92235 with fluorescein angiography (includes multiframe photography ((and medical interpretation))) . . . . .	BR	
92250 with fundus photography . . . . .	BR	
92260 with ophthalmodynamometry . . . . .	40.0	

(For ophthalmoscopy under general anesthesia, see 92018)

**OTHER SPECIALIZED SERVICES**

92265 Oculoelectromyography, one or more extraocular muscles, one or both eyes, with medical diagnostic evaluation . . . . .	40.0	
92270 Electro-oculography, with medical diagnostic evaluation . . . . .	40.0	
92275 Electroretinography, with medical diagnostic evaluation . . . . .	40.0	
92280 Visually evoked potential (response) study, with medical diagnostic evaluation . . . . .	40.0	

(For electronystagmography for vestibular function studies, see 92541 et seq.)

(For ophthalmic echography (diagnostic ultrasound), see 76511-76529)

92283 Color vision examination, extended, e.g., anomaloscope or equivalent . . . . .	BR	
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(Color vision testing with pseudoisochromatic plates (such as HRR or Ishihara) is not reported separately. It is included in the appropriate general or ophthalmological service.)

92284 Dark adaptation examination, with medical diagnostic evaluation . . . . .	BR	
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92285 External ocular photography with medical diagnostic evaluation for documentation of medical progress (e.g., close-up photography, slit lamp photography, goniophotography, stereo-photography) . . . . .	BR	
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92286 Special anterior segment photography with medical diagnostic evaluation; with specular endothelial microscopy and cell count . . . . .	BR	
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92287 with fluorescein angiography . . . . .	BR	
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**CONTACT LENS SERVICE**

The prescription of contact lenses (optical and physical characteristics, power, size, curvature) is NOT a part of the general ophthalmological services.

The fitting of contact lenses includes instruction and training of the wearer and incidental revision of the lens.

The supply of the prescribed contact lenses is often reported as a part of the service of fitting. Use modifier '-26' to describe the services of fitting without supply.

To report the supply of contact lens separately, use 92391 or 92396.

(For therapeutic or surgical use of contact lens, see 68340, 92070)

92310 Prescription of optical and physical characteristics of and fitting of contact lens, with medical supervision of adaptation; corneal lens, both eyes, except for aphakia . . . . .	SV	
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(For prescription and fitting of one eye, see modifier -52)

92311 corneal lens for aphakia, one eye . . . . .	SV	
92312 corneal lens for aphakia, both eyes . . . . .	SV	
92313 corneoscleral lens . . . . .	SV	
92314 Prescription of optical and physical characteristics of contact lens, with medical supervision of adaptation and direction of fitting by independent technician; corneal lens, both eyes, except for aphakia . . . . .	SV	

(For prescription and fitting of one eye, see modifier -52)

92315 corneal lens for aphakia, one eye . . . . .	SV	
92316 corneal lens for aphakia, both eyes . . . . .	SV	
92317 corneoscleral lens . . . . .	SV	

92325 Modification of contact lens (separate procedure), with medical supervision of adaptation . . . . .	SV	
92326 Replacement of contact lens . . . . .	SV	

**OCULAR PROSTHETICS, ARTIFICIAL EYE**

92330 Prescription, fitting, and supply of ocular prosthesis (artificial eye), with medical supervision of adaptation . . . . .	SV	
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(If supply is not included, see modifier -26; to report supply separately, see 92393)

92335 Prescription of ocular prosthesis (artificial eye) and direction of fitting and supply by independent technician, with medical supervision of adaptation . . . . .	SV	
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**SPECTACLE SERVICES (INCLUDING PROSTHESIS FOR APHAKIA)**

Prescription of spectacles, when required, is an integral part of general ophthalmological services and is not reported separately. It includes specification of lens type (monofocal, bifocal, other), lens power, axis, prism, absorptive factor, impact resistance, and other factors.

Fitting of spectacles is a separate service; when provided by the physician, it is reported as indicated by 92340-92371. Fitting includes measurement of anatomical facial characteristics, the writing of laboratory specification, and the final adjustment of the spectacles to the visual axes and anatomical topography. Presence of physician is not required.

Supply of materials is a separate service component; it is not a part of the service of fitting spectacles.

92340 Fitting of spectacles, except for aphakia; monofocal . . . . .	SV	
92341 bifocal . . . . .	SV	
92342 multifocal, other than bifocal . . . . .	SV	
92352 Fitting of spectacle prosthesis for aphakia; monofocal . . . . .	SV	
92353 multifocal . . . . .	SV	
92354 Fitting of spectacle mounted low vision aid; single element system . . . . .	SV	
92355 telescopic or other compound lens system . . . . .	SV	
92358 Prosthesis service for aphakia, temporary (disposable or loan, including materials) . . . . .	SV	
92370 Repair and refitting spectacles, except for aphakia . . . . .	SV	
92371 spectacle prosthesis for aphakia . . . . .	SV	

**SUPPLY OF MATERIALS**

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
92390 Supply of spectacles, except prosthesis for aphakia and low vision aids	SV		93014 physician review with interpretation and report	BR	
92391 Supply of contact lenses, except prosthesis for aphakia	SV		93015 Cardiovascular stress test using maximal or submaximal treadmill or bicycle exercise; continuous electrocardiographic monitoring, with interpretation and report	50.0	
(For supply of contact lenses reported as part of the service of fitting, see 92310-92313)			93017 tracing only, without interpretation and report	30.0	
(For replacement of contact lens, see 92326)			93018 interpretation and report only	25.0	
92392 Supply of low vision aids (a low vision aid is any lens or device used to aid or improve visual function in a person whose vision cannot be normalized by conventional spectacle correction. Conventional spectacle correction includes reading additions up to 4 D)	SV		93024 Ergonovine provocation test	BR	
92393 Supply of ocular prosthesis (artificial eye)	SV		93040 Rhythm ECG, one to three leads; with interpretation	30.0	((+0.0))
(For supply reported as part of the service of fitting, see 92330)			93041 tracing only without interpretation and report	15.0	
92395 Supply of permanent prosthesis for aphakia; spectacles	SV		93042 interpretation and report only	20.0	
(For temporary spectacle correction, see 92358)			93045 esophageal lead (includes placement and interpretation)	50.0	
92396 contact lenses	SV		93050 Transportation of ECG equipment to home within radius of 7 miles	10.0	
(For supply reported as part of the service of fitting, see 92311, 92312)			(For additional mileage, see 99030)		
(See 99070 for the supply of other materials, drugs, trays, etc.)			93201 Phonocardiogram with ECG lead; with supervision during recording with interpretation and report (when equipment is supplied by the physician)	50.0	
<b>OTHER PROCEDURES</b>			93202 tracing only, without interpretation and report (when equipment is supplied by the hospital, clinic, etc.)	15.0	
92499 Unlisted ophthalmological service or procedure	BR		93204 interpretation and report	25.0	
<b>AMENDATORY SECTION</b> (Amending Order 83-23, filed 8/2/83)			93205 Phonocardiogram with ECG lead, with indirect carotid artery and/or jugular vein tracing, and/or apex cardiogram; with interpretation and report	60.0	
WAC 296-21-066 <b>CARDIOVASCULAR.</b> Values for items 92950-93799 include laboratory procedure(s), interpretation and physician's services (except surgical and anesthesia services as listed in the section on surgery), unless otherwise stated.			93208 tracing only, without interpretation and report	15.0	
	Unit Value	Basic Anes@	((92309)) 93209 interpretation and report only	30.0	
			93210 Phonocardiogram, intracardiac	70.0	
			93220 Vectorcardiogram (VCG), with or without ECG, interpretation and report	50.0	
			93221 tracing only, without interpretation and report	15.0	
			93222 interpretation and report only	25.0	
			93240 Ballistocardiogram	BR((+))	
			93255 Apexcardiography	BR	
			93270 Electrocardiographic monitoring utilizing a system such as magnetic tape, for up through 12 hours; includes recording, scanning analysis, interpretation and report	BR	
<b>THERAPEUTIC SERVICES</b>			93271 recording only	30.0	((BR))
92950 Cardiopulmonary resuscitation (e.g., in cardiac arrest)	SV		93272 scanning analysis with report	BR	
(See also critical care services, 99160)			93273 physician review and interpretation, with report	BR	
92960 Cardioversion, elective, electrical conversion of arrhythmia, external	100.0	4.0	93274 Electrocardiographic monitoring utilizing a system such as magnetic tape, 12 through 24 hours; includes recording, scanning analysis, interpretation and report	200.0	((BR))
92970 Cardioassist-method of circulatory assist; internal	BR		93275 recording only	35.0	((BR))
92971 external	BR		93276 scanning analysis with report	BR	
(For balloon atrial-septostomy, see 33738)			93277 physician review and interpretation, with report	BR	
(For placement of catheters for use in circulatory assist devices such as intra-aortic balloon pumping, see 33970)			(For unlisted cardiographic procedure, see 93799)		
<b>CARDIOGRAPHY</b>			<b>CARDIAC FLUOROSCOPY</b>		
(For echocardiography, see 76601-76628)			93280 Cardiac fluoroscopy	BR	
93000 Electrocardiogram, with interpretation and report; routine ECG with at least 12 leads	30.0		(For chest fluoroscopy, see 71034, 76000)		
93005 tracing only, without interpretation and report	20.0		<b>ECHOCARDIOGRAPHY</b>		
93010 interpretation and report only	15.0		93300 Echocardiography, M-Mode; complete	BR	
(For ECG monitoring, see 99150, 99151)					
93012 Telephonic or telemetric transmission of electrocardiogram, rhythm strip;	BR				

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
93305			limited (e.g., follow-up or limited study)	BR	
93307			Echocardiography, real-time scan; complete	BR	
93308			limited	BR	
93309			Echocardiography, M-mode and real time with image documentation	BR	
93320			Doppler echocardiography	BR	
			(Procedure 93320 is often performed in combination with M-Mode or 2-dimensional echocardiography)		
			(For echocardiography as a radiologic procedure, see 76620-76628)		
<b>Cardiac Catheterization</b>					
			Cardiac catheterization procedure includes placement of catheter(s), recording of intracardiac and intravascular pressure, obtaining blood samples for measurement of blood gases and/or dye (or other) dilution curves and cardiac output measurements (dye dilution, Fick or other method, with or without rest and exercise and/or other studies) with or without electrode catheter placement, final evaluation and report.		
			(For radiological procedures, see 75500-75755)		
			Listed values are for the physician's services only and include usual preassessment of cardiac problem and recording of intra-cardiac pressure.		
			(For consultation services, see 90600-90630)		
93501	350.0	5.0	Right heart catheterization; only		
			(For bundle of His recording, see 93600)		
93503	200.0	5.0	Placement of flow directed catheter (e.g., Swan-Ganz), with or without balloon tip, when placed for monitoring purposes, collection of blood, and/or angiography		
			(For subsequent monitoring, see 99150, 99151)		
93505	200.0	5.0	Endocardial biopsy		
93510	200.0	5.0	Left heart catheterization, retrograde, from the brachial artery, axillary artery or femoral artery; percutaneous		
93511	200.0	5.0	by cutdown		
93514	200.0	5.0	by left ventricular puncture		
93515	200.0	5.0	by transeptal venous catheterization		
93524	400.0	5.0	Combined transeptal and retrograde left heart catheterization		
93526	450.0	5.0	Combined right heart catheterization and retrograde left heart catheterization		
93527	400.0	5.0	Combined right heart catheterization and transeptal left heart catheterization (with or without retrograde left heart catheterization)		
93528	400.0	5.0	Combined right heart catheterization with left ventricular puncture (with or without retrograde left heart catheterization)		
			Injection procedures performed in conjunction with cardiac catheterization. These include placement or repositioning of catheters and use of automatic power injectors. The technical details of angiography, supervision of filming and processing, interpretation and report are not included. For radiological services, see appropriate section.		
93535			Percutaneous insertion and removal of intra-aortic balloon catheter	BR	
93541	290.0		Injection procedure during cardiac catheterization; for pulmonary angiography		
93542					
			for selective right ventricular or right atrial angiography	290.0	
93543			for selective left ventricular or left atrial angiography	290.0	
			(For radiological procedures, see 75500-75509)		
93544			for aortography	290.0	
			(For radiological procedures, see 75600-75628)		
93545			for selective coronary angiography (injection of radiopaque material may be by hand)	290.0	
			(For radiological procedures, see 75750-75755)		
93546			Combined left heart catheterization and left ventricular angiography	290.0	
93547			Combined left heart catheterization, selective coronary angiography and selective left ventricular angiography (this code number is to be used when procedure 93510 is combined with procedures 93543 and 93545)	350.0	
93548			Combined left heart catheterization, selective coronary angiography, selective left ventriculography, and aortic root aortography	300.0	
93549			Combined right and left heart catheterization, selective coronary angiography, and selective left ventricular angiography (this code number is to be used when procedure 93547 is combined with right heart catheterization)	400.0	
			(For radiographic procedures, see 75741-75748)		
93561			Indicator dilution studies such as dye or thermal dilution, including arterial and/or venous catheterization; with cardiac output measurement (separate procedure)	50.0	
93562			subsequent measurement of cardiac output	20.0	
			(For unlisted cardiac catheterization procedure, see 93799)		
<b>INTRACARDIAC ELECTROPHYSIOLOGICAL PROCEDURES</b>					
93600	200.0		Bundle of His recording		
93602			Intra-atrial recording	BR	
93604			Intraventricular recording	BR	
93606			Combined intracardiac recording	BR	
93610			Intra-atrial pacing	BR	
93612			Intraventricular pacing	BR	
93614			Bundle of His pacing	BR	
93618			Induction of arrhythmia by electrical pacing	BR	
			(For intracardiac phonocardiogram, see 93210)		
			(For radio-isotope methods, see 78470)		
<b>Other Vascular Studies</b>					
			(For arterial cannulization and recording of direct arterial pressure, see 36620)		
			(For radiographic injection procedures, see 36000-36299)		
			(For vascular cannulization for hemodialysis, see 36800-36820)		
			<u>76550, 76900-76920 have been deleted.</u>		
			(For ultrasound vascular procedures, including Doppler, see (( <del>76550, 76900-</del> ) 76925, 93850-93950))		
			(For chemotherapy for malignant disease, see 90790-90796)		

	Unit Value	Basic Anes@		Unit Value	Basic Anes@
<del>(93700) Peripheral vascular disease studies . . . . .</del>		<del>BR(+)</del>	Peripheral vascular studies include patient care required to perform the studies, supervision of the studies and interpretation of study results with copies for patient records of hard copy output or imaging when provided.		
<del>(For Penile plethysmography, see 54240)</del>					
<del>(93700 Peripheral vascular disease studies has been deleted. To report, see 93850-93960)</del>					
<del>(93710) Phonoangiography, carotid . . . . .</del>		<del>BR))</del>	CEREBROVASCULAR ARTERIAL STUDIES		
<del>(93710 carotid phonoangiography has been deleted. To report, use 93860)</del>					
93720 Plethysmography, total body with interpretation and report . . . . .		((BR+))	93850 Noninvasive studies of cerebral arteries other than carotid (e.g., periorbital flow direction with arterial compression, periorbital photoplethysmography with arterial compression, ocular plethysmography with brachial blood pressure, ocular and ear pulse wave timing) . . . . .		BR
93721 tracing only, without interpretation and report . . . . .		((BR))	93860 noninvasive studies of carotid artery, nonimaging (e.g., photoangiography with or without spectrum analysis, flow velocity pattern evaluation, analog velocity wave form analysis, diastolic flow evaluation, vertebral arteries flow direction measurement) . . . . .		BR
93722 interpretation and report only . . . . .		((BR))	93870 Noninvasive studies of carotid artery, imaging (e.g., flow imaging by ultrasonic arteriography, high resolution B-scan with or without pulsed Doppler flow evaluation, Doppler flow or duplex scan with spectrum analysis) . . . . .		BR
<del>(93725) Plethysmography regional, with interpretation and report . . . . .</del>		<del>BR+</del>	LIMB ARTERIAL STUDIES (INCLUDING DIGITS)		
<del>93726 tracing only, without interpretation and report . . . . .</del>		<del>BR</del>	93890 Noninvasive studies of upper extremity arteries (e.g., segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmographic or pulse volume digit wave form analysis, flow velocity signals) . . .		BR
<del>93727 interpretation and report only . . . . .</del>		<del>BR</del>	93910 Noninvasive studies of lower extremity arteries (e.g., segmental blood pressure measurements, continuous wave Doppler analog wave form analysis, evocative pressure response to exercise or reactive hyperemia, photoplethysmography or pulse volume digit wave form analysis, flow velocity signals) . . .		((BR))
<del>(For penile plethysmography, see 54240)</del>					
93728 Oculoplethysmography . . . . .		BR			
93730 Phleborheography . . . . .		BR))			
<del>(For regional plethysmography, see 93850-93910)</del>					
<del>(93725-93730, 93750 have been deleted. To report, see 93850-93960)</del>					
93740 Temperature gradient studies . . . . .		BR((+))			
93760 Thermogram; cephalic . . . . .		BR((+))			
93762 peripheral . . . . .		38.0			
93770 Venous pressure determination . . . . .		10.0			
<del>(For central venous cannulization and pressure measurements, see 36480-36500)</del>					
93780 Circulation time, one test . . . . .		10.0			
93781 two or more test materials . . . . .		20.0			
93784 Ambulatory blood pressure monitoring, utilizing a system such as magnetic tape and/or computer disc, for 24 hours; including recording, scanning analysis, interpretation and report . . . . .		BR			
93786 recording only . . . . .		BR			
93788 scanning analysis with report . . . . .		BR			
93790 physician review with interpretation and report . . . . .		BR			
<del>(93795) Electronic analysis of internal pacemaker system; to include analysis of pulse, amplitude, duration, configuration of wave form, and testing of sensing function of pacemaker . . . . .</del>		<del>50.0</del>	VENOUS STUDIES		
<del>93796 telephonic analysis . . . . .</del>		<del>15.0))</del>	93950 Noninvasive studies of lower extremity veins (e.g., Doppler studies with evaluation of venous flow patterns and responses to compression and other maneuvers, phleborheography) . . . . .		BR
93791 Electronic analysis of dual-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); with reprogramming . . . . .		75.0			
93792 telephonic analysis . . . . .		15.0			
93793 Electronic analysis of single-chamber internal pacemaker system (may include rate, pulse amplitude and duration, configuration of wave form, and/or testing of sensory function of pacemaker); with reprogramming . . . . .		50.0			
93794 telephonic analysis . . . . .		15.0			
<del>(93795, 93796 have been deleted. To report, see 93791-93794)</del>					
OTHER PROCEDURES					
93799 Unlisted cardiovascular service or procedure . . . . .		BR			
NONINVASIVE PERIPHERAL VASCULAR DIAGNOSTIC STUDIES					
				Unit Value	
			94010 Spirometry, complete, including graphic record, total and timed vital capacity expiratory flow rate measurement(s), and/or maximal voluntary ventilation . . . . .		30.0
			94060 Bronchospasm evaluation: Spirometry as in 94010, before and after bronchodilator (aerosol or parenteral) or exercise . . . . .		50.0
			94070 Prolonged postexposure evaluation of bronchospasm with multiple spirometric determinations after test dose of bronchodilator (aerosol only) or antigen, with spirometry as in 94010 . . . . .		75.0
			94150 Vital capacity, total separate procedure . . . . .		6.0
			94160 Vital capacity screening tests: Total capacity with timed forced expiratory volume, and peak flow		

	Unit Value		Unit Value
rate .....	10.0		
94200 Maximal breathing capacity (maximum voluntary ventilation) .....	20.0	(For placement of flow directed catheter, see 93503)	
94240 Functional residual capacity or residual volume; helium method, nitrogen open circuit method, or other method (specify) .....	25.0	(For venipuncture, see 36410)	
94250 Expired gas collection, quantitative, single procedure (separate procedure) .....	10.0	(For central venous catheter placement, see 36480-36485)	
94260 Thoracic gas volume .....	20.0	(For arterial puncture, see 36600)	
94350 Determination of maldistribution of inspired gas; multiple breath nitrogen washout curve including alveolar nitrogen or helium equilibration time ...	BR((+))	(For arterial catheterization, see 36620)	
(For plethysmography, see 93720, ((93725)) 93722)		(For thoracentesis, see 32000)	
		(For phlebotomy, therapeutic, see 99195)	
		(For lung biopsy, needle, see 32405)	
94360 Determination of resistance to airflow, oscillatory or plethysmographic methods .....	BR	(For intubation, orotracheal or nasotracheal, see 31500)	
94370 Determination of airway closing volume, single breath tests .....	25.0	94799 Unlisted pulmonary service or procedure .....	BR
94375 Respiratory flow volume loop .....	20.0		
94400 Breathing response to CO <sub>2</sub> (CO <sub>2</sub> response curve) ..	20.0	<b>AMENDATORY SECTION</b> (Amending Order 81-28, filed 11/30/81, effective 1/1/82)	
94450 Breathing response to hypoxia (hypoxia response curve) .....	20.0	WAC 296-21-075 ALLERGY AND CLINICAL IMMUNOL- OGY.	
94620 Pulmonary stress testing, simple or complex .....	40.0	NOTES	
94650 Intermittent positive pressure breathing (IPPB) treatment, air or oxygen, with or without nebulized medication; initial demonstration and/or evaluation .....	40.0	ALLERGY SENSITIVITY TESTS: Allergy testing and treatment require prior authorization. The performance and evaluation of selective cutaneous and mucous membrane tests in correlation with the history, physical examination, and other observations of the patient. The number of tests performed should be judicious and dependent upon the history, physical findings, and clinical judgment. All patients should not necessarily receive the same tests nor the same number of sensitivity tests.	
94651 subsequent .....	20.0	IMMUNOTHERAPY (DESENSITIZATION, HYPOSENSITIZATION): The parental administration of allergenic extracts as antigens at periodic intervals, usually on an increasing dosage scale to a dosage which is maintained as maintenance therapy. Indications for immunotherapy are determined by appropriate diagnostic procedures coordinated with clinical judgment and knowledge of the natural history of allergic diseases.	
94652 newborn infants .....	50.0	OTHER THERAPY: For medical conferences on the use of mechanical and electronic devices (precipitators, air conditioners, air filters, humidifiers, dehumidifiers), climatotherapy, physical therapy, occupational and recreational therapy, see 95105.	
94656 Ventilation assist and management, initiation of pressure or volume preset ventilators for assisted or controlled breathing; first day .....	40.0	(For definitions of LEVELS OF SERVICE, see the Introduction)	
94657 subsequent days .....	15.0	(For medical service procedures, see 90000-90699)	
94660 Continuous positive airway pressure ventilation (CPAP), initiation and management .....	40.0	(For skin testing of bacterial, viral, fungal extracts, etc., see 86450-86585)	
94662 Continuous negative pressure ventilation (CNP), initiation and management .....	40.0	SPECIAL DIAGNOSTIC PROCEDURES (ALLERGY TESTING)	
94664 Aerosol or vapor inhalations for sputum mobilization or bronchodilation, or sputum induction for diagnostic purposes; initial demonstration and/or evaluation .....	30.0		
94665 subsequent .....	15.0		
94667 Manipulation chest wall, such as cupping, percussing, and vibration to facilitate lung function; initial demonstration and/or evaluation .....	40.0		
94668 subsequent .....	15.0		
94680 Oxygen uptake, expired gas analysis, rest and exercise, direct, simple .....	50.0		
94681 including CO <sub>2</sub> output, percentage oxygen extracted .....	100.0		
94690 rest, indirect (independent procedure) .....	16.0		
94700 Arterial blood gas study (oxygen saturation, PO <sub>2</sub> , PCO <sub>2</sub> , CO <sub>2</sub> pH), rest only .....	70.0		
94705 rest and exercise (including cannulization of artery) .....	130.0		Unit Value
94710 complete, 3 or more (e.g., O <sub>2</sub> administration, IPPB, exercise, etc.) .....	220.0	95000 Percutaneous tests (scratch, puncture, prick) with allergenic extracts; up to 30 tests .....	10.0
94715 Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation with oxygen) .....	70.0	95001 31-60 tests each test .....	1.0
(For values for blood gas determination, see 82800 et seq.)		95002 61-90 tests each test .....	1.5
(For single arterial puncture, see 36600)		95003 more than 90 tests each test .....	2.0
94720 Carbon monoxide diffusing capacity, any method	((BR+)) 21.0	95005 Percutaneous tests (scratch, puncture, prick) with antibiotics, biologicals, stinging insects; 1-5 tests .....	10.0
94725 Membrane diffusion capacity .....	BR((+))	95006 6-10 tests each test .....	1.0
94750 Pulmonary compliance study any method .....	BR((+))	95007 11-15 tests each test .....	1.5
94770 Carbon dioxide, expired gas determination by infrared analyzer .....	BR((+))	95011 more than 15 tests each test .....	2.0
(For bronchoscopy, see 31620-31659)		95014 Intracutaneous (intradermal) tests, with antibiotics, biologicals, stinging insects, immediate reaction 15-20 minutes; 1-5 tests .....	15.0
		95016 6-10 tests each test .....	2.0
		95017 11-15 tests each test .....	2.5
		95018 more than 15 tests each test .....	3.0

	Unit Value
95020 Intracutaneous (interdermal) tests with allergenic extracts, immediate reaction—15 to 20 minutes; up to 10 tests . . . . .	15.0
95022 21-30 tests each test . . . . .	2.0
95023 more than 30 tests each test . . . . .	2.5
95027 Skin end point titration . . . . .	BR
95030 Intracutaneous (intradermal) tests with allergenic extracts, delayed reaction—24 to 72 hours, including reading; 2 tests . . . . .	20.0
95031 3-4 tests each test . . . . .	2.0
95032 5-6 tests each test . . . . .	2.5
95033 7-8 tests each test . . . . .	3.0
95034 more than 8 tests each test . . . . .	3.5
95040 Patch test, one to ten tests . . . . .	10.0
95041 11-20 tests each test . . . . .	2.0
95042 21-30 tests each test . . . . .	2.5
95043 more than 30 tests each test . . . . .	3.0
95050 Photo-patch test, one to ten tests . . . . .	10.0
95051 more than 10 tests each test . . . . .	4.0
95056 Photo test . . . . .	10.0
95060 Mucous membrane test ophthalmic . . . . .	10.0
95065 Direct nasal mucous membrane test . . . . .	10.0
95070 Inhalation bronchial challenge testing (not including necessary pulmonary function tests); with histamine, methacholine, or similar compounds . . . . .	BR
95071 with antigens, specify . . . . .	BR
(For pulmonary function tests, see 94060, 94070)	
95077 Food allergenic extract immunotherapy . . . . .	BR
95078 Provocative testing . . . . .	BR
95080 Passive transfer test one to ten tests . . . . .	100.0
95081 11-20 tests each test . . . . .	2.0
95082 more than 20 tests each test . . . . .	3.0

(For allergy laboratory tests, see 86000-86699)  
 (For intravenous therapy for severe or intractable allergic disease, see 90799)  
 (For preparation of antigens, materials supplied by physician, etc., see 99070)

95105 Medical conference services (e.g., use of mechanical and electronic devices, climatotherapy, breathing exercises and/or postural drainage) . . . . .	50.0
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(For summary conference or for therapeutic conference by physician following completion of diagnostic workup, including discussion, avoidance, elimination, symptomatic treatment, and immunotherapy, see 90040-90070)

(For prolonged conference, see 99155-99156)

**ALLERGY IMMUNOTHERAPY**

95120 Immunotherapy, in prescribing physician's office or institution, including provision of allergenic extract; single antigen . . . . .	20.0
95125 multiple antigens (specify number of injections) . . . . .	30.0
95130 single stinging insect ((antigens)) venom . . . . .	<del>(30.0)</del> 20.0
95131 two stinging insect venoms . . . . .	BR
95132 three stinging insect venoms . . . . .	BR
95133 four stinging insect venoms . . . . .	BR
95134 five stinging insect venoms . . . . .	BR
95135 Professional services performed in the supervision and provision of antigens for allergen immunotherapy ((in other than the providing physician's office or institution)) (specify number of vials); single antigen, single dose vial . . . . .	20.0
95140 multiple antigens, single dose vials . . . . .	30.0
95145 single stinging insect ((antigens)) venom, single dose vials . . . . .	<del>(30.0)</del> 20.0
95146 two single stinging insect venoms, single dose vials . . . . .	BR

95150 Professional services performed in the supervision and provision of antigens for allergen immunotherapy ((in other than the providing physician's office or institution)) (specify number of treatments or total volume); single antigen, multiple dose vials . . . . .	25.0
95155 multiple antigens, multiple dose vials . . . . .	35.0
95160 stinging insect ((antigens)) venom, multiple dose vials . . . . .	35.0
<u>(For allergy injection(s) by other than the prescribing physician, see 90782)</u>	
95180 Rapid desensitization procedure, each hour (e.g., insulin, penicillin, horse serum) . . . . .	BR
95199 Unlisted allergy/clinical immunologic service or procedure . . . . .	BR
(For skin testing of bacterial, viral, fungal extracts, see 95030-95034, 86450-86585)	
(For special reports on allergy patients, see 99080)	
(For testing procedures such as radioallergosorbent testing (RAST), rat mast cell technique (RMCT), mast cell degranulation test (MDT), lymphocytic transformation test (LTT), leukocyte histamine release (LHR), migration inhibitory factor test (MIF), transfer factor test (TFT), nitroblue tetrazolium dye test (NTD), see Immunology section in Pathology or use 95199)	

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-21-080 NEUROLOGY AND NEUROMUSCULAR.**

**NOTES**

Neurologic services are typically consultative, and any of the five levels of consultation (90600-90630) may be appropriate.

In addition, services and skills outlined under medicine levels of service appropriate to neurologic illnesses should be coded similarly (90000 series).

	Unit Value
95819 Electroencephalogram (EEG) including recording awake, drowsy and asleep, with hyperventilation and/or photic stimulation; standard or portable, same facility . . . . .	70.0
95821 portable, to an alternate facility . . . . .	80.0
95822 sleep . . . . .	70.0
95823 physical or pharmacological activation . . . . .	70.0
95824 cerebral death evaluation recording . . . . .	70.0
95826 intracerebral (depth) EEG . . . . .	70.0
95827 all night sleep recording . . . . .	100.0
95828 Polysomnography (recording, analysis and interpretation of the multiple simultaneous physiological measurements of sleep) . . . . .	100.0
95829 Electrocardiogram at surgery (separate procedure) . . . . .	BR
95830 Insertion by physician of sphenoidal electrodes for electroencephalographic (EEG) recording . . . . .	BR
95831 Muscle testing, manual, (separate procedure); per extremity (excluding hand) or trunk, with report . . . . .	16.0
95832 hand (with or without comparison with normal side) . . . . .	10.0
95833 total evaluation of body, excluding hands . . . . .	50.0
95834 total evaluation of body including hands . . . . .	64.0
95842 muscle testing electrodiagnosis (e.g., reaction of degeneration, chronaxy, galvanic tetanus ratio), one or more extremity, one or more method. . . . .	24.0
<del>((95845 Strength duration curve, each nerve . . . . .</del>	<del>10.0)</del>
<u>(95845 Strength duration curve has been deleted. If necessary to report, use 95999)</u>	
95851 Range of motion measurements and report, each extremity (independent procedure), excluding	

	Unit Value
hand. ....	16.0
95852 hand, with or without comparison with normal size .....	10.0
95857 Tension test for myasthenia gravis; .....	10.0
95858 with electromyographic recording .....	20.0
95860 Electromyography, one extremity and related paraspinal area .....	80.0
95861 two extremities and related paraspinal areas ...	120.0
95863 three extremities and related paraspinal areas .....	160.0
95864 four extremities and related paraspinal areas ..	200.0
95867 Electromyography, cranial nerve supplied muscles; unilateral .....	100.0
95868 bilateral .....	150.0
95869 Electromyography, limited study of specific muscles (e.g. thoracic spinal muscles) .....	80.0
(For eye muscles, see 92265)	
95875 Ischemic forearm exercise test .....	20.0
95880 Assessment of higher cerebral function with medical interpretation; aphasia testing .....	50.0
95881 developmental testing .....	30.0
95882 cognitive testing and others .....	30.0
95900 Nerve conduction velocity and/or latency study, motor each nerve .....	32.0
95904 sensory, each nerve .....	24.0
95925 Somatosensory testing (e.g., cerebral evoked potentials), one or more nerves .....	BR
95933 Orbicularis oculi (blink) reflex, by electrodiagnostic testing .....	BR
95935 "H" reflex, by electrodiagnostic testing .....	(BR) 35.0
95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any one method .....	BR
95950 ((Ambulatory 24 hour EEG monitoring)) Monitoring for localization of cerebral seizure focus, by attached electrodes or radiotelemetry; electroencephalographic (EEG) recording and interpretation, initial 24 hours .....	BR
95951 combined electroencephalographic (EEG) and videorecording and interpretation, initial 24 hours .....	BR
95952 each additional 24 hours, with or without videorecording .....	BR
95954 Pharmacological activation during prolonged monitoring for localization of cerebral seizure focus .....	BR
95955 Electroencephalogram (EEG) during nonintracranial surgery (e.g., carotid surgery) ...	BR
95958 Wada activation test for hemispheric function, including electroencephalographic (EEG) monitoring .....	BR
95999 Unlisted neurological or neuromuscular diagnostic procedure .....	BR

**AMENDATORY SECTION** (Amending Order 75-39, filed 11/28/75, effective 1/1/76)

**WAC 296-21-085 SPECIFIC THERAPEUTIC PROCEDURES—MISCELLANEOUS.**

	Unit Value	Basic Value
96000 Cardio-pulmonary resuscitation (e.g., cardiac arrest) .....	Sv.&	
96020 Electrical conversion of arrhythmia, external (independent procedure) .....	100.0	4.0
96030 Chemotherapy for malignant disease, parental .....	Sv.&	
96035 infusion (continuous or intermittent) (for catheter placement, see 36640) .....	BR+	
96040 perfusion .....	BR+	
96050 intracavitary .....	BR+	

	Unit Value	Basic Value
(For radioactive isotope therapy, see 79000-79400)		
96100 Desensitization (e.g., horse serum) .....	BR+	
96150 Gastric lavage treatment (e.g., ingested poisons) .....	Sv.&	
96200 Hyperbaric oxygen pressurization, initial .....	BR+	
96201 subsequent .....	BR+	
96250 Hypothermia, regional .....	BR+	
96255 total body .....	BR+	
96400 Intermittent positive pressure treatment (HPPB), initial or subsequent .....	8.0	
96450 Phlebotomy, therapeutic (independent procedure) .....	20.0	
96460 Epidural blood patch .....	72.0)	

The codes within WAC 296-21-085, Specific therapeutic procedures—Miscellaneous, have been deleted. 96000 - 96050 have been deleted. To report see codes 92950, 92960; 95180; 96500 - 96549. For therapeutic radiology, see 79000 - 79999.

For desensitization procedure see 95180.

Codes 96150 - 96450 have been deleted. To report see 99170 - 99186. Codes 96400 and 96450 have been deleted. To report see codes 94650, 94651, 99195. Code 96460 has been deleted. To report see 62273.

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-21-086 CHEMOTHERAPY INJECTIONS.** Procedures 96500-96549 are independent of the patient's office visit. Either may occur independently from the other on any given day, or they may occur sequentially on the same day. Oncologists may see their patients at 2 to 4 week intervals with none to 5 chemotherapy procedures between visits.

	Unit Value
96500 Chemotherapy injection, intravenous, single premixed agent, administered by qualified assistant under supervision of physician or by physician; by push technique .....	BR
96501 by infusion technique .....	BR
96504 Chemotherapy injection, intravenous, multiple premixed agents, administered by qualified assistant under supervision of physician or by physician; by push technique .....	BR
96505 by infusion technique .....	BR
96508 Chemotherapy injection, intravenous, complex, using one or more agents requiring mixing, administered by qualified assistant under supervision of physician or by physician; by push technique .....	BR
96509 by infusion technique .....	BR
96510 by infusion technique, prolonged, requiring attendance up to one hour .....	BR
96511 by infusion technique, prolonged, each additional hour up to a total of eight hours .....	BR
96512 by infusion technique, prolonged, up to a total of several days, involving the use of portable pump .....	BR
(Use 96512 in addition to code for intravenous catheterization; see 36000-36010, 36400-36425, 36480-(36485) 36491)	
96520 Portable pump refilling and maintenance (use 96520 in addition to 96512) .....	BR
96524 Chemotherapy injection, complex, administered by physician, arterial infusion technique .....	BR
96526 Chemotherapy injection, complex, administered by physician, prolonged intra-arterial therapy infusion technique, up to several months .....	BR
(Use 96526 in addition to code for intra-arterial catheterization; see 36100-36299, 36640-36660)	

		Unit Value
	(For monitoring of an intra-arterial chemotherapy, drip or forced infusion, see 36620-36625)	
	<u>(For implantation of infusion pump in hepatic artery system for liver chemotherapy, see 36260-36262)</u>	
96530	Implantable pump filling and maintenance . . . . .	BR
	(Use 96530 in addition to 96526)	
96535	Chemotherapy injection, complex, requiring thoracentesis and/or paracentesis, administered by physician, intracavitary . . . . .	BR
96538	Chemotherapy injection, requiring lumbar puncture, administered by physician . . . . .	BR
96540	Chemotherapy injection, intrathecal via reservoir, single or multiple agents, administered by physician . . . . .	BR
	<u>(For insertion of subarachnoid catheter for infusion of drug, see 63750)</u>	
96545	Provision of chemotherapy agent . . . . .	BR
	(For radioactive isotope therapy see 79000-79999)	
96549	Unlisted chemotherapy procedure . . . . .	BR

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

**WAC 296-21-090 SPECIAL DERMATOLOGICAL PROCEDURES.**

((Unit  
Value))

((List in addition to office visit.))

Dermatologic services are typically consultative, and any of the five levels of consultation (90600-90630) may be appropriate;

In addition, services and skill outlined under medicine levels of service appropriate to dermatologic(s) illnesses should be coded similarly (90000 series).

(For intralesional injections, see 11900, 11901)

		<u>Unit Value</u>
	<u>(List in addition to office visit.)</u>	
96900	Actinotherapy (ultraviolet light) . . . . .	5.0
96910	Photochemotherapy; tar and ultraviolet B (Goeckerman treatment) . . . . .	5.0
96912	psoralens and ultraviolet A (PUVA) . . . . .	5.0
96999	Unlisted special dermatological service or procedure . . . . .	BR

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-21-095 PHYSICAL MEDICINE.** The department or self-insurer will authorize and pay for the following physical medicine services only when the services are under the direct, continuous supervision of a physician who is "board qualified" in the field of physical medicine and rehabilitation, (except for (1) and (2) below). The services must be carried out by the physician or registered physical therapist or a physical therapist assistant serving under the direction of a registered physical therapist, by whom he is employed.

The department or self-insurer will allow other licensed physicians to provide physical medicine modalities in the following situations:

(1) The primary attending physician may administer physical therapy modalities as listed under 97000 and/or procedures as listed under 97100 in his office. No more than six such visits will be authorized and paid to the attending physician. If the injured worker requires treatment beyond six visits, he must be referred to a registered physical therapist or a physiatrist for such treatment. The attending physician

can bill an office visit in addition to the physical therapy visit for the same day if indicated. Procedure 97070 should be used to bill the physical therapy portion of the visit.

(2) In remote areas, where no registered physical therapist or physical therapist assistant is available, treatment by the attending physician with modalities listed under 97100 may be billed under 97070.

(For fabrication of splints, bracing and other supportive devices, see 99070)

(For muscle testing, range of joint motion, electromyography, etc., see 95831 et seq.)

Unit  
Value

**Modalities**

Physician or therapist is required to be in constant attendance.

(97000 has been deleted. To report, use 97010-97039)

97010	Physical medicine treatment to one area; hot or cold packs . . . . .	12.0
97012	traction, mechanical . . . . .	12.0
97014	electrical stimulation (unattended) . . . . .	12.0
97016	vasopneumatic devices . . . . .	12.0
97018	paraffin bath . . . . .	12.0
97020	microwave . . . . .	12.0
97022	whirlpool . . . . .	12.0
97024	diathermy . . . . .	12.0
97026	infrared . . . . .	12.0
97028	ultraviolet . . . . .	12.0
97039	unlisted modality (specify) . . . . .	12.0
97050	Office visit with two or more modalities to same area . . . . .	13.0
97070	In remote isolated areas, where there is no registered physical therapist or physical therapist assistant serving under the direction of a registered physical therapist within reasonable distance or when the first six visits are in the physician's office, treatment by any of the listed modalities or procedures given in a physician's office, hospital, nurse practitioner clinic, by other than a registered physical therapist, will be allowed . . . . .	5.0

**Procedures**

(Physician or therapist is required to be in constant attendance)

(97100 has been deleted. To report, use 97110-97139)

(97101 has been deleted. To report, use 97145)

97110	Physical medicine treatment to one area, initial 30 minutes, each visit; therapeutic exercises . . . . .	16.0
97112	neuromuscular reeducation . . . . .	16.0
97114	functional activities . . . . .	16.0
97116	gait training . . . . .	16.0
97118	electrical stimulation (manual) . . . . .	16.0
97122	traction, manual . . . . .	16.0
97124	massage . . . . .	16.0
97126	contrast baths . . . . .	16.0
97128	ultrasound . . . . .	16.0
97139	unlisted procedure (specify) . . . . .	BR
97145	Physical medicine treatment to one area, each additional 15 minutes . . . . .	5.0
97200	Office visit including combination of any modality(s) and procedure(s), initial 30 minutes . . . . .	16.0
	each additional 15 minutes . . . . .	5.0
97201	Hubbard tank(;;); initial 30 minutes, each visit . . . . .	24.0
97221	each additional 15 minutes (maximum allowance, one hour) . . . . .	5.0
97240	Pool therapy or Hubbard tank with therapeutic exercises(;;); initial 30 minutes, each visit . . . . .	30.0
97241	each additional 15 minutes (maximum allowance, one hour) . . . . .	6.0

	Unit Value
97260 Manipulation (cervical, thoracic, lumbosacral, sacroiliac, hand, wrist, etc.), one area ( <del>(independent)</del> separate procedure) performed by ( <del>an osteopathic</del> ) physician . . . . .	16.0
97261 each additional area . . . . .	8.0
 (Codes 97260 and 97261 may be used in conjunction with code 90030. All other office visit codes include treatment of the day.)	
 (For manipulation under general anesthesia, see appropriate anatomic section in Musculoskeletal System)	
97500 Orthotics training (dynamic bracing, splinting, etc.) upper extremities(;;); initial 30 minutes, each visit . . . . .	24.0
97501 each additional 15 minutes . . . . .	12.0
97520 Prosthetic training, initial 30 minutes, each visit . . . . .	24.0
97521 each additional 15 minutes . . . . .	12.0
97530 Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit . . . . .	24.0
97531 each additional 15 minutes . . . . .	12.0
97540 Activities of daily living (ADL) and diversional activities(;;); initial 30 minutes, each visit . . . . .	24.0
97541 each additional 15 minutes . . . . .	12.0

Tests and Measurements

(For muscle testing, manual or electrical, joint range of motion, electromyography or nerve velocity determination, see 95830-95930)

	Unit Value
97700 Office visit including one of the following tests or measurements, with report( <del>(initial 30 minutes)</del> ) . . . . .	24.0
(a) Orthotic ( <del>(<sup>±</sup>)</del> )check-out( <del>(<sup>±</sup>)</del> )	
(b) Prosthetic ( <del>(<sup>±</sup>)</del> )check-out( <del>(<sup>±</sup>)</del> )	
(c) Activities of daily living ( <del>(<sup>±</sup>)</del> )check-out( <del>(<sup>±</sup>)</del> ); initial 30 minutes, each visit	
97701 each additional 15 minutes . . . . .	12.0
97720 Extremity testing for strength, dexterity or stamina(;;); initial 30 minutes, each visit . . . . .	24.0
97721 each additional 15 minutes . . . . .	12.0
<del>(97740 Kinetic activities to increase coordination, strength and/or range of motion, one area (i.e., any two extremities or trunk), initial 30 minutes</del>	<del>24.0</del>
<del>97741 each additional 15 minutes . . . . .</del>	<del>12.0</del>
<del>(97740, 97741 have been deleted. To report, see 97530, 97531)</del>	
97752 Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of Cybex machine) . . . . .	24.0

Other Procedures

97799 Unlisted physical medicine service or procedure . . . . . BR

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-21-125 ANESTHESIA. (1) Values for anesthesia services are listed for each procedure in the surgical section and for certain procedures in other sections. These values are to be used only when the anesthesia is personally administered by a licensed physician and surgeon who remains in constant contact attendance during the procedure for the sole purpose of rendering such anesthesia service. These values include usual pre- and post-operative visits, the administration of the anesthetic and the administration of fluids and/or blood incident to the anesthesia or surgery.

(2) "STANDBY SERVICES": When an anesthesiologist is required to participate in the general care of the patient during a surgical procedure, but does not administer anesthesia, these services may be charged on the basis of detention or on the basis of the indicated anesthesia value in accordance with the extent of the services rendered.

- (3) In procedures where no value is listed, the basic portion of the calculated value will be the same as listed for a comparable procedure.
- (4) Local infiltration, digital block or topical anesthesia administered by the operating surgeon is included in the unit value for the original surgical procedure.
- (5) SUPPLEMENTAL SKILLS: When warranted by the necessity of supplemental skills, values for the services of the two or more physicians will be allowed.
- (6) Adjunctive services provided during anesthesia and certain other circumstances may warrant an additional charge.

ANESTHESIA MODIFIERS

Since the values of anesthesia services are related to the procedure for which the anesthesia was performed, the anesthesia service is billed under the code number of the procedure. Add appropriate anesthesia modifier -30 to -99 to the procedure number to indicate that billing is for anesthesia service and not the medical or surgical procedure.

Listed values for most procedures may be modified under certain circumstances. When applicable, the modifying circumstances should be identified by the addition of the appropriate "modifier code number" (including hyphen) after the usual procedure number. The value should be listed as a single modified total for the procedure. (When multiple modifiers are applicable to a single procedure, see modifier code -99.)

- | Unit<br>Value    |   |
|------------------|---|
| -22              | UNUSUAL SERVICES: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number. A report may also be appropriate.   |
| -23              | UNUSUAL ANESTHESIA: Periodically, a procedure, which usually required either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding the modifier '-23' to the procedure code of the basic service.  |
| -30              | ANESTHESIA SERVICE: Add this modifier (- 30) to the usual procedure number and use value listed in "Anes." column for normal, uncomplicated anesthesia.<br><br><del>((For therapeutic hypothermia, see 96250, 96255))</del>   |
| -47              | ANESTHESIA BY SURGEON: When regional or general anesthesia is provided by the surgeon use the "basic" anesthesia value without the added value for time. (Note: Surgical units and anesthesia units are not the same dollar value.) List separately from the surgical service provided and identify by adding this modifier (-47) to the usual procedure number.<br><br>(For local infiltration, digital block or topical anesthesia, see WAC 296-21-125, item 5) |
| <del>(-99)</del> | <del>MULTIPLE ANESTHESIA MODIFIERS: Two or more modifiers may be necessary to identify the anesthesia service (e.g., anesthesia performed on a critically ill patient under hypothermic technique). Identify by adding this modifier (- 99) to the usual procedure number and briefly indicate the modifying circumstances. . . . . BR+))</del>   |
| -75              | CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.   |
| -95              | SUPERVISORY ANESTHESIA: Supervisory anesthesia is allowable to the supervising anesthesiologist when provided in the hospital and when the registered nurse anesthetist is not in the employ of the   |

supervising anesthesiologist. The basic value is paid to the supervising anesthesiologist and the time units are paid to the nurse anesthetist. Identify by adding modifier -95 to the procedure code.

~~-99~~ MULTIPLE ANESTHESIA MODIFIERS: Two or more modifiers may be necessary to identify the anesthesia service (e.g., anesthesia performed on a critically ill patient under hypothermic technique). Identify by adding this modifier (-99) to the usual procedure number and briefly indicate the modifying circumstances . . . . . BR

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

**WAC 296-21-128 SPECIAL SERVICES AND BILLING PROCEDURES—ANESTHESIA.**

Many anesthesia services are provided under particularly difficult circumstances depending on factors such as extraordinary condition of patient, notable operative conditions, unusual risk factors. This section includes a list of important qualifying circumstances that significantly impact on the character of the anesthetic service provided. These procedures would not be reported alone but would be reported as additional procedure numbers qualifying an anesthesia procedure or service.

	Unit Value
(( <del>ANESTHESIA</del> ))	
<del>99105</del> Anesthesia risk as when patient has incapacitating systemic disease that is constant threat to life . . . . . 2.0))	
<u>QUALIFYING CIRCUMSTANCES: (More than one may be selected.)</u>	
99100 Anesthesia for patient of extreme age, under one year and over seventy . . . . .	BR
99110 Anesthesia complicated by prone position and/or intubation to avoid surgical field . . . . .	1.0
<del>((99115))</del> <u>99116 Anesthesia complicated by utilization of total body hypothermia (<del>above 30</del> °C) . . . . .</u>	<del>((5.0))</del>
<del>((99120</del> <u>below 30°C . . . . .</u>	<del>10.0</del>
99125 Anesthesia complicated by extracorporeal circulation, e.g., heart pump oxygenator bypass or pump assist, with or without hypothermia . . . . .	10.0
99130 Anesthesia complicated by hyperbaric or compression chamber pressurization . . . . .	BR((+))
99135 Anesthesia <del>((employed-in))</del> <u>complicated by utilization of controlled hypotension. . . . .</u>	BR
99140 <u>Anesthesia complicated by emergency conditions (specify)</u> <u>(An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part.) . . . . .</u>	20.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-010 GENERAL INFORMATION AND INSTRUCTIONS.** Rules and billing procedures pertaining to all practitioners rendering services to injured workers are presented in the general information section beginning with WAC 296-20-010. Some commonalities are repeated here for the convenience of those doctors referring to the surgery section. Definitions and rules unique to surgery are also included here. Doctor's services rendered for office, home, hospital, consultations and other services are listed in the medicine section.

(1) Listed values for all surgical procedures include the surgery, local infiltration, digital block or topical anesthesia when used and the normal uncomplicated follow-up care for the period indicated in days in the column headed "follow-up days."

(2) Follow-up care for diagnostic procedures (e.g., endoscopy, injection procedures for radiography, etc.) includes only that care related to recovery from the diagnostic procedure itself. Care of the condition for which the diagnostic procedure was performed or other concomitant

conditions is not included and may be charged for in accordance with the services rendered.

(3) Follow-up care for therapeutic surgical procedures includes only that care usually a part of the surgical service. Complications, exacerbations, recurrence or the presence of other diseases or injuries requiring additional services concurrent with the procedure(s) or during the listed period of normal follow-up care may warrant additional charges. (See modifier -68.)

When an additional surgical procedure(s) is carried out within the listed period of follow-up care for a previous surgery, the follow-up periods will continue concurrently to their normal terminations.

(4) **PREOPERATIVE VISITS AND SERVICES:** Under most circumstances the immediate preoperative visit in the hospital or elsewhere necessary to examine the patient, complete the hospital records, and initiate the treatment program is included in the listed value for the surgical procedure.

Additional charges may be warranted for preoperative services under the following circumstances:

(a) When the preoperative visit is the initial visit (e.g., an emergency, etc.) and prolonged detention or evaluation is required to prepare the patient or to establish the need for and type of surgical procedure.

(b) When the preoperative visit is a consultation as defined in WAC 296-21-030.

(c) When procedures not usually part of the basic surgical procedure (e.g., bronchoscopy prior to chest surgery, etc.) are provided during the immediate preoperative period.

(5) **CONCURRENT SERVICES BY MORE THAN ONE PHYSICIAN:** Charges for concurrent services of two or more physicians may be warranted under the following circumstances:

(a) Medical services provided during the surgical procedure or in the postoperative period (e.g., diabetic management, operative monitoring of cardiac or brain conditions, management of postoperative electrolyte imbalance, etc.).

(b) **TWO SURGEONS:** Under certain circumstances the skills of two surgeons (e.g., a urologist and a general surgeon in the creation of an ileal conduit, etc.). By prior agreement, the total value may be apportioned in relation to the responsibility of work done. The total value may be increased by 25% in lieu of the assistant's charge. (See modifier -62.)

(c) **CO-SURGEONS:** Under certain circumstances, two surgeons (usually with similar skills) may function simultaneously as primary surgeons performing distinct parts of a total surgical service (e.g., two surgeons simultaneously applying skin grafts to different parts of the body of the same patient). By prior agreement, the total value may be apportioned in relation to the responsibility and work done. The total value may be increased by an appropriate amount in lieu of the usual assistant's charge. (See modifier -64.)

(d) **SURGICAL TEAM:** Under some circumstances highly complex procedures requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment are carried out under the surgical team concept with a single, global fee for the total service. The services included in the "global" charge vary widely and no single value can be listed. The value should be supported by a report to include itemization of the physician(s) services, paramedical personnel and equipment included in the "global" charge. (See modifier -66.)

(6) **ASTERISK (\*) PROCEDURES OR ITEMS:** Certain relatively small surgical services involve a readily identifiable surgical procedure but include variable preoperative and postoperative services (e.g., incision and drainage of an abscess, injection of a tendon sheath, manipulation of a joint under anesthesia, dilation of the urethra, etc.). Because of the indefinite pre and postoperative services the usual "package" concept for surgical services (see above) cannot be applied. Such procedures are identified by an asterisk (\*) preceding or following the procedure code number.

Where an asterisk (\*) precedes or follows a procedure number and its value, the following rules apply:

(a) The services as listed includes the surgical procedure only. Associated pre and postoperative services are not included.

(b) Preoperative services are considered as one of the following:

(i) When the asterisk (\*) procedure is carried out at the time of an initial visit (new patient) and this procedure constitutes the major service at that visit, procedure number 99025 is listed in lieu of the usual initial visit as an additional service.

(ii) When the asterisk (\*) procedure is carried out at the time of an initial or other visit involving significant identifiable services (e.g., removal of a small skin lesion at the time of a comprehensive history and

Unit Value

physical examination), the appropriate visit is listed in addition to the asterisk (\*) procedure and its follow-up care.

(iii) When the asterisk (\*) procedure is carried out at the time of a follow-up (established patient) visit and this procedure constitutes the major service at that visit, no visit service is usually added.

(iv) When the asterisk (\*) procedure requires hospitalization, an appropriate hospital visit is listed in addition to the asterisk (\*) procedure and its follow-up care.

(c) All postoperative care is to be added on a service-by-service basis (e.g., office or hospital visit, cast change, etc.).

(d) Complications are added on a service-by-service basis (as with all surgical procedures).

(7) MULTIPLE OR BILATERAL SURGICAL PROCEDURES:

(a) When multiple ((or-bilateral)) surgical procedures which add significant time or complexity to patient care are performed at the same operative session. (See modifier ((=50)) -51.)

(b) When bilateral surgical procedures which add significant time or complexity to patient care are performed at the same operative session. (See modifier -50.)

(c) Incidental procedures (e.g., incidental appendectomy, incidental scar incision, puncture of ovarian cysts, simple lysis of adhesions, simple repair of hiatal hernia, etc.) do not warrant an additional charge. (See modifier -52.) THESE PROCEDURES MUST BE AUTHORIZED IN ADVANCE.

(8) SURGERY AND FOLLOW-UP CARE PROVIDED BY DIFFERENT PHYSICIANS: When one physician performs the surgical procedure itself and another provides the follow-up care, the value may be apportioned between them by agreement along with notification to the department of the fee distribution. (See modifier -54 or -55.)

(9) ANESTHESIA BY SURGEON: When regional or general anesthesia is provided by the surgeon, value as "basic" value for anesthesia procedure without added value for time. (See modifier -47) (For local infiltration, digital block or topical anesthesia, see WAC 296-22-010, item 1.)

(10) In cases where the claimant does not survive, the percentage of the flat fee paid the physician shall be commensurate with the services rendered.

(11) The emergency room will be considered the office for those physicians providing regular emergency room care to the hospital and fees will be allowed on this basis.

(12) Materials supplied by physician: Supplies and materials provided by the physician, e.g., sterile trays/drugs, over and above those usually included with the office visit or other services rendered may be listed separately. List drugs, trays, supplies, and materials provided. Identify as 99070.

(13) Separate or multiple procedures: It is appropriate to designate multiple procedures that are rendered on the same date by separate entries. (See Modifier -50 below.)

(14) Special report: A service that is rarely provided, unusual, variable, or new may require a special report in determining medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort, and equipment necessary to provide the service. Additional items which may be included are: Complexity of symptoms, final diagnosis, pertinent physical findings (such as size, location, and number of lesion(s), if appropriate), diagnostic and therapeutic procedures (including major and supplementary surgical procedures, if appropriate), concurrent problems, and follow-up care. See WAC 296-20-01002 for "BR" By Report instructions.

(15) Surgery modifiers: (For other modifiers, see appropriate sections.)

Listed values and procedures may be modified under certain circumstance. When applicable, the modifying circumstance should be identified by the addition of the appropriate "modifier code number" which is a two digit number placed after the usual procedure number from which it is separated by a hyphen. If more than one modifier is used, the "multiple modifiers" placed first after the procedure code indicates one or more additional modifier codes will follow. All modifiers and their respective codes are listed in Appendix A. Modifiers commonly used in surgery are as follows:

Unit Value

-20 When the surgical service is performed using the techniques of micro-surgery in an operating room and under the operating microscope, the modifier -20 may be added to the surgical procedure. The use of this modifier is not warranted when surgery

is done with the aid of a magnifying loupe or magnifying binoculars worn by the surgeon. A special report may be appropriate to document the necessity of the micro-surgical approach. The total value of the surgical procedure may be increased by 20%. A special report may be appropriate to document the necessity of the micro-surgical approach. The department will publish a list of surgical procedures that have approval for this modifier.

-22 UNUSUAL SERVICES: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number. List modified value. A report may be required.

-23 UNUSUAL ANESTHESIA: Periodically, a procedure, which usually requires either no anesthesia or local anesthesia, because of unusual circumstances must be done under general anesthesia. This circumstance may be reported by adding the modifier '-23' to the procedure code of the basic service. BR

-25 DIGITAL RADIOLOGY (e.g., digital subtraction angiography, digital fluoroscopy, digital radiography). When this technique is utilized, the modifier '-25' may be appended to the appropriate five digit number of the radiologic procedure to indicate that the digital modality was applied. The modifier would be applied to both the supervision and interpretation service and complete procedure. When the supervision and interpretation service code is utilized and the injection is done by a second physician, the modifier need not be applied to the surgical injection codes.

-26 PROFESSIONAL COMPONENT: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services) are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier '-26' to the usual procedure number. BR

-47 ANESTHESIA BY SURGEON: When regional or general anesthesia is provided by the surgeon, it may be reported by adding to modifier '-47' to the basic service. (This does not include local anesthesia.)

Use the "basic" anesthesia value only. (Note: Surgical units and anesthesia units are not of the same dollar values.) List separately from the surgical service provided and identify by adding this modifier '-47' to the usual procedure number. (For local infiltration, digital block or topical anesthesia, see WAC 296-21-125, item 5.)

-50 BILATERAL PROCEDURE: Unless otherwise identified in the listings, bilateral procedures requiring a separate incision that are performed at the same operative session, should be identified by the appropriate five digit code describing the first procedure. The second (bilateral) procedure is identified by adding modifier -50 to the procedure number and value at 50% of the listed value(s) unless otherwise indicated.

((=50)) -51 MULTIPLE ((OR-BILATERAL)) PROCEDURES: When multiple ((or-bilateral)) procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first or major procedure as listed. Identify secondary or lesser procedure(s) by ((=50)) -51' to the usual procedure number(s) and value at 50% of the listed value(s) unless otherwise indicated.

	Unit Value		Unit Value
-52		<p>REDUCED VALUES: Under certain circumstances, the listed value for a procedure is reduced or eliminated at the physician's election. Under these circumstances, the service provided can be identified by its usual procedure number and the addition of modifier '-52', signifying that the service is reduced. For example:</p> <p>(a) Incidental procedures (e.g., incidental appendectomies, incidental scar excisions, puncture of ovarian cysts, simple lysis of adhesions, simple repair of a hiatal hernia, etc.) do not warrant an additional charge.</p> <p>(b) When the listed value is reduced in conformity with a ground rule (e.g., rereduction of a fracture).</p> <p>(c) When charges for multiple procedures (e.g., multiple lacerations, etc.) are reduced at the physician's election to achieve an appropriate total charge.</p>	
-54		<p>SURGICAL PROCEDURE ONLY: When one physician performs the surgical procedure and another provides the pre and/or postoperative management surgical services may be identified by adding the modifier '-54' to the usual procedure number. Value may be apportioned between them by agreement.</p>	
-55		<p>POSTOPERATIVE MANAGEMENT ONLY: When one physician performs the postoperative management and another has performed the surgical procedure, the post operative component may be identified by adding the modifier '-55' to the usual procedure number. Value may be apportioned between them by agreement.</p>	
-56		<p>PREOPERATIVE MANAGEMENT ONLY: When one physician performs the preoperative care and evaluation and another physician performs the surgical procedure, the preoperative component may be identified by adding the modifier '-56' to the usual procedure number.</p> <p>Value is apportioned as per agreement between practitioners involved.</p>	
-62		<p>TWO SURGEONS: Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical problem (e.g., a urologist and a general surgeon in the creation of an ileal conduit, etc.). By prior agreement, the total value may be apportioned in relation to the responsibility and work done. The total value may be increased by 25% in lieu of the assistant's charge. Under these circumstances the services of each surgeon should be identified by adding this modifier '-62' to the joint procedure number(s) and valued as agreed upon.</p> <p>(Usual charges for surgical assistance may also be warranted if still another physician is required as part of the surgical team.)</p>	
-64		<p>CO-SURGEONS: Under certain circumstances, two surgeons (usually with similar skills) may function simultaneously as primary surgeons performing distinct parts of a total surgical service (e.g., two surgeons simultaneously applying skin grafts to different parts of the body or two surgeons repairing different fractures in the same patient). By prior agreement, the total value may be apportioned in relation to the responsibility and work done. The total value may be increased by 25% in lieu of the usual assistant's charge. Under these circumstances the services of each surgeon should</p>	
		<p>be identified by adding this modifier '-64' to the joint procedure number(s) and valued as agreed upon.</p> <p>(Usual charges for surgical assistance may also be warranted if still another physician is required as part of the surgical team.)</p>	
	-66	<p>SURGICAL TEAM: Under some circumstances, highly complex procedures requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment are carried out under the "surgical team" concept. Such circumstances should be identified by adding this modifier '-66' to the basic procedure number. The value should be supported by a report to include itemization of the physician(s) services, paramedical personnel and equipment included in the charge . . . . . BR((+))</p>	
	-68	<p>COMPLICATIONS: Complications or circumstances requiring unusual additional services during the listed follow-up period may warrant additional charges on a fee-for-service basis. Identify these conditions by adding this modifier '-68' to the usual procedure number(s) for the additional service(s) rendered and indicate the appropriate value(s). May require a report.</p>	
	-75	<p>CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.</p>	
	-76	<p>REPEAT PROCEDURE BY SAME PHYSICIAN: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This may be reported by adding the modifier '-76' to the procedure code of the repeated service.</p>	
	-77	<p>REPEAT PROCEDURE BY ANOTHER PHYSICIAN: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This may be reported by adding modifier '-77' to the repeated service.</p>	
	-80	<p>ASSISTANT SURGEON: Surgical assistant services are identified by adding this modifier '-80' to the usual procedure number(s) and are valued at 20% of the listed value of the surgical procedure(s)</p> <p style="text-align: center;">OR</p>	
	-81	<p>MINIMUM ASSISTANT SURGEON ALLOWANCE: Identify by adding this modifier '-81' to the usual procedure number and value at . . . . . 1.7</p>	
	-90	<p>REFERENCE (OUTSIDE) LABORATORY: When laboratory procedures are performed by a party other than the treating or reporting physician, the procedure may be identified by adding the modifier '-90' to the usual procedure number.</p>	
	-99	<p>MULTIPLE MODIFIERS: Under certain circumstances, two or more modifiers may be necessary to completely delineate a service.</p> <p>In such situations, modifier '-99' should be added to the procedure number and other applicable modifiers may be listed as part of the description of the service . . . . . BR((+))</p>	

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)  
**WAC 296-22-017 UNLISTED SERVICE OR PROCEDURE.**  
 A service or procedure may be provided that is not listed in this fee schedule. When reporting such a service, the appropriate "unlisted

procedure" code may be used to indicate the service, identifying it by "special report" as discussed in WAC 296-22-01701 below. The "unlisted procedures" and accompanying codes for SURGERY are as follows:

15999	Unlisted procedure, excision pressure ulcer
17999	Unlisted procedure, integumentary system
19499	Unlisted procedure, breast
20999	Unlisted procedure, musculoskeletal system, general
21499	Unlisted procedure, head
21899	Unlisted procedure, neck or thorax
22899	Unlisted procedure, spine
22999	Unlisted procedure, abdomen, <u>musculoskeletal system</u>
23929	Unlisted procedure, shoulder
24999	Unlisted procedure, humerus or elbow
25999	Unlisted procedure, forearm or wrist
26989	Unlisted procedure, hands or fingers
27299	Unlisted procedure, pelvis or hip joint
27599	Unlisted procedure, femur or knee
27899	Unlisted procedure, leg or ankle
28899	Unlisted procedure, foot or toes
29799	Unlisted procedure, casting or strapping
30999	Unlisted procedure, nose
31299	Unlisted procedure, accessory sinuses
31599	Unlisted procedure, larynx
31899	Unlisted procedure, trachea, bronchi
32999	Unlisted procedure, lungs and pleura
33999	Unlisted procedure, cardiac surgery
36299	Unlisted procedure, vascular injection
37799	Unlisted procedure, vascular surgery
38999	Unlisted procedure, hemic or lymphatic system
39499	Unlisted procedure, mediastinum
39599	Unlisted procedure, diaphragm
40799	Unlisted procedure, lips
40899	Unlisted procedure, vestibule of mouth
41599	Unlisted procedure, tongue, floor of mouth
41899	Unlisted procedure, dentoalveolar structures
42299	Unlisted procedure, palate, uvula
42699	Unlisted procedure, salivary glands or ducts
42999	Unlisted procedure, pharynx, adenoids, or tonsils
43499	Unlisted procedure, esophagus
43999	Unlisted procedure, stomach
44799	Unlisted procedure, intestine
44899	Unlisted procedure, Meckel's diverticulum and the mesentary
45999	Unlisted procedure, rectum
46999	Unlisted procedure, anus
47399	Unlisted procedure, liver
47999	Unlisted procedure, biliary tract
48999	Unlisted procedure, pancreas
49999	Unlisted procedure, abdomen, peritoneum and omentum
53899	Unlisted procedure, urinary system
55899	Unlisted procedure, male genital system
58999	Unlisted procedure, female genital system
59899	Unlisted procedure, maternity care and delivery
60699	Unlisted procedure, endocrine system
64999	Unlisted procedure, nervous system
66999	Unlisted procedure, anterior segment of eye
67299	Unlisted procedure, posterior segment
67399	Unlisted procedure, ocular muscle
67599	Unlisted procedure, orbit
67999	Unlisted procedure, eyelids
68399	Unlisted procedure, conjunctiva
68899	Unlisted procedure, lacrimal system
69399	Unlisted procedure, external ear
69799	Unlisted procedure, middle ear
69949	Unlisted procedure, inner ear
69979	Unlisted procedure, temporal bone, middle fossa approach.

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-020 SKIN, SUBCUTANEOUS AND AREOLAR TISSUES.

		Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>				
*10000	Incision and drainage of infected or noninfected subcutaneous cyst; one lesion . . . . .	*0.4	0	3.0
10001	second lesion . . . . .	0.2		3.0
10002	more than two lesions . . . . .	0.1		3.0
10003*	Incision and drainage of infected or noninfected epithelial inclusion cyst ("sebaceous cyst") with complete removal of sac and treatment of cavity . . . . .	.8	0	3.0
(For excision, see 11400, et seq.)				
*10020	Incision and drainage of furuncle . . . . .	*0.4	0	3.0
*10040	Acne surgery: (e.g., marsupialization, opening, or removal of multiple milia, comedones, cysts, pustules) . . . . .	*0.3	0	3.0
*10060	Incision and drainage of abscess (e.g., carbuncle, suppurative hidradenitis, and other cutaneous or subcutaneous abscesses); simple . . . . .	0.4	0	3.0
10061	complicated . . . . .	BR+		3.0
*10080	Incision and drainage of pilonidal cyst; simple . . . . .	*0.4	0	3.0
10081	complicated . . . . .	BR+		3.0
(For excision of pilonidal cyst, see 11770-11772)				
*10100	Incision and drainage of onychia or paronychia, single or simple . . . . .	*0.4	0	3.0
10101	multiple or complicated . . . . .	BR+		3.0
*10120	Incision and removal of foreign body, subcutaneous tissues; simple . . . . .	*0.4	0	3.0
10121	complicated . . . . .	BR+		3.0
*10140	Incision and drainage of hematoma, simple . . . . .	*0.4	0	3.0
10141	complicated . . . . .	BR+		3.0
*10160	Puncture aspiration of abscess, hematoma, bulla, or cyst . . . . .	*0.3	0	3.0
10180	<u>Incision and drainage, complex, postoperative wound infection . . . . .</u>	<u>BR</u>		<u>3.0</u>
<u>(For secondary closure of surgical wound, see 12020, 12021, 13160)</u>				

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-021 EXCISION-DEBRIDEMENT.

		Unit Value	Follow-up Days=	Basic Anes@
<b>DEBRIDEMENT</b>				
(For dermabrasions, see 15780-15800)				
(For nail debridement, see 11700-11711)				
(For burn(s), see 16000-16030)				
*11000	Debridement of extensive eczematous or infected skin; up to 10% of body surface . . . . .	*0.4	0	3.0
11001	each additional 10% of the body surface . . . . .	0.2		3.0
11040	Debridement; skin, partial thickness . . . . .	BR+		3.0
11041	skin, full thickness . . . . .	BR		3.0
11042	skin and subcutaneous tissue . . . . .	BR		3.0
11043	skin, subcutaneous tissue, and muscle . . . . .	BR		3.0
11044	skin, subcutaneous tissue, muscle, and bone . . . . .	BR		3.0

**PARING OR CURETTEMENT**

11050\* Paring or curettement of benign lesion with or without chemical cauterization

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
(such as verrucae or clavi); single lesion	0.5	0	3.0	11451	BR		3.0	
11051 two to four lesions	0.6		3.0	11462				
11052 more than four lesions	0.7		3.0					
<b>EXCISION AND SIMPLE CLOSURE</b>								
(Not reconstructive surgery; for reconstructive surgery see repair-complex)				11463	BR		3.0	
(For electro-surgical and other methods, see 17000 et seq.)				11470				
					BR		3.0	
<b>BIOPSY</b>								
11100 Biopsy of skin, subcutaneous tissue and/or mucous membrane (including simple closure), unless otherwise listed (separate procedure); one lesion	0.6	7	3.0	11471	BR		3.0	
11101 each additional lesion	0.2	7	3.0					
(For biopsy of conjunctiva, see 68100; eyelid, see 67810)								
<b>EXCISION-BENIGN LESIONS</b>				<b>EXCISION-MALIGNANT LESIONS</b>				
Excision (including simple closure) of benign lesions of skin or subcutaneous tissues (e.g., cicatricial, fibrous, inflammatory, congenital, cystic lesions), including local anesthesia. See appropriate size and area below.				Excision (including simple closure) or treatment by any other method (except radiation or chemotherapy) of malignant lesion of skin, including local anesthesia, each lesion:				
(For electro-surgical and other methods see 17000 et seq.)				11600				
*11200 Excision, skin tags, multiple fibrocantaneous tags, any area; up to 15	*0.4	0	3.0	11601	1.2	90	3.0	
11201 each additional 10 lesions	0.2		3.0	11602	1.6	90	3.0	
(For electro-surgical destruction, see 17200, 17201)				11603	2.0	90	3.0	
(For multiple lesions, see WAC 296-22-010, item 7)				11604	2.4	90	3.0	
11400 Excision, benign lesion, except skin tag (unless listed elsewhere), trunk, arms or legs; lesion diameter up to 0.5 cm	0.6	15	3.0	11606	2.8	90	3.0	
11401 lesion diameter 0.5 to 1.0 cm	0.8	15	3.0	11620	3.2	90	3.0	
11402 lesion diameter 1.0 to 2.0 cm	1.0	15	3.0					
11403 lesion diameter 2.0 to 3.0 cm	1.2	15	3.0	11621	2.0	90	3.0	
11404 lesion diameter 3.0 to 4.0 cm	1.4	15	3.0	11622	3.0	90	3.0	
11406 lesion diameter over 4.0 cm	1.6	15	3.0	11623	4.0	90	3.0	
(For unusual or complicated excision, add modifier -22)				11624	5.0	90	3.0	
11420 Excision, benign lesion, except skin tag (unless listed elsewhere), scalp, neck, hands, feet, genitalia; lesion diameter up to 0.5 cm	0.8	15	3.0	11626	6.0	90	3.0	
11421 lesion diameter 0.5 to 1.0 cm	1.0	15	3.0	11640	7.0	90	3.0	
11422 lesion diameter 1.0 to 2.0 cm	1.2	15	3.0					
11423 lesion diameter 2.0 to 3.0 cm	1.4	15	3.0	11641	3.0	90	3.0	
11424 lesion diameter 3.0 to 4.0 cm	1.6	15	3.0	11642	4.0	90	3.0	
11426 lesion diameter over 4.0 cm	1.8	15	3.0	11643	5.0	90	3.0	
(For unusual or complicated excision, add modifier -22)				11644	6.0	90	3.0	
11440 Excision, other benign lesion (unless listed elsewhere), face, ears, eyelids, nose, lips, mucous membrane; lesion diameter up to 0.5 cm	1.0	15	3.0	11646	7.0	90	3.0	
11441 lesion diameter 0.5 to 1.0 cm	1.2	15	3.0					
11442 lesion diameter 1.0 to 2.0 cm	1.4	15	3.0					
11443 lesion diameter 2.0 to 3.0 cm	1.6	15	3.0					
11444 lesion diameter 3.0 to 4.0 cm	1.8	15	3.0					
11446 lesion diameter over 4.0 cm	2.0	15	3.0					
(For unusual or complicated excision, add modifier -22)								
(For eyelids involving more than skin, see also 67800 et seq.)								
11450 Excision of skin and subcutaneous tissue for hidradenitis, axillary; with primary suture	BR		3.0					
				<b>NAILS</b>				
				(For drainage of paronychia or onychia, see 10100, 10101)				
				*11700	Debridement nails, manual, five or less	*0.3	0	3.0
				11701	each additional five or less	0.15		
				11710	Debridement of nails, electric grinder, five or less	*0.4	0	3.0
				11711	each additional five or less	0.2		3.0
				*11730	Avulsion of nail plate, partial or complete, simple; single	*0.4	0	3.0
				11731	second nail plate	0.2		
				11732	each additional nail plate	0.1		
				11740	Evacuation of subungual hematoma	0.3	0	3.0
				11750	Excision of nail and nail matrix, partial or complete (e.g., ingrown or deformed nail), for permanent removal	2.0	30	3.0
				(For skin graft, if used, see 15050)				
				11760	Reconstruction of nail bed; simple	2.5	0	3.0
				11762	complicated	3.0	0	3.0
				<b>MISCELLANEOUS</b>				
				(For incision of pilonidal cyst, see 10080, 10081)				
				11770	Excision of pilonidal cyst or sinus, simple	2.0	30	3.0
				11771	extensive	7.0	60	3.0

	Unit Value	Follow-up Days=	Basic Anes@
11772 complicated	BR+		3.0
(For hemangioma, see 11400-11446, 13100-15730)			
(For hidradenitis, see 10060-10061, ((11400-11446, 13100-15730)) 11450-11471)			
(For lipoma, see 11400-11446, 13100-15730)			
(For lymph node dissection, see 38700-38780)			
(For ulcer, vascular or inflammatory, see 11400-11446, 13100-15730)			

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-022 INTRODUCTION.

	Unit Value	Follow-up Days=	Basic Anes@
*11900 Injection, intralesional; up to and including seven lesions	*0.4	0	3.0
*11901 more than seven lesions	*0.72	0	3.0
(For veins, see 36470, 36471)			
11920 Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin; up to 6.0 sq cm	BR		3.0
11921 6.0 to 20.0 sq cm	BR		3.0
11922 each additional 20.0 sq cm	BR		3.0
11950 Subcutaneous injection of "filling" material (e.g., silicone); up to 1 cc	BR		3.0
11951 1 to 5 cc	BR		3.0
11952 5 to 10 cc	BR		3.0
11954 over 10 cc	BR		3.0
11960 Insertion of tissue expander	BR		3.0
11970 Replacement of tissue expander with permanent prosthesis	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-023 REPAIR. The repair of wounds may be classified as simple, intermediate or complex.

SIMPLE REPAIR is used when the wound is superficial; i.e., involving skin and/or subcutaneous tissues, without significant involvement of deeper structures, and which requires simple suturing. For closure with adhesive strips, list appropriate visit only.

INTERMEDIATE REPAIR includes the repair of wounds that, in addition to the above, require layer closure. Such wounds usually involve deeper layers such as fascia or muscle, to the extent that at least one of deeper layers requires separate closure.

COMPLEX REPAIR includes the repairs of wounds requiring reconstructive surgery, complicated wound closures, skin grafts or unusual and time consuming techniques of repair to obtain the maximum functional and cosmetic result. It may include creation of the defect and necessary preparation for repairs or the debridement and repair of complicated lacerations or avulsions.

Instructions for listing services at time of wound repair.

1. The repaired wound(s) should be measured and recorded in centimeters, whether curved, angular or stellate.
2. When multiple wounds are repaired, add together the lengths of those in the same classification (see above) and report as a single item. When more than one classification of wounds is repaired, list the more complicated as the primary procedure and the less complicated as the secondary procedure, using modifier '-50'.
3. Decontamination and/or debridement: Only when gross contamination requires prolonged cleansing is this to be considered a separate procedure. Debridement is considered a separate procedure only when appreciable amounts of devitalized or contaminated tissue are removed.

4. Involvement of nerves, blood vessels and tendons: Report under appropriate system (nervous, cardiovascular, musculoskeletal) for repair of these structures. The repair of the associated wound is included in the primary procedure unless it qualifies as a complex wound, in which case modifier '-50' applies.

Simple ligation of vessels in an open wound is considered as part of any wound closure.

Simple "exploration" of nerves, blood vessels or tendons exposed in an open wound is also considered part of the essential treatment of the wound and is not a separate procedure unless appreciable dissection is required.

Unit Value	Follow-up Days=	Basic Anes@
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REPAIR-SIMPLE

(Sum of lengths of repairs)

12001*	Simple repair of superficial wounds of scalp, neck, axillae, external genitalia, trunk and/or extremities (including hands and feet); up to 2.5 cm	0.4	0	3.0
12002*	2.5 cm to 7.5 cm	0.6	0	3.0
12004*	7.5 cm to 12.5 cm	0.8	0	3.0
12005	12.5 cm to 20.0 cm	1.0	0	3.0
12006	20.0 cm to 30.0 cm	1.2	0	3.0
12007	over 30.0 cm	BR		3.0
12011*	Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; up to 2.5 cm	0.6	0	3.0
12013*	2.5 cm to 5.0 cm	0.8	0	3.0
12014	5.0 cm to 7.5 cm	1.0	0	3.0
12015	7.5 cm to 12.5 cm	1.2	0	3.0
12016	12.5 cm to 20.0 cm	1.4	0	3.0
12017	20.0 cm to 30.0 cm	1.6	0	3.0
12018	over 30.0 cm	BR		3.0
12020	Treatment of superficial wound dehiscence; simple closure	BR		3.0
12021	with packing	BR		3.0

(For extensive or complicated secondary wound closure, see 13160)

REPAIR-INTERMEDIATE

12031*	Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands and feet); up to 2.5 cm	0.6	0	3.0
12032*	2.5 cm to 7.5 cm	0.8	0	3.0
12034	7.5 cm to 12.5 cm	1.0	0	3.0
12035	12.5 cm to 20.0 cm	1.2	0	3.0
12036	20.0 cm to 30.0 cm	1.4	0	3.0
12037	over 30.0 cm	BR		3.0
12041*	Layer closure of wounds of neck, hands, feet and/or external genitalia; up to 2.5 cm	0.8	0	3.0
12042	2.5 cm to 7.5 cm	1.0	0	3.0
12044	7.5 cm to 12.5 cm	1.2	0	3.0
12045	12.5 cm to 20.0 cm	1.4	0	3.0
12046	20.0 cm to 30.0 cm	1.6	0	3.0
12047	over 30.0 cm	BR		3.0
12051*	Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; up to 2.5 cm	1.0	0	3.0
12052	2.5 cm to 5.0 cm	1.2	0	3.0
12053	5.0 cm to 7.5 cm	1.4	0	3.0
12054	7.5 cm to 12.5 cm	1.6	0	3.0
12055	12.5 cm to 20.0 cm	1.8	0	3.0
12056	20.0 cm to 30.0 cm	2.0	0	3.0
12057	over 30.0 cm	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-024 REPAIR-COMPLEX. (Reconstructive procedures, complicated wound closure, skin grafts, pedicle flaps)

(For full thickness repair of lip or eyelid, see respective anatomical subsections)

	Unit Value	Follow-up Days=	Basic Anes@
13100 Repair, complex, trunk; 1.0 cm to 2.5 cm	1.2	30	3.0
(For up to 1.0 cm, see simple or intermediate repairs)			
13101 2.5 cm to 7.5 cm	3.0	30	3.0
13120 Repair, complex, scalp, arms, and/or legs; 1.0 cm to 2.5 cm	1.8	30	3.0
(For up to 1.0 cm, see simple or intermediate repairs)			
13121 2.5 cm to 7.5 cm	4.0	30	3.0
13131 Repair, complex, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; 1.0 cm to 2.5 cm	2.4	30	3.0
(For up to 1.0 cm, see simple or intermediate repairs)			
13132 2.5 cm to 7.5 cm	6.0	30	3.0
13150 Repair, complex, eyelids, nose, ears and/or lips; up to 1.0 cm	2.0	30	3.0
(See also 40650-40654, 67952-67975)			
13151 1.0 cm to 2.5 cm	3.0	30	3.0
13152 2.5 cm to 7.5 cm	8.0	30	3.0
13160 <u>Secondary closure of surgical wound dehiscence, extensive or complicated</u>	BR		3.0
(For packing or simple secondary wound closure, see 12020, 12021)			
13300 Repair, unusual, complicated, over 7.5 cm, any area	BR		3.0

**ADJACENT TISSUE TRANSFER OR REARRANGEMENT**

(For full thickness repair of lip or eyelid, see respective anatomical subsections)

Excision and/or repair by adjacent tissue transfer or rearrangement (e.g., Z-plasty, W-plasty, V-Y plasty, rotation flap, advancement flap, double pedicle flap). When applied in repairing lacerations, the procedures listed must be developed by the surgeon to accomplish the repair. They do not apply when direct closure or rearrangement of traumatic wounds incidentally result in these configurations.

(Skin graft necessary to close secondary defect considered an additional procedure)

14000 Adjacent tissue transfer or rearrangement, trunk; defect up to 10 sq cm	4.0	60	3.0
14001 defect 10 sq cm to 30 sq cm	6.0	60	3.0
14020 Adjacent tissue transfer or rearrangement, scalp, arms and/or legs; defect up to 10 sq cm	6.0	60	3.0
14021 defect 10 sq cm to 30 sq cm	8.0	60	3.0
14040 Adjacent tissue transfer or rearrangement, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; defect up to 10 sq cm	8.0	60	3.0
14041 defect 10 sq cm to 30 sq cm	10.0	60	3.0
14060 Adjacent tissue transfer or rearrangement, eyelids, nose, ears and/or lips; defect up to 10 sq cm	10.0	60	3.0
14061 defect 10 sq cm to 30 sq cm	14.0	60	3.0
(For eyelid, full thickness, see 67952 et seq.)			
14300 Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area	BR		3.0
14350 Filleted finger or toe flap, including preparation of recipient site	BR		3.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-025 FREE SKIN GRAFTS.**

Identify by the size and location of the defect (recipient area) and the type of graft; includes simple debridement of granulations or recent avulsion.

When a primary procedure such as orbitectomy, radical mastectomy or deep tumor removal requires skin graft for definitive closure, see appropriate anatomical subsection for primary procedure and this section for skin graft.

(Repair of donor site requiring skin graft or local flaps to be added as additional procedure)

	Unit Value	Follow-up Days=	Basic Anes@
15000 Excisional preparation or creation of recipient site by excision of essentially intact skin (including subcutaneous tissue), scar, or other lesion prior to repair with free skin graft (list as separate service in addition to skin graft)	*3.6		3.0
(For appropriate skin grafts, see 15050-15261; list the free graft separately by its procedure number when the graft, immediate or delayed is applied)			
*15050 Pinch graft, single or multiple, to cover small ulcer, tip of digit or other minimal open area (except on face), up to defect size 2 cm diameter	*1.2	0	3.0
15100 Split graft, trunk, scalp, arms, legs, hands and/or feet (except multiple digits); up to 100 sq cm or each one percent of body area of infants and children (except 15050)	6.0	45	3.0
15101 each additional 100 sq cm, or each one percent of body area of infants and children, or part thereof	1.2		3.0
15120 Split graft, face, eyelids, mouth, neck, ears, orbits, genitalia, and/or multiple digits; up to 100 sq cm, or each one percent of body area of infants and children (except 15050)	11.0	45	3.0
15121 <u>Each additional</u> 100 sq cm, or each one percent of body area of infants and children, or part thereof	2.0		
(For eyelids, see also ((67952)) 67961 et seq.)			
15200 Full thickness graft, free, including direct closure of donor site, trunk; up to 20 sq cm	4.0	45	3.0
15201 each additional 20 sq cm	2.0		
15220 Full thickness graft, free, including direct closure of donor site, scalp, arms and/or legs; up to 20 sq cm	6.0	45	3.0
15221 each additional 20 sq cm	3.0		
15240 Full thickness graft, free, including direct closure of donor site, forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands and/or feet; up to 20 sq cm	8.0	45	3.0
(For finger tip graft, see 15050)			
(For repair of syndactyly, fingers, see 26560-26562)			
15241 each additional 20 sq cm	4.0		3.0
15260 Full thickness graft, free, including direct closure of donor site, nose, ears, eyelids, and/or lips; up to 20 cm	10.0	45	3.0
15261 each additional 20 sq cm	5.0		
(For eyelids, see also ((67952)) 67961 et seq.)			

	Unit Value	Follow-up Days=	Basic Anes@
(Repair of donor site requiring skin graft or local flaps, to be added as additional separate procedure)			
15350 Homograft, skin	5.0	45	3.0
15400 Heterograft, skin	6.0	45	3.0
15410 Free transplantation of skin flap by microsurgical technique, including microvascular anastomosis; up to 100 sq cm	5.0	45	3.0
15412 between 101 and 160 sq cm	6.0	45	3.0
15414 between 161 and 230 sq cm	7.0	45	3.0
15416 over 230 sq cm	BR		3.0

**PEDICLE FLAPS (SKIN AND DEEP TISSUES)**

Regions listed refer to the recipient area (not donor site) when flap is being attached in transfer or to final site.

Regions listed refer to donor site when tube is formed for later transfer or when "delay" of flap is prior to transfer.

Procedures 15500-15730 do not include extensive immobilization, e.g., large plaster casts and other immobilizing devices are considered additional separate procedures.

(Repair of donor site requiring skin graft or local flaps is considered an additional separate procedure)

15500 Formation of tube pedicle without transfer, or major "delay" of large flap without transfer; on trunk	7.0	45	3.0
15505 on scalp, arms or legs	7.0	45	3.0
15510 on forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	7.0	45	3.0
15515 on eyelids, nose, ears or lips	7.0	45	3.0
15540 Primary attachment of open or tubed pedicle flap to recipient site requiring minimal preparation; to trunk	9.0	45	3.0
15545 to scalp, arms and legs	9.0	45	3.0
15550 to forehead, cheeks, chin, mouth, neck, axillae, genitalia, or hands ((except 15580)), feet	9.0	45	3.0
(For cross finger pedicle flap, see 15580)			
15555 to eyelids, nose, ears and lips	9.0	45	3.0
15580 cross finger pedicle flap, including free graft to donor site	9.0	45	3.0
(For major debridement or excisional preparation of recipient area at the time of attachment of pedicle flap, see 15700-15730)			
15600 Intermediate "delay" of any flap, primary "delay" of small flap, or sectioning pedicle of tubed or direct flap; at trunk	4.0	45	3.0
15610 at scalp, arms and legs	5.0	45	3.0
15620 at forehead, cheeks, chin, neck, axillae, genitalia, hands (except 15625), or feet	6.0	45	3.0
15625 section pedicle of cross finger flap	6.0	45	3.0
15630 at eyelids, nose, ears and lips	6.0	45	3.0
15650 Transfer, intermediate, of any pedicle flap (e.g., abdomen to wrist, "Walking" tube), any location	BR+		3.0
15700 Excision of lesion and/or excisional preparation of recipient site and attachment of direct or tubed pedicle flap; trunk	9.0	45	3.0
15710 scalp, arms and legs	11.0	45	3.0
15720 forehead, cheeks, chin, mouth, neck, axillae, genitalia, hands or feet	16.0	45	3.0
15730 eyelids, nose, ears or lips	16.0	45	3.0

(For eyelids, nose, ears, or lips, see also anatomical area)

(For revision, defatting or rearranging of transferred pedicle flap or skin graft, see 13100-14300)

**OTHER GRAFTS**

15740 Graft, island pedicle flap	12.0	90	3.0
15745 myocutaneous flap	BR	90	3.0
15750 neurovascular pedicle flap	10.0	90	3.0
15755 free flap (microvascular transfer)	BR	90	3.0
15760 composite (full thickness of external ear or nasal ala), including primary closure, donor area	10.0	45	3.0
15770 derma-fat-fascia	12.0	60	3.0
15775 Punch graft for hair transplant; 1 to 15 punch grafts	0.5	90	3.0
15776 more than 15 punch grafts	BR+		3.0

(For strip transplant, 15220)

**MISCELLANEOUS PROCEDURES**

15780 Abrasion of skin for removal of scars, tattoos, actinic changes (keratoses), primary or secondary; total face	12.0	90	3.0
15785 regional (1/4 face, cheeks, chin, forehead or elsewhere)	4.0	90	3.0
15786* Abrasion; single lesion (e.g., keratosis, scar)	0.5	0	3.0
15787 each additional four lesions or less	0.3		3.0
15790 Superficial chemosurgery (acid peel) total face and neck	BR+		3.0
15791 regional, face, neck, or elsewhere	BR+		3.0
15800 Abrasion of skin, total face, with combined superficial chemosurgery (acid peel) of remaining face (eyelids, neck, shoulders)	16.0	90	3.0
15810 Salabrasion; up to 20 sq cm	BR		3.0
15811 20 sq cm and over	BR		3.0
15820 Blepharoplasty, lower eyelids;	12.0	30	3.0
15821 with extensive herniated fat pads	14.0	30	3.0

(See also 67916, 67917, 67923, 67924)

15822 Rhytidectomy; upper eyelids	8.0	30	3.0
15823 with excessive skin weighting down lids	12.0	30	3.0

(For bilateral blepharoplasty, add modifier -50)

(See also 67916, 67917, 67923, 67924)

15824 Rhytidectomy; forehead	10.0	30	3.0
15826 glabellar frown	8.0	30	3.0
<del>(15827 submental fat pad)</del>	<del>8.0</del>	<del>30</del>	<del>3.0</del>

(15827 is deleted. To report use 15838)

15828 cheeks, chin and neck	30.0	45	3.0
15829 subcutaneous musculoaponeurotic system (SMAS) flap	BR		3.0

(For bilateral rhytidectomy, add modifier -50 or 09950)

15831 Excision, excessive skin and subcutaneous tissue (including lipectomy); abdomen (abdominoplasty)	30.0	45	3.0
15832 thighs	25.0	45	3.0
15833 legs	30.0	45	3.0
15834 hips	30.0	45	3.0
15835 buttocks	30.0	45	3.0
15836 arms	25.0	45	3.0
15837 forearms	25.0	45	3.0
15838 submental fat pad	BR		3.0
15839 other area			

(For bilateral procedure, add modifier -50 or 09950)

15840 Graft for facial nerve paralysis; free fascia graft, (including obtaining fascia)	30.0	90	3.0
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(For bilateral procedure, add modifier -50)

15841 free muscle graft (including obtaining graft)	35.0	45	3.0
15842 free muscle graft by microsurgical technique	35.0	45	3.0
15845 reanimation, muscle transfers	BR+		3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<u>(For intravenous fluorescein examination of blood flow in graft or flap, see 15860)</u>				<u>(For free skin graft to close ulcer or donor site, see 15000 et seq.))</u> <u>(15962, 15963, have been deleted. To report use 15964-15967)</u>			
<u>(For nerve transfers, decompression, or repair, see 64830-64876, 64905-64907, 69720-69725, 69740-69745, 69955)</u>							
15851	BR		3.0	15964	BR		3.0
				15965	BR		3.0
15860	BR		3.0	15966	BR		3.0
				15967	BR		3.0
<b>DECUBITUS ULCERS (PRESSURE SORES)</b>				<u>(To identify other flap closure, use also code number for specific flap)</u>			
15920	BR		3.0	<b>AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)</b>			
15922	BR		3.0	<b>WAC 296-22-026 BURNS, LOCAL TREATMENT.</b>			
<u>((+15930 Excision, sacral decubitus ulcer, with skin flap closure (BR))</u>							
<u>(15930 has been deleted. To report, use 15934)</u>							
15931	BR	13.0	3.0	15970	BR		3.0
<u>((+15932 with osteotomy (BR))</u>				15971	BR		3.0
<u>(15932 has been deleted)</u>				15972	BR		3.0
15933	BR		3.0	15973	BR		3.0
15934	BR		3.0	15974	BR		3.0
				15975	BR		3.0
15935	BR	20.0	3.0	<u>(To identify muscle or myocutaneous flap closure, use also code number for specific flap)</u>			
15936	BR		3.0	15980	BR		3.0
15937	BR		3.0	15981	BR		3.0
<u>(To identify other flap closure, use also code number for specific flap)</u>				15982	BR		3.0
15940	BR		3.0	15983	BR		3.0
15941	BR		3.0	<u>(To identify other flap closure, use also code number for specific flap)</u>			
<u>((+15942 skin and muscle flap closure (BR))</u>				15999	BR		3.0
15943	BR		3.0	<u>(For free skin graft to close ulcer or donor site, see 15000 et seq.)</u>			
<u>(15942, 15943 have been deleted. To report, use 15944-15946)</u>				Procedures 16000-16030 refer to local treatment of burned surface only.			
15944	BR		3.0	List percentage of body surface involved and depth of burn.			
15945	BR		3.0	<u>(For necessary related medical services (e.g., hospital visits, detention) in management of burned patients, see appropriate services in medicine section.)</u>			
15946	BR		3.0				
<u>(To identify muscle or myocutaneous flap closure, use also code number for specific flap)</u>							
15950	BR		3.0				
15951	BR		3.0				
15952	BR		3.0				
15953	BR		3.0				
15954	BR		3.0				
15955	BR		3.0				
15956	BR		3.0				
15958	BR		3.0				
<u>(To identify muscle or myocutaneous flap closure, use also code number for specific flap)</u>							
15960	BR		3.0				
15961	BR		3.0				
<u>((+15962 with pinch graft (BR))</u>							
<u>15963 skin flap closure, with osteotomy (BR))</u>							
				<u>(For skin graft, see 15100-15730)</u>			
				<u>(For necessary related medical services (e.g., hospital visits, detention) in management of burned patients, see appropriate services in Medicine Section)</u>			
				(*)16000	(*)0.3	0	
				(*)16010	(*)0.8	0	3.0
				(*)16015	*2.0	0	3.0
				*16020	*0.4	0	
				*16025	*0.6	0	
				(*)16030	(*)0.8	0	
				16035	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-027 DESTRUCTION.

Table with columns: Unit Value, Follow-up Days=, Basic Anes@. Includes codes \*17000, 17001, 17002, 17010, \*17100, 17101, 17102, 17104, 17105, \*17110, \*17200, 17201, \*17250, 17301, 17302, 17303, 17304, 17305, 17306, 17307, 17310, \*17340, \*17360, \*17380.

(For actinotherapy, see 96900)
17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue BR 3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-031 BREAST.

Table with columns: Unit Value, Follow-up Days=, Basic Anes@. Includes section EXCISION with codes \*19100, 19101, 19120, 19140, 19160, 19180, 19182, 19184, 19185, 19200, 19211, 19212, 19215, 19216.

	Unit Value	Follow-up Days=	Basic Anes@
19220 Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation)(;-unilateral))	26.0	60	11.0
<del>((19221 bilateral</del>	<del>30.0</del>	<del>60</del>	<del>11.0</del>
<del>19224 Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation), with immediate prosthetic implant, unilateral</del>	<del>28.0</del>	<del>60</del>	<del>11.0</del>
<del>19225 bilateral</del>	<del>32.0</del>	<del>60</del>	<del>11.0</del>
<del>19228 Mastectomy, radical, including breast, pectoral muscles, axillary and internal mammary lymph nodes (Urban type operation), with delayed prosthetic implant, unilateral</del>	<del>30.0</del>	<del>60</del>	<del>11.0</del>
<del>19229 bilateral</del>	<del>34.0</del>	<del>60</del>	<del>11.0</del>
(For supply of prosthetic implant, see 99070))			
(19224-19229 have been deleted. To report, use 19220 with 19340 or 19342)			
19240 Mastectomy, modified radical, with modified axillary dissection but leaving pectoral muscles(-unilateral))	16.0	60	3.0
<del>((19245 bilateral</del>	<del>20.0</del>	<del>60</del>	<del>3.0</del>
<del>19250 Mastectomy, modified radical, with modified axillary dissection but leaving pectoral muscles, with immediate prosthetic implant, unilateral</del>	<del>24.0</del>	<del>60</del>	<del>3.0</del>
<del>19251 bilateral</del>	<del>28.0</del>	<del>60</del>	<del>3.0</del>
<del>19254 Mastectomy, modified radical, with modified axillary dissection but leaving pectoral muscles, with delayed prosthetic implant, unilateral</del>	<del>26.0</del>	<del>60</del>	<del>3.0</del>
<del>19255 bilateral</del>	<del>30.0</del>	<del>60</del>	<del>3.0</del>
(19250-19255 have been deleted. To report, use 19240 with 19340 or 19342)			
(For supply of prosthetic implant, see 99070)			
19260 Excision of chest wall tumor including ribs	BR+		9.0
19271 Excision of chest wall tumor involving ribs, with plastic reconstruction; without mediastinal lymphadenectomy	BR+		9.0
19272 with mediastinal lymphadenectomy	BR		9.0
<b>Repair and reconstruction</b>			
<del>((19300 Mammoplasty, reduction or repositioning one stage operation, unilateral</del>	<del>35.0</del>	<del>90</del>	<del>3.0</del>
<del>19301 one stage operation, bilateral</del>	<del>40.0</del>	<del>90</del>	<del>3.0</del>
<del>19303 two stage operation, unilateral</del>	<del>BR+</del>	<del></del>	<del>3.0</del>
<del>19304 two stage operation, bilateral</del>	<del>BR</del>	<del></del>	<del>3.0</del>
<del>19310 Mammoplasty, augmentation, prosthetic (not including implants), unilateral</del>	<del>18.0</del>	<del>90</del>	<del>3.0</del>
<del>19311 bilateral</del>	<del>30.0</del>	<del>90</del>	<del>3.0</del>
(For supply of implants, see 99070)			
(For mastectomy with prosthetic implant, immediate or delayed, see 19184-19187, 19211-19216, 19224-19229, 19250-19255))			
(19300-19304 have been deleted. To report, see 19316, 19318)			
(19310, 19311 have been deleted. To report, use 19325)			
(All codes for bilateral procedures have been deleted. To report, add modifier -50)			
19316 Mastopexy	BR	90	3.0
19318 Reduction mammoplasty	BR	90	3.0
19324 Mammoplasty, augmentation; without prosthetic implant	BR	90	3.0
19325 with prosthetic implant	BR	90	3.0
(For flap or graft, use also appropriate number)			

	Unit Value	Follow-up Days=	Basic Anes@
19328 Removal of intact mammary implant	BR	30	3.0
19330 Removal of mammary implant material(-unilateral))	BR	30	3.0
<del>((19331 bilateral</del>	<del>BR</del>	<del>30</del>	<del>3.0</del>
19340 Immediate insertion of breast prosthesis following mastopexy, mastectomy or reconstruction	BR	30	3.0
19342 Delayed insertion of breast prosthesis following mastopexy, mastectomy or reconstruction	BR	30	3.0
(For supply of implant, use 99070)			
(For preparation of custom breast implant, see 19396)			
19350 Reconstruction of nipple and/or areola(-including labial or other grafts; unilateral))	BR	30	3.0
<del>((19351 bilateral</del>	<del>BR</del>	<del>30</del>	<del>3.0</del>
19360 Breast reconstruction with muscle or myocutaneous flap	BR	90	3.0
(Use also code number for specific flap)			
19364 Breast reconstruction with free flap	BR	90	3.0
(Use also code number for specific flap)			
19366 Breast reconstruction with other technique	BR	90	3.0
(For microsurgical technique, add modifier -20 or 09920)			
(For insertion of prosthesis, use also 19340 or 19342)			
19370 Open periprosthetic capsulotomy, breast	BR		3.0
19371 Periprosthetic capsulectomy, breast	BR		3.0
19380 Revision of reconstructed breast	BR		3.0
19396 Preparation of moulage for custom breast implant	BR		3.0
19499 Unlisted procedure, breast	BR		3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-036 GENERAL.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*20000 Incision of soft tissue abscess, secondary to osteomyelitis; superficial	*0.4	0	3.0
20005 deep or complicated	(BR+)		3.0
20010 with suction irrigation	BR		3.0
*20040 Drainage of infected bursa	*0.6	0	3.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-037 EXCISION.**

	Unit Value	Follow-up Days=	Basic Anes@
(For aspiration of bone marrow, see 85095)			
20200 Biopsy, muscle; superficial	1.2	7	3.0
20205 deep	2.4	15	3.0
20206* Biopsy, muscle, percutaneous needle	BR		3.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
(For percutaneous needle biopsy of soft tissue of spine, see 22012)			
(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			

	Unit Value	Follow-up Days=	Basic Anes@
(For excision of muscle tumor, deep, see specific anatomic section)			
20220 Biopsy, bone, trocar or needle; superficial (e.g., ilium, sternum, spinous process, ribs) . . . . .	1.2	7	3.0
20225 deep (vertebral body, femur) . . .	4.0	15	3.0
20240 Biopsy, excisional; superficial (e.g., ilium, sternum, spinous process, ribs,) trochanter of femur . . . . .	3.0	21	3.0
20245 deep (e.g., humerus, ischium, femur) . . . . .	5.0	30	3.0
20250 Biopsy, vertebral body, open; thoracic ((BR+))	BR		3.0
20251 lumbar or cervical . . . . .	BR		3.0

(For sequestrectomy, osteomyelitis or drainage of bone abscess, see anatomical area)

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-039 REIMPLANTATION.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>REIMPLANTATION</b>			
20802 Reimplantation, arm; complete . . . . .	BR		3.0
20804 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20808 Reimplantation, hand; complete . . . . .	BR		3.0
20812 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20816 Reimplantation, digit; complete . . . . .	BR		3.0
20820 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20832 Replantation, leg; complete . . . . .	BR		3.0
20834 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0
20838 Replantation, foot; complete . . . . .	BR		3.0
20840 incomplete (nonviable extremity with soft tissue pedicle) . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-040 GRAFTS (OR IMPLANTS).**

Codes for obtaining autogenous bone, cartilage, tendon, fascia lata grafts, or other tissues, the rough separate incisions are to be used only when graft is not already listed as part of basic procedure. Listed value applies and WAC 296-22-010, item 7 is not to be applied to procedures 20900-20922.

(For alloplastic or heterologous grafts, see instructions, WAC 296-22-035)

	Unit Value	Follow-up Days=	Basic Anes@
20900 Bone graft, any donor area; minor or small (e.g., dowel or button) . . . . .	2.4	0	3.0
20902 major or large . . . . .	4.8	0	3.0
20910 Cartilage graft, costochondral . . . . .	4.8	0	3.0
20920 Fascia lata graft; by stripper . . . . .	2.0	0	3.0
20922 by incision and area exposure, complex or sheet . . . . .	4.0	0	3.0
20924 Tendon graft, from a distance (e.g., palmaris, toe extensor, plantaris) . . . . .	BR		3.0
20926 Tissue grafts, other (e.g., paratenon, fat, dermis, etc.) . . . . .	BR		3.0
<b>MISCELLANEOUS</b>			
20950 Monitoring of interstitial fluid pressure (e.g., wick catheter technique, needle manometer technique) in detection of muscle compartment syndrome . . . . .	BR		3.0
20955 Fibula graft with microvascular anastomosis . . . . .	BR		3.0
20960 Rib graft with microvascular anastomosis . . . . .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
20970 Osteocutaneous graft (iliac crest and inguinal groin flap) with microvascular anastomosis . . . . .	BR		3.0
20971 rib . . . . .	BR		3.0
20972 metatarsal . . . . .	BR		3.0
20973 great toe with web space . . . . .	BR		3.0
20974 Electrical stimulation to aid bone healing; noninvasive (nonoperative) . . . . .	BR		3.0
(use 20974 in addition to code for appropriate bony procedure when applicable)			
20975 invasive (operative) . . . . .	BR		3.0
(use 20975 in addition to code for appropriate bony procedure when applicable)			
20976 percutaneous insertion of electrodes . . . . .	BR		3.0
(use 20976 in addition to code for appropriate bony procedure when applicable)			
20999 Unlisted procedure, musculoskeletal system, general . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-042 HEAD.**

	Unit Value	Follow-up Days=	Basic Anes@
(Skull, facial bones and temporomandibular joint)			
<b>INCISION</b>			
(For drainage of superficial abscess and hematoma, see 20000)			
(For removal of embedded foreign body from dentoalveolar structure, see ((418105)) 41805, 41806)			
21010 Arthrotomy, temporomandibular joint; unilateral . . . . .	BR		3.0
21011 bilateral . . . . .	BR		3.0

**EXCISION**

(For biopsy, see 20220, 20240)

21020 Craniectomy ((or)) for sequestrectomy ((for osteomyelitis)) . . . . . ((BR+))	BR		8.0
(For craniectomy for osteomyelitis, see 61501)			
(For other craniectomies, see 61304 et seq.)			
21030 Excision of benign tumor or cyst of facial bone other than mandible . . . . . ((BR+))	BR		5.0
21034 Excision of malignant tumor of facial bone other than mandible . . . . .	BR		5.0
21040 Excision of benign cyst or tumor of mandible; simple . . . . .	5.0	90	5.0
21041 complex . . . . . ((BR+))	BR		5.0
21044 Excision of malignant tumor of mandible; . . . . .	BR		5.0
21045 radical resection . . . . .	BR		5.0
(For bone graft, see 21215)			
21050 Arthrectomy, temporomandibular joint; unilateral . . . . .	18.0	90	5.0
21051 bilateral . . . . .	20.0	90	5.0
21060 Meniscectomy, temporomandibular joint; unilateral . . . . .	18.0	90	5.0
21061 bilateral . . . . .	20.0	90	5.0
21070 Coronoidectomy (separate procedure); unilateral . . . . .	18.0	90	5.0
21071 bilateral . . . . .	20.0	90	5.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<b>INTRODUCTION OR REMOVAL</b>				21300	Treatment of closed skull fracture without operation.....	Sv.&	
(For application or removal of caliper or tongs, see 20660, 20665)					(For operative repair, see 62000-62010)		
*21100	Application of halo type appliance for maxillofacial fixation, includes removal (separate procedure) .....	*2.0	0	3.0	21310	Treatment of closed or open nasal fracture without manipulation .....	Sv.&
21110	Application of interdental fixation device for conditions other than fracture or dislocation .....	8.0	90	3.0	*21315	Manipulative treatment nasal bone fracture; without stabilization .....	*1.1 0 3.0
21116	Injection procedure for temporomandibular arthrotomography.....	BR			21320	with stabilization .....	3.0 90 3.0
(For temporomandibular arthrotomography, see 70332)					21325	Open treatment of nasal fracture; uncomplicated .....	4.0 90 3.0
<b>REPAIR, REVISION OR RECONSTRUCTION</b>				21330	complicated, with internal and/or external skeletal fixation .....	9.5 90 3.0	
(For cranioplasty, see 62140 -62145)				21335	with concomitant open of fractured septum .....	17.0 90 3.0	
21200	Osteoplasty of mandible for prognathism, micrognathism .....	30.0	90	5.0	21337	Treatment of closed nasal septal fracture .....	BR 90 3.0
21202	mandible, segmental .....	BR	90	5.0	21338	Open treatment of nasoethmoid fracture; without external fixation .....	BR 90 3.0
21203	mandibular ramus (osteotomy) .....	BR	90	5.0	21339	with external fixation .....	BR 90 3.0
21204	maxilla, total .....	BR	90	5.0	21340	Treatment of closed or open nasoethmoid complex fracture, with splint, wire or headcap fixation, including repair of canthal ligaments and/or the nasolacrimal apparatus .....	BR
21206	maxilla, segmental .....	BR	90	5.0	21345	Treatment of nasomaxillary complex fracture (LeFort II type), with interdental wire fixation or fixation of denture or splint .....	BR
21207	reduction genioplasty .....	BR		5.0	21346	Open treatment of nasomaxillary complex fracture (LeFort II type); with wiring and/or local fixation .....	BR
21210	Graft, bone; nasal, maxillary and malar areas (includes obtaining graft) .....	20.0	120	5.0	21347	with multiple approaches .....	BR
(For cleft palate repair, see 42200-42225)					<del>((21350</del> Treatment of closed or open fracture of malar area, including zygomatic arch and malar tripod without manipulation .....	Sv.&))	
21215	mandible (includes obtaining graft) ..	20.0	120	5.0	<u>(21350 has been deleted. If necessary to report, use appropriate medical encounter code)</u>		
21230	Graft; rib cartilage, autogenous, to face, chin, nose or ear (includes obtaining graft) .....	18.0	120	5.0	*21355	Manipulative treatment of closed or open fracture of malar area, including zygomatic arch and malar tripod, towel clip technique .....	*1.0 2 3.0
21235	ear cartilage to nose or ear (includes obtaining graft) .....	12.0	60	5.0	21360	Open treatment of closed or open depressed malar fracture, including zygomatic arch and malar tripod .....	7.0 90 3.0
21239	Implant, chin, homologous, heterologous, or alloplastic .....	BR		5.0	21365	Open treatment of closed or open complicated (e.g., multiple fractures) of malar area, including zygomatic arch and malar tripod, with internal skeletal fixation and multiple surgical approaches .....	13.0 90 3.0
21240	Arthroplasty, temporomandibular joint; unilateral .....	BR+		5.0	<del>((21380</del> Treatment of orbital floor "blow-out" fracture without manipulation .....	Sv.&))	
<del>((21241</del> bilateral .....	BR		5.0)		<u>(21380 has been deleted. If necessary to report, use appropriate medical encounter code)</u>		
<u>(21241 has been deleted. To report bilateral procedure, use modifier -50)</u>					21385	Open treatment of orbital floor "blow-out" fracture; transantral approach (Caldwell-Luc type operation) .....	12.0 90 3.0
<u>(If bone or cartilage graft is used for temporomandibular joint arthroplasty, use 20900-20910)</u>					21386	periorbital approach .....	13.0 90 3.0
21242	Arthroplasty, temporomandibular joint, with alloplastic material (e.g., silicone) .....	BR		5.0	21387	combined approach .....	15.0 90 3.0
21250	Osteoplasty of maxilla and/or other facial bones for midface hypoplasia or retrusion (LeFort type operation); without bone graft .....	BR		5.0	21390	periorbital approach, with alloplastic or other implant .....	14.0 90 3.0
21254	with bone graft .....	BR		5.0	21395	periorbital approach with bone graft (includes obtaining graft) ..	18.0 90 3.0
21260	Orbital hypertelorism correction (periorbital) osteotomies, bilateral, with bone grafts; extracranial approach .....	BR		5.0	21400	Treatment of fracture of orbit, except "blowout"; without manipulation .....	SV
21261	combined intra- and extracranial approach .....	BR		5.0	21401	with manipulation .....	6.0 90 3.0
21263	with forehead advancement .....	BR		5.0	21406	Open treatment of fracture of orbit, except "blowout"; without implant .....	7.0 90 3.0
21267	Orbital repositioning, periorbital osteotomies, unilateral, with bone grafts; extracranial approach .....	BR		5.0	21407	with implant .....	8.0 90 3.0
21268	combined intra- and extracranial approach .....	BR		5.0	<del>((21420</del> Treatment of closed or open maxillary fracture without manipulation))		
21270	Reconstruction for Treacher Collins syndrome (periorbital and zygomatic reconstruction with multiple bone grafts) .....	BR		5.0	<u>(21420 has been deleted. If necessary to report, use appropriate medical encounter code)</u>		
21275	Secondary revision for orbitocraniofacial reconstruction .....	BR		5.0			
<u>(For reconstruction of skull by bone flaps, see 61555)</u>							
21280	Medial canthoplasty .....	BR		5.0			
21282	Lateral canthopexy .....	BR		5.0			
21295	Reduction of masseter muscle (e.g., treatment of benign masseteric hypertrophy); extraoral approach .....	BR		5.0			
21296	intraoral approach .....	BR		5.0			

FRACTURE AND/OR DISLOCATION

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
21421 Treatment of palatal or alveolar ridge fractures (LeFort I type); closed manipulation with interdental wire fixation or fixation of denture or splint	7.0	90	3.0	(For injection of fracture site or trigger point, see 20550)			
21422 open treatment	12.0	90	3.0	(For abdominal fascial transplant, see 22910)			
21431 Treatment of craniofacial separation (LeFort III type) using interdental wire fixation of denture or splint	8.0	90	4.0	INCISION			
21432 Open treatment of craniofacial separation (LeFort III type); with wiring and/or local fixation	BR		4.0	(For incision and drainage of abscess or hematoma, superficial, see 10060)			
21433 complicated (e.g., multiple approaches)	BR		5.0	21501 Incision and drainage, deep abscess or hematoma;	5.0	30	3.0
21435 complicated, fixation by head cap, halo device, multiple surgical approaches, internal fixation, and/or wiring teeth	BR		5.0	21502 with partial rib ostectomy	6.0	30	3.0
				21510 Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess;	7.0	30	3.0
				21511 with suction irrigation	8.0	30	3.0
(For removal of internal or external fixation device, see 20670)				EXCISION			
21440 Manipulative treatment of alveolar ridge fracture (separate procedure)	BR		5.0	21550 Excisional biopsy, soft tissues	7.0	30	3.0
21445 Open treatment of alveolar ridge fracture (separate procedure)	BR		5.0	21555 Excision benign tumor; subcutaneous	7.0	30	3.0
21450 Treatment of closed or open mandibular fracture without manipulation	Sv.&			21556 deep, subfascial, intramuscular	8.0	30	3.0
21451 with manipulation, may include external fixation	BR		5.0	(For excision of chest wall tumor involving ribs, e.g., radical excision, see 19260, 19270)			
21452 Treatment of open mandibular fracture; without manipulation	BR		5.0	21600 Excision of rib, partial	6.0	60	5.0
21453 with manipulation	BR		5.0	(For radical resection of chest wall and rib cage for tumor, see 19260)			
21454 Open treatment of closed or open mandibular fracture with external fixation	BR		5.0	(For radical debridement of chest wall and rib cage for injury, see 11040-11044)			
21455 Closed manipulative treatment by interdental fixation of closed or open mandibular fracture	8.0	90	5.0	21610 Costotransversectomy (separate procedure)			
21461 Open treatment of closed or open mandibular fracture; with or without interdental fixation	16.0	90	5.0				
21462 with interdental fixation	16.0	90	5.0	21615 Excision first and/or cervical rib for outlet compression syndrome or other cause;			
21465 Open treatment of mandibular condylar fracture	BR		5.0	21616 with sympathectomy	BR		
21470 Open treatment of complicated closed or open mandibular fracture by multiple surgical approaches including internal fixation, interdental fixation, and/or wiring of dentures or splints	BR		5.0	21620 Ostectomy of sternum, partial	BR		
21480 Uncomplicated treatment of temporomandibular dislocation, initial or subsequent	Sv.&		3.0	21630 Radical resection of sternum for tumor;	BR		
21485 Complicated manipulate treatment of temporomandibular dislocation, initial or subsequent	BR		3.0				
21490 Open treatment of temporomandibular dislocation	BR		3.0	21632 with mediastinal lymphadenectomy	BR		5.0
				21633 for osteomyelitis	BR		5.0
(For interdental wire fixation, see 21462)				REPAIR, REVISION OR RECONSTRUCTION			
21493 Treatment of closed or open hyoid fracture; without manipulation	SV			((For repair of deep wounds, see 20800))			
21494 with manipulation	7.0	90	3.0	(For superficial wound, see General Section under Repair-Simple)			
21495 Open treatment of closed or open hyoid fracture	8.0	90	3.0	21700 Division of scalenus anticus; without resection of cervical rib	10.0	60	3.0
				21705 with resection of cervical rib	12.0	60	5.0
(For treatment of fracture of larynx, see 31584-31586)				21720 Division of sternocleidomastoid for torticollis, open operation; without cast application	8.0	60	3.0
21497 Interdental wiring, for condition other than fracture	BR		3.0	(For transection of spinal accessory and cervical nerves, see 63191, 63192, 64722)			
21499 Unlisted procedure, head	BR		3.0	21725 with cast application	9.0	60	3.0
				21740 Reconstructive repair of pectus excavatum or carinatum	26.0	120	11.0
				21741 Xiphoid resection pectus excavatum	BR		11.0
				FRACTURE AND/OR DISLOCATION			
				21800 Treatment of rib fracture; closed, uncomplicated, each	Sv.&		
				21805 open or complicated, each	BR		5.0
				21810 closed or open requiring external fixation ("flail chest")	BR		5.0
				21820 Treatment of sternum fracture; closed	Sv.&		
				21825 open	BR+		5.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-051 NECK (SOFT TISSUES) AND THORAX.**

Unit Value	Follow-up Days=	Basic Anes@
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(For cervical spine, see 22100, et seq.)

	Unit Value	Follow-up Days=	Basic Anes@
(For sternoclavicular dislocation, see 23520-23532)			

MISCELLANEOUS

21899 Unlisted procedure, neck or thorax . . . . BR 5.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-053 SPINE (VERTEBRAL COLUMN).

	Unit Value	Follow-up Days=	Basic Anes@
(Cervical, thoracic (dorsal), and lumbar spine)			
(For injection procedure for myelography, see 63510-63520)			
(For injection procedure for discography, see 63530-63535)			

EXCISION

22010 Biopsy, spinal soft tissues; superficial . . 1.2 7 3.0  
 22011 deep . . . . . 2.4 15 3.0  
 22012\* Biopsy, spinal soft tissues, percutaneous needle . . . . . BR 3.0

(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)

(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)

22030 Excision, benign tumor, subcutaneous . . 3.0 15 3.0  
 22031 Excision, benign tumor, deep, subfascial, intramuscular; cervical . . . 4.0 15 3.0  
 22032 thoracic . . . . . 3.0 15 3.0  
 22033 lumbar . . . . . 3.0 15 3.0

(For discectomy without arthrodesis (excision of intervertebral disc), see ((63400-63415)) 63020-63076)

(For laminectomy, Gill procedure, see 63010)

22100 Partial resection of vertebral component, spinous processes (e.g., "kissing" spines); cervical . . . . . 8.0 90 8.0  
 22101 thoracic . . . . . 8.0 90 7.0  
 22102 lumbar . . . . . 8.0 90 7.0  
 22105 Partial resection of vertebral component for tumor (e.g., partial facetectomy without primary grafting); cervical . . . 12.0 90 8.0  
 22106 thoracic . . . . . 12.0 90 7.0  
 22107 lumbar . . . . . 12.0 90 7.0  
 22110 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, cervical; . . . . . ((BR+)) 8.0

22111 with suction irrigation . . . . . BR 8.0

22112 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, thoracic; . . . . . BR 7.0

22113 with suction irrigation . . . . . BR 7.0

22114 Partial excision of vertebrae (craterization, saucerization) for osteomyelitis, lumbar; . . . . . BR 7.0

22115 with suction irrigation . . . . . BR 7.0

22120 Radical resection of vertebral body or component with primary grafting, includes obtaining graft; cervical . . . . . ((BR+)) 8.0

22121 thoracic . . . . . BR 7.0

22122 lumbar . . . . . BR 7.0

22128 Radical resection of vertebral body or component with prosthetic replacement, including fabrication of prosthesis; cervical . . . . . BR 7.0

22129 thoracic . . . . . BR 7.0

22130 lumbar . . . . . BR 7.0

(For repair of pseudarthrosis, see 22600-22735)

INTRODUCTION

(For injection procedure for myelography, see 62284)

(For injection procedure for diskography, see 62290, 62291)

(For injection procedure, chemonucleolysis, single or multiple levels, see 62292-62293)

REPAIR, REVISION, RECONSTRUCTION

22200 Osteotomy of spine for correction fixed deformity (not scoliosis); anterior OR posterior, lumbar . . . . .	32.0	180	7.0
22201 thoracic or cervical . . . . .	40.0	180	7.0
22202 Osteotomy of spine for correction fixed deformity (not scoliosis); anterior AND posterior, lumbar . . . . .	40.0	180	7.0
22203 cervical . . . . .	46.0	180	7.0
22206 Osteotomy of spine for correction fixed deformity, single or multiple (including vertebral body resection), for scoliosis with or without internal fixation; transthoracic . . . . .	32.0	180	7.0
22207 transabdominal or retroperitoneal . . . . .	40.0	180	7.0

(For primary arthrodesis without osteotomy in scoliosis, see 22800-22840)

FRACTURE AND/OR DISLOCATION

22305 Treatment of vertebral process fracture, each . . . . .	Sv.&		
22310 Treatment of vertebral body fracture and/or dislocation; without reduction; each . . . . .	Sv.&		
22315 with or without anesthesia by manipulation or traction, each . . . . .	7.0	180	3.0
22325 Open treatment of vertebral body fracture and/or dislocation; lumbar, each . . . . .	24.0	180	7.0
22326 cervical, each . . . . .	24.0	180	8.0
22327 thoracic, each . . . . .	24.0	180	7.0

Procedural codes 22330-22371 are for a SINGLE level procedure; for additional levels, see 22730-22735

22330 Open treatment and fusion, cervical spine, posterior approach, with local bone graft and/or internal fixation for fracture . . . . .	28.0	180	8.0
22335 posterior approach, with iliac or other autogenous bone graft (includes obtaining graft), for fracture . . . . .	31.0	180	8.0
22345 anterior approach, with iliac or other autogenous bone graft (includes obtaining graft) for fracture . . . . .	30.0	180	7.0

(For cervicocranial fusion, see 22620)

22355 Open treatment and fusion, posterior approach, with local bone graft and/or internal fixation for fracture; lumbar . . . . .	26.0	180	7.0
22356 thoracic . . . . .	26.0	180	7.0
22360 Open treatment and fusion, posterior approach, with iliac or other autogenous bone graft (includes obtaining graft), for fracture; lumbar . . . . .	30.0	180	7.0
22361 thoracic . . . . .	30.0	180	7.0
22370 Open treatment and fusion, posterolateral or anterolateral approach, with iliac or other autogenous bone graft (includes obtaining graft) for fracture, lumbar . . . . . ((BR+))	BR		7.0

22371 thoracic . . . . . BR 7.0

22379 Harrington rod technique (list separately in addition to code for treatment of closed or open fracture and/or dislocation) . . . . . BR 7.0

MANIPULATION

	Unit Value	Follow-up Days=	Basic Anes@
<del>((22500 Manipulation of the spine, any region, . . . . .))</del>	<del>0.3</del>	<del>0</del>	
<u>(22500 Manipulation of spine not requiring anesthesia has been deleted. To report, use 97260)</u>			
*22505 requiring anesthesia . . . . .	*1.4	0	3.0
<b>ARTHRODESIS WITH DISKECTOMY</b> (Intervertebral disk excision, laminotomy or laminectomy and fusion)			
Procedural codes 22550-22565 are for SINGLE level procedure; for additional levels, see 22730-22735.			
(For diskectomy without arthrodesis, see 63020-63076)			
22550 Arthrodesis with diskectomy, cervical, posterior approach; local bone graft and/or internal fixation . . . . .	28.0	180	8.0
22552 with iliac or other autogenous bone graft (includes obtaining graft) . .	32.0	180	8.0
22555 Arthrodesis with diskectomy, cervical, anterior interbody approach, with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	28.0	180	7.0
<b>FOR THORACIC OR LUMBAR ARTHRODESIS WITH DISKECTOMY AND FUSION SEE CODES 22562 AND 22563</b>			
22560 Arthrodesis with diskectomy, lumbar or thoracic, posterior posterolateral or posterior interbody approach; local bone graft and/or internal fixation . . . . .	<del>(26.0)</del>	<del>180</del>	<del>7.0</del>
<b>NONCOVERED PROCEDURE</b>			
22561 with iliac or other autogenous bone graft (includes obtaining graft) . . .	<del>(30.0)</del>	<del>180</del>	<del>7.0</del>
<b>NONCOVERED PROCEDURE</b>			
22562 Arthrodesis with diskectomy, lumbar or thoracic, posterior or posterolateral, with local bone graft and/or internal fixation . . . . .	26.0	180	7.0
22563 Arthrodesis with diskectomy, lumbar or thoracic, posterior or posterolateral, with iliac or other autogenous graft (includes obtaining graft) . . . . .	30.0	180	7.0
22565 Arthrodesis with diskectomy, lower lumbar spine, anterior interbody approach, (includes obtaining graft) . . .	24.0	180	7.0
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b and modifier -62.)			
<b>ARTHRODESIS, PRIMARY OR REPAIR OF PSEUDARTHROSIS</b>			
Procedural codes 22600-22720 are for SINGLE level procedures; for additional levels, see 22730-22735.			
22600 Cervical fusion, posterior approach below C-1 level; local bone graft and/or internal fixation . . . . .	24.0	180	8.0
22605 with iliac or other autogenous bone graft (includes obtaining graft) . .	28.0	180	8.0
22615 Cervical fusion, anterior approach (C3-T1) with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	28.0	180	7.0
22617 Atlas-axis fusion (C1-C2 or C3) with iliac or other autogenous bone graft (includes obtaining graft) (posterior or anterior approach) . . . . .	29.0	180	8.0
22620 Cervicocranial fusion (occiput through C2) with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	30.0	180	8.0
22640 Thoracic or lumbar fusion, posterior or posterolateral approach; local bone graft and/or internal fixation . . . . .	24.0	180	7.0
22645 with iliac or other autogenous bone graft (includes obtaining graft) (see also 22720) . . . . .	28.0	180	7.0

	Unit Value	Follow-up Days=	Basic Anes@
22655 Thoracic or lumbar fusion; posterior interbody technique, with iliac or other autogenous bone graft, (includes obtaining graft) . . . . .	<del>(32.0)</del>	<del>180</del>	<del>7.0</del>
<b>NONCOVERED PROCEDURE</b>			
22670 lateral approach (transverse process to transverse process and/or sacrum) with iliac or other autogenous bone graft and/or internal fixation (includes obtaining graft) . . . . .	<del>(32.0)</del>	<del>180</del>	<del>7.0</del>
<b>NONCOVERED PROCEDURE</b>			
22680 anterolateral or anterior interbody fusion, transthoracic approach (includes obtaining graft) . . . . .	<del>(BR+)</del>		
<b>BR</b>			
22700 Lumbar spine fusion, anterior interbody fusion (includes obtaining graft) . . . . .	24.0	180	7.0
(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b and modifier -62.)			
22720 posterior approach, Harrington or Knodt rod distraction fusion, with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	30.0	180	7.0
22730 Arthrodesis, primary or repair of pseudarthrosis, two levels (list separately in addition to code for single level arthrodesis, 22600-22720) . . . . .	6.0		7.0
22735 more than two levels (list separately in addition to code for single level arthrodesis, 22600-22720) . . . . .	<del>(BR+)</del>		
<b>BR</b>			

**ARTHRODESIS, PRIMARY FOR SCLIOSIS**

	Unit Value	Follow-up Days=	Basic Anes@
(For single or multiple osteotomy type of scoliosis correction, see 22206, 22207)			
22800 Arthrodesis, primary for scoliosis (with or without postoperative cast), 6 or less vertebrae; local bone graft . . . . .	29.0	180	7.0
22801 with iliac or other autogenous bone graft . . . . .	30.0	180	7.0
22802 Arthrodesis, primary for scoliosis (with or without postoperative cast) seven or more vertebrae; local bone graft . . . . .	BR		7.0
22803 with iliac or other autogenous bone graft . . . . .	BR		7.0
22840 Posterior instrumentation; (e.g., Harrington rods technique) (list separately in addition to procedures 22800-22803) . . . . .	50.0	180	7.0
22842 segmental wiring (e.g., Luque technique) . . . . .	BR		7.0
(List separately in addition to procedures 22800-22803)			
(For somatosensory testing, see 95925)			
22845 Anterior instrumentation (e.g., Dwyer instrumentation) (list separately in addition to procedures 22800-22803) . . . . .	BR		7.0
22850 Removal of posterior instrumentation (e.g., Harrington rod) . . . . .	BR		7.0
22855 Removal of anterior instrumentation (e.g., Dwyer device) . . . . .	BR		7.0
(For presurgical braces, Milwaukee or other, casts of any type, see section on application of casts or strapping)			
(For spinal cord monitoring, use 95925)			

**MISCELLANEOUS**

22899 Unlisted procedure, spine . . . . .	BR		7.0
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AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-061 ABDOMEN.

	Unit Value	Follow-up Days=	Basic Anes@
EXCISION			
22900 Excision, abdominal wall tumor, subfascial (e.g., desmoid) .....	10.0	90	5.0
22910 Abdominal fascial transplants, bilateral (Lowman type procedure) (includes obtaining fascia) .....	20.0	90	5.0
MISCELLANEOUS			
22999 Unlisted procedure, abdomen, musculo-skeletal system .....	BR		5.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-063 SHOULDER.

	Unit Value	Follow-up Days=	Basic Anes@
(Clavicle, scapula, humerus head and neck, sternoclavicular joint, acromioclavicular joint and shoulder joint)			
INCISION			
23000 Removal of subdeltoid (or intratendinous) calcareous deposits .... (For excision of subdeltoid bursa, see 23110)	6.0	60	3.0
23020 Capsular contracture release (Sever type procedure) for Erb's palsy .....	11.0	60	3.0
(For incision and drainage procedures, superficial, see 10000-10160)			
23030 Incision and drainage; deep abscess or hematoma .....	BR		3.0
23031 infected bursa .....	BR		3.0
23035 Incision, deep, with opening of cortex for osteomyelitis or bone abscess; .....	BR		3.0
23036 with suction irrigation .....	BR		3.0
23040 Arthrotomy with exploration, drainage, or removal of foreign body, glenohumeral joint .....	11.0	60	3.0
(For incision and drainage procedures, superficial, see 10000-10160)			
23042 with suction irrigation .....	12.0	60	3.0
23044 Arthrotomy with exploration, drainage or removal of foreign body, acromioclavicular, sternoclavicular joint .....	10.0	60	3.0
EXCISION			
23065 Biopsy, soft tissues; superficial .....	1.2	7	3.0
23066 deep .....	2.4	15	3.0
23075 Excision, benign tumor; subcutaneous ..	3.0	7	3.0
23076 deep, subfascial or intramuscular ...	4.0	15	3.0
23100 Arthrotomy for biopsy, glenohumeral joint .....	11.0	60	3.0
23101 Arthrotomy for biopsy or for excision of torn cartilage, acromioclavicular, sternoclavicular joint .....	11.0	60	4.0
23105 Arthrotomy for synovectomy; glenohumeral joint .....	BR		3.0
23106 acromioclavicular, sternoclavicular joint .....	BR		3.0
23110 Excision, subacromial subdeltoid bursa excision .....	6.0	60	3.0
23120 Claviclectomy; partial .....	8.5	60	3.0
23125 total .....	16.0	60	3.0
23130 Acromiectomy, partial or total .....	8.5	60	3.0
23140 Excision or curettage of bone cyst or benign tumor of clavicle or scapula; ...	6.0	60	3.0
23145 with primary autogenous graft (includes obtaining graft) .....	9.0	120	3.0
23146 with homogenous or other nonautogenous graft .....	11.0	120	3.0
23150 Excision or curettage of bone cyst or benign tumor of proximal humerus; ...	6.0	120	3.0

	Unit Value	Follow-up Days=	Basic Anes@
23155 with primary autogenous graft (includes obtaining graft) .....	9.0	120	3.0
23156 with homogenous or other nonautogenous graft .....	11.0	120	3.0
23170 Sequestrectomy for osteomyelitis or bone abscess, clavicle; .....	BR		3.0
with suction irrigation .....	BR		3.0
23171 Sequestrectomy for osteomyelitis or bone abscess, scapula; .....	BR		3.0
23172 with suction irrigation .....	BR		3.0
23173 Sequestrectomy for osteomyelitis or bone abscess, humeral head to surgical neck; .....	BR		3.0
23174 with suction irrigation .....	BR		3.0
23175 Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, clavicle .....	5.0	60	3.0
23180 with suction irrigation .....	5.0	60	4.0
23181 Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, scapula; .....	6.0	60	4.0
23182 with suction irrigation .....	5.0	60	4.0
23183 Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, proximal humerus; .....	6.0	60	4.0
23184 with suction irrigation .....	5.0	60	4.0
23185 Osteotomy of scapula, partial (e.g., superior medial angle) .....	7.0	60	3.0
23190 Resection humeral head .....	BR		3.0
(For replacement with implant, see 23470)			
23200 Radical resection for tumor; clavicle ..	BR		3.0
23210 scapula .....	BR		3.0
23220 Radical resection for tumor, proximal humerus; .....	BR		3.0
23221 with autogenous bone graft, (includes obtaining graft) .....	BR		3.0
23222 with prosthetic replacement .....	BR		3.0
INTRODUCTION OR REMOVAL			
(For arthrocentesis or needling of bursa, see 20610)			
(For K wire or pin insertion or removal, see 20650, 20670, 20680)			
23330 Removal of foreign body; subcutaneous ..	8.0	60	3.0
23331 deep (e.g., prosthetic removal) .....	11.0	60	3.0
23332 complicated, including "total shoulder" .....	BR		3.0
23350 Injection procedure for shoulder arthrography .....	0.6	0	3.0
(For shoulder arthrography, see 73040)			
23355 Arthroscopy, shoulder diagnostic (separate procedure) .....	7.0		3.0
23356 Arthroscopy, shoulder, surgical; debridement with cartilage shaving and/or drilling and/or resection of reactive synovium .....	9.9	60	3.0
23357 with synovial biopsy .....	7.5	60	3.0
23358 with removal of loose body .....	7.5	60	3.0
(When shoulder arthroscopy is performed in conjunction with arthrotomy, see modifier ((-50) -51)			
REPAIR, REVISION OR RECONSTRUCTION			
((For neuroorrhaphy or neuroplasty, 64700 et seq.)			
(For repair of deep wound, see 20800))			
(For sternoclavicular reconstruction, see 23530)			
(For acromioclavicular joint reconstruction, see 23550)			
23395 Muscle transfer, any type for paralysis of shoulder or upper arm; single .....	20.0	90	4.0
23397 multiple .....	BR		

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
23400 Scapulopexy (e.g., Sprengel's deformity or for paralysis) .....	22.0	90	3.0	23605 with manipulation .....	5.0	90	3.0
23405 Tenomyotomy; single .....	7.0	60	4.0	23610 Treatment of open humeral (surgical or anatomical neck) fracture, with uncomplicated soft tissue closure .....	7.0	90	3.0
23406 multiple through same incision .....	13.0	60	4.0	23615 Open treatment of closed or open humeral (surgical or anatomical neck) fracture, with or without internal or external skeletal fixation .....	12.0	90	3.0
23410 Repair of ruptured supraspinatus tendon or musculotendinous cuff; acute ..	14.0	120	3.0	23620 Treatment of closed greater tuberosity fracture; without manipulation .....	Sv.&		
23412 chronic .....	16.0	120	4.0	23625 with manipulation .....	3.5	90	3.0
23415 Coracoacromial ligament release for chronic ruptured supraspinatus tendon .	6.5		3.0	23630 Open treatment of closed or open greater tuberosity fracture, with or without internal or external skeletal fixation .....	9.0	90	3.0
23420 Repair of complete shoulder cuff avulsion, chronic (includes acromionectomy) .....	18.0	120	3.0	23650 Treatment of closed shoulder dislocation, with manipulation; without anesthesia .....	Sv.&		
23430 Tenodesis for rupture of long tendon of biceps .....	12.0	90	3.0	*23655 requiring anesthesia .....	*1.2	0	3.0
23440 Resection or transplantation of long tendon of biceps, for chronic tenosynovitis .....	12.0	90	3.0	23658 Treatment of open shoulder dislocation, with uncomplicated soft tissue closure .	BR		3.0
23450 Capsulorrhaphy for recurrent dislocation, anterior; Putti-Platt procedure or Magnuson type operation .....	17.0	90	3.0	23660 Open treatment of closed or open shoulder dislocation .....	12.0	90	3.0
23455 Bankhart type operation .....	19.0	90	3.0	23665 Treatment of closed shoulder dislocation, with fracture of greater tuberosity, with manipulation .....	3.0	90	3.0
23460 Capsulorrhaphy for recurrent dislocation, anterior, any type; with bone block .....	20.0	120	3.0	23670 Open treatment of closed or open shoulder dislocation, with fracture of greater tuberosity .....	12.0	90	3.0
23462 with coracoid process transfer .....	18.0	120	3.0	23675 Treatment of closed shoulder dislocation, with surgical or anatomical neck fracture, with manipulation .....	4.0	90	3.0
23465 Capsulorrhaphy for recurrent dislocation, posterior, with or without bone graft .....	17.0	90	3.0	23680 Open treatment of closed or open shoulder dislocation, with surgical or anatomical neck fracture .....	14.0	90	3.0
(For sternoclavicular and acromioclavicular reconstruction, see 23530 or 23550)				<b>MANIPULATION</b>			
23470 Arthroplasty with proximal humeral implant (e.g., Neer type operation) . . .	20.0	120	3.0	*23700 Manipulation under anesthesia, including application of fixation apparatus (dislocation excluded) .....	*1.2	0	3.0
23472 Arthroplasty with glenoid and proximal humeral replacement (e.g., total shoulder) .....	BR		3.0	<b>ARTHRODESIS</b>			
(For removal of total shoulder implants, see 23331, 23332)				23800 Arthrodesis, shoulder joint, with or without local bone graft .....	20.0	120	3.0
(For osteotomy proximal humerus, see 24400)				23802 with primary autogenous graft (includes obtaining graft) .....	24.0	120	3.0
23480 Osteotomy, clavicle, with or without internal fixation; .....	10.0	90	3.0	<b>AMPUTATION</b>			
23485 with bone graft for nonunion or malunion (includes obtaining graft and/or necessary fixation) .....	13.0	120	3.0	23900 Interthoracoscaphular amputation (forequarter) .....	24.0	90	11.0
<b>FRACTURE AND/OR DISLOCATION</b>				23920 Disarticulation of shoulder .....	18.0	90	5.0
23500 Treatment of closed clavicular fracture; without manipulation .....	Sv.&			23921 secondary closure or scar revision .	5.0	30	3.0
23505 with manipulation .....	3.0	90	3.0	<b>MISCELLANEOUS</b>			
23510 Treatment of open clavicular fracture, with uncomplicated soft tissue closure .	5.0	90	3.0	23929 Unlisted procedure, shoulder .....	BR		3.0
23515 Open treatment of closed or open clavicular fracture, with or without internal or external skeletal fixation .....	9.0	90	3.0	<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			
23520 Treatment of closed sternoclavicular dislocation; without manipulation .....	Sv.&			<b>WAC 296-22-067 HUMERUS (UPPER ARM) AND ELBOW.</b>			
23525 with manipulation .....	2.8	90	3.0		Unit Value	Follow-up Days=	Basic Anes@
23530 Open treatment of closed or open Sternoclavicular dislocation, acute or chronic; .....	10.0	90	5.0				
23532 with fascial graft (includes obtaining graft) .....	12.0	90	5.0				
23540 Treatment of closed acromioclavicular dislocation, without manipulation .....	Sv.&						
23545 with manipulation .....	2.4	45	3.0				
23550 Open treatment of closed or open acromioclavicular dislocation, acute or chronic; .....	12.0	90	3.0				
23552 with fascial graft (includes obtaining graft) .....	15.0	90	3.0				
23570 Treatment of closed scapular fracture; without manipulation .....	Sv.&						
23575 with manipulation (with or without shoulder joint involvement) .....	2.8	90	3.0				
23580 Treatment of open scapular fracture, with uncomplicated soft tissue closure .	5.0	90	3.0				
23585 Open treatment of closed or open scapular fracture juxtaarticular .....	12.0	90	3.0				
23600 Treatment of closed humeral (surgical or anatomical neck) fracture; without manipulation .....	Sv.&						
				<b>INCISION</b>			
				(For incision and drainage procedures, superficial, see 10000-10160)			
				23930 Incision and drainage; deep abscess or hematoma .....	5.0	15	3.0
				23931 infected bursa .....	5.0	15	3.0
				23935 Incision, deep, with opening of cortex for osteomyelitis or bone abscess; .....	8.0	15	3.0
				23936 with suction irrigation .....	8.0	15	3.0
				24000 Arthrotomy, elbow, with exploration, drainage, or removal of foreign body; .	10.0	60	3.0
				24001 with suction irrigation .....	8.0	15	3.0
				<b>EXCISION</b>			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For muscle or bone biopsy, see 20200-20245)				24301	Muscle or tendon transfer, any type, single (excluding 24330)		<u>BR</u>
24065	Biopsy, soft tissues; superficial	2.0	7	3.0			
24066	deep	3.0	15	3.0			
24075	Excision, benign tumor; subcutaneous	4.0	15	3.0	24305	Tendon lengthening; single, each	7.0
24076	deep, subfascial or intramuscular	4.5	15	3.0	24310	Tenotomy, open, elbow to shoulder, single, each	5.0
24100	Arthrotomy, elbow, for synovial biopsy only	10.0	60	3.0	24320	Tenoplasty, with muscle transfer, with or without free graft, elbow to shoulder, single (Seddon-Brookes type procedure)	30
24101	with joint exploration, with or without biopsy, with or without removal of foreign body	12.0	60	3.0			<u>BR</u>
24102	for synovectomy	14.0	90	3.0	24330	Flexor-plasty, elbow (e.g., Steindler type advancement);	8.0
24105	Excision, olecranon bursa	4.8	60	3.0	24331	with extensor advancement	8.0
24110	Excision or curettage of bone cyst or benign tumor, humerus;	9.5	60	3.0	24340	Tenodesis for rupture of biceps tendon at elbow	14.0
24115	with primary autogenous graft (includes obtaining graft)	12.5	120	3.0	24342	Reinsertion of ruptured biceps tendon, distal, with or without tendon graft (includes obtaining graft)	14.0
24116	with homogenous or other nonautogenous graft	13.0	120	3.0	24350	Fasciotomy, lateral or medial (e.g., "tennis elbow" or epicondylitis);	6.0
24120	Excision or curettage of bone cyst or bone tumor of head or neck of radius or olecranon process	8.0	60	3.0	24351	with extensor origin detachment	5.0
24125	with primary autogenous graft (includes obtaining graft)	10.0	120	3.0	24352	with annular ligament resection	6.0
24126	with homogenous or other nonautogenous graft	11.0	120	3.0	24354	with stripping	7.0
24130	Excision, radial head	8.0	60	3.0	24356	with partial ostectomy	<u>BR</u>
(For replacement with implant, see 24366)				24360	Arthroplasty, elbow, with membrane		<u>BR</u>
24134	Sequestrectomy for osteomyelitis or bone abscess, shaft or distal humerus;	<u>BR</u>		<u>3.0</u>	24361	with distal humeral prosthetic replacement	<u>BR</u>
24135	with suction irrigation	<u>BR</u>		<u>3.0</u>	24362	with implant and fascia lata ligament reconstruction	<u>BR</u>
24136	Sequestrectomy for osteomyelitis or bone abscess, radial head or neck;	<u>BR</u>		<u>3.0</u>	24363	with distal humerus and proximal ulnar prosthetic replacement ("total elbow")	<u>BR</u>
24137	with suction irrigation	<u>BR</u>		<u>3.0</u>	24365	Arthroplasty, radial head;	10.0
24138	Sequestrectomy for osteomyelitis or bone abscess, olecranon process;	<u>BR</u>		<u>3.0</u>	24366	with implant	<u>BR</u>
24139	with suction irrigation	<u>BR</u>		<u>3.0</u>	24400	Osteotomy, humerus, with or without internal fixation	12.0
24140	Partial excision of bone (craterization, saucerization or diaphysectomy), for osteomyelitis, humerus;	7.0	60	3.0	24410	Multiple osteotomies with realignment on intramedullary rod (Sofield type procedure)	14.0
24144	with suction irrigation	8.0	60	3.0	24420	Osteoplasty, humerus (e.g., shortening or lengthening)	
24145	Partial excision of bone (craterization, saucerization or diaphysectomy,) for osteomyelitis, radial head or neck;	7.0	6.0	3.0			<u>BR</u>
24146	with suction irrigation	8.0	6.0	3.0	24430	Repair of nonunion or malunion, humerus; without graft (e.g., compression technique, etc.)	17.0
24147	Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, olecranon process;	7.0	60	3.0	24435	with iliac or other autogenous bone graft (includes obtaining graft)	20.0
24148	with suction irrigation	8.0	60	3.0	(For proximal radius and/or ulna, see 25400-25420)		
24150	Radical resection for tumor, shaft or distal humerus;			<u>BR</u>	24470	Hemiepiphyseal arrest (e.g., for cubitus varus or valgus, distal humerus)	7.0
24151	with autogenous bone graft (includes obtaining graft)	<u>BR</u>		<u>3.0</u>	24495	Decompression fasciotomy, forearm, with brachial artery exploration	<u>BR</u>
24152	Radical resection for tumor, radial head or neck;	<u>BR</u>		<u>3.0</u>	<b>FRACTURE AND/OR DISLOCATION</b>		
24153	with autogenous bone graft (includes obtaining graft)	<u>BR</u>		<u>3.0</u>	24500	Treatment of closed humeral shaft fracture; without manipulation	Sv.&
24155	Resection of elbow joint (arthrectomy)	<u>BR</u>		<u>3.0</u>	24505	with manipulation	5.0
<b>INTRODUCTION OR REMOVAL</b>				24510	Treatment of open humeral shaft fracture, with uncomplicated soft tissue closure	7.0	90
(For K wire or pin insertion or removal, see 20650, 20670, 20680)				24515	Open treatment of closed or open humeral shaft fracture, with or without internal or external skeletal fixation	11.0	90
(For arthrocentesis or needling of bursa or joint, see 20605)				24530	Treatment of closed supracondylar or transcondylar fracture, without manipulation	Sv.&	<u>BR</u>
24160	Implant removal; elbow joint	6.0	60	3.0	24531	with traction (pin or skin)	<u>BR</u>
24164	radial head	4.8	60	3.0	24535	Treatment of closed supracondylar or transcondylar fracture, with manipulation	5.0
24200	Removal of foreign body; subcutaneous	<u>BR</u>		<u>3.0</u>	24536	with traction (pin or skin)	9.0
24201	deep	<u>BR</u>		<u>3.0</u>	24538	with percutaneous skeletal fixation	10.0
24220	Injection procedure for elbow arthrography	<u>BR</u>		<u>3.0</u>	24540	Treatment of open supracondylar or transcondylar fracture, with uncomplicated soft tissue closure;	7.0
(For elbow arthrography, see 73085)				24542	with traction (pin or skin)	11.0	90
(For injection of tennis elbow, see 20550)				<b>REPAIR, REVISION, AND RECONSTRUCTION</b>			
(For neurorrhaphy or neuroplasty, arm, see ((64700)) 64702 et seq.)				(For repair of deep wound, see 20800)			



	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
25085	Capsulotomy, wrist (e.g., for contracture) . . . . .	4.0	15	3.0				
25100	Arthrotomy, wrist joint, for biopsy . . . . .	5.0	60	3.0	25248	Exploration for removal of deep foreign body . . . . .	BR	
25101	with joint exploration, with or without biopsy, with or without removal of foreign body . . . . .	7.0	60	3.0	25250	Removal of wrist prosthesis; (separate procedure) . . . . .	BR	
25105	for synovectomy . . . . .	8.0	90	3.0	25251	complicated, including "total wrist" . . . . .	BR	
25107	Arthrotomy, distal radioulnar joint for excision triangular cartilage . . . . .	9.0	60	3.0	<b>REPAIR, REVISION OR RECONSTRUCTION</b>			
25110	Excision, lesion of tendon sheath . . . . .	3.0	30	3.0	(For repair of deep wounds, see 20800)			
25111	Excision of ganglion, wrist (dorsal or volar); primary . . . . .	5.0	30	3.0	(For neuroorrhaphy or neuroplasty, see 64700 et seq.)			
25112	recurrent . . . . .	4.0	30	3.0	(For tenotomy or tenoplasty, see 24310, 24320)			
(For hand or finger, see 26160)								
25115	Radical excision of bursa synovia of wrist, or forearm tendon sheaths (e.g., tenosynovitis, fungus, Tbc., or other granulomas, rheumatoid arthritis); flexors . . . . .	10.0	60	3.0	25260	Repair, tendon or muscle, flexor; primary, single, each tendon or muscle . . . . .	7.0	
25116	extensors (with or without transposition of dorsal retinaculum) . . . . .	10.0	60	3.0	25263	secondary, single, each tendon or muscle . . . . .	1.5	
(For finger synovectomies, see 26145)								
25118	Synovectomy, extensor tendon sheaths, wrist, single compartment; . . . . .	10.0	60	3.0	25265	secondary, with free graft (includes obtaining graft), each tendon or muscle . . . . .	3.0	
25119	with resection of distal ulna . . . . .	11.0	60	3.0	25270	Repair, tendon or muscle, extensor; primary, single, each tendon or muscle . . . . .	5.0	
25120	Excision or curettage of bone cyst or benign tumor of radius or ulna (excluding head or neck of radius and olecranon process); . . . . .	7.0	60	3.0	25272	secondary, single, each tendon or muscle . . . . .	1.5	
(For head or neck of radius or olecranon process, see 24120, 24126)								
25125	with primary autogenous graft (includes obtaining graft) . . . . .	10.0	120	3.0	25274	Repair, tendon or muscle, extensor, secondary, with tendon graft (includes obtaining graft), each tendon . . . . .	8.0	
25126	with homogenous or other nonautogenous graft . . . . .	10.0	120	3.0	25280	Lengthening or shortening of flexor or extensor tendon, single, each tendon . . . . .	7.0	
25130	Excision or curettage of bone cyst or benign tumor of carpal bones . . . . .	5.0	60	3.0	25290	Tenotomy, open, single, flexor or extensor tendon, each tendon . . . . .	4.0	
25135	with primary autogenous graft (includes obtaining graft) . . . . .	7.0	120	3.0	25295	Tenolysis, single flexor or extensor tendon, each tendon . . . . .	1.0	
25136	with homogenous or other nonautogenous graft . . . . .	7.0	120	3.0	25300	Tenodesis, wrist; flexors of fingers . . . . .	8.0	
25145	Sequestrectomy for osteomyelitis or bone abscess; . . . . .	BR		3.0	25301	extensors of fingers . . . . .	6.0	
25146	with suction irrigation . . . . .	BR		3.0	25310	Tendon transplantation or transfer, flexor or extensor, single, each tendon . . . . .	9.5	
25150	Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, ulna . . . . .	5.0	60	3.0	25312	with tendon graft(s) (includes obtaining graft), each tendon . . . . .	8.0	
25151	radius . . . . .	5.0	60	3.0	25315	Flexor origin slide for cerebral palsy; . . . . .	8.0	
25153	radius or ulna, with suction irrigation . . . . .	5.5	60	3.0	25316	with tendon(s) transfer . . . . .	9.0	
(For head or neck of radius or olecranon process, see 24145, 24148)						25317	Flexor origin slide for Volkmann contracture; . . . . .	12.0
25170	Radical resection for tumor, radius or ulna . . . . .	BR		3.0	25318	with tendon(s) transfer . . . . .	13.0	
25210	Carpectomy, one bone . . . . .	7.0	60	3.0	25320	Capsulorrhaphy or reconstruction, capsulectomy, wrist (includes synovectomy, resection of capsule, tendon insertions) . . . . .	BR	
(For carpectomy with implant, see 25441-25445)								
25215	all bones or proximal row . . . . .	10.0	60	3.0	25330	Arthroplasty, wrist . . . . .	BR	
25230	Radial styloidectomy (separate procedure) . . . . .	5.0	60	3.0	25331	with implant . . . . .	BR	
25240	Excision distal ulna (Darrach type procedure) . . . . .	6.0	60	3.0	25332	pseudarthrosis type with internal fixation . . . . .	BR	
(For implant replacement, distal ulna, see 25442)								
(For obtaining fascia for interposition, see 20920, 20922)								
<b>INTRODUCTION OR REMOVAL</b>								
(For K wire, pin, or rod insertion or removal, see 20650, 20670, 20680)								
25246	Injection procedure for wrist arthrography . . . . .	BR			25335	Transposition and realignment of hand over ulna with or without removal of bone or bones, and with or without tendon transfer or advancement (Riordon type operation) . . . . .	BR	
(For wrist arthrography, see 73115)								
(For foreign body removal, superficial see 20520)								
25350					25355	Osteotomy, radius, distal third . . . . .	10.0	
					25360	middle or proximal third . . . . .	12.0	
					25365	Osteotomy, ulna . . . . .	10.0	
					25370	radius and ulna . . . . .	14.0	
					25375	Multiple osteotomies, with realignment on intramedullary rod (Sofield type procedure), radius OR ulna . . . . .	12.0	
					25390	radius AND ulna . . . . .	18.0	
					25391	Osteoplasty, radius OR ulna; shortening . . . . .	BR+	
					25392	lengthening with autogenous bone graft . . . . .	BR	
					25393	Osteoplasty, radius AND ulna; shortening . . . . .	BR	
					25400	lengthening with autogenous bone graft . . . . .	BR	
					25405	Repair of nonunion or malunion, radius OR ulna; without graft (e.g., compression technique, etc.) . . . . .	14.0	
						with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	17.0	

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
25415				25626			
Repair of nonunion or malunion, radius AND ulna; without graft (e.g., compression technique, etc.)	20.0	90	3.0	Treatment of open carpal scaphoid (navicular) fracture, with uncomplicated soft tissue closure	5.0	90	3.0
25420				25628			
with iliac or other autogenous bone graft (includes obtaining graft)	23.0	120	3.0	Open treatment of closed or open carpal scaphoid (navicular) fracture, with or without skeletal fixation	8.0	90	3.0
25425				25630			
Repair of defect with autogenous bone graft; radius OR ulna	14.0	120	3.0	Treatment of closed carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone	Sv.&		
25426					4.0	90	3.0
radius AND ulna	20.0	120	3.0	25635			
25440				with manipulation, each bone	4.0	90	3.0
Repair of nonunion, scaphoid (navicular) bone, with or without radial styloidectomy (includes obtaining graft and necessary fixation)	14.0	120	3.0	25640			
25441				Treatment of open carpal bone fracture (excluding carpal scaphoid (navicular)); without manipulation, each bone	5.0	90	3.0
Arthroplasty with prosthetic replacement; distal radius	18.0	120	3.0	25645			
25442				Open treatment of closed or open carpal bone fracture (excluding carpal scaphoid (navicular)), each bone	6.0	90	3.0
distal ulna	12.5	120	3.0	25650			
25443				Treatment of closed ulnar styloid fracture	BR		3.0
scaphoid (navicular)	15.5	120	3.0	(**25660)			
25444				25660			
lunate	15.5	120	3.0	Treatment of closed radiocarpal or intercarpal dislocation, one or more bones, with manipulation	(**1-2)	0	3.0
25445					1.2		
trapezium	15.5	120	3.0	25665			
25446				Treatment of open radiocarpal dislocation or intercarpal, one or more bones, with uncomplicated soft tissue closure	4.0	45	3.0
distal radius and partial or entire carpus ("total wrist")	20.0	120	3.0	25670			
25449				Open treatment of closed or open radiocarpal or intercarpal dislocation, one or more bones	8.0	90	3.0
Arthroplasty with removal of implant	BR	120	3.0	25675			
25450				Treatment of closed distal radioulnar dislocation with manipulation	3.2	60	3.0
Epiphyseal arrest by epiphysodesis or stapling; distal radius OR ulna	6.0	120	3.0	25676			
25455				Open treatment of closed or open distal radioulnar dislocation, acute or chronic	6.0	90	3.0
distal radius AND ulna	8.0	120	3.0	25680			
				Treatment of closed trans-scaphoperilunar type of fracture dislocation, with manipulation	6.0	45	3.0
<b>FRACTURE AND/OR DISLOCATION</b>				25685			
25500				Open treatment of closed or open trans-scaphoperilunar type of fracture dislocation	12.0	90	3.0
Treatment of closed radial shaft fracture; without manipulation	Sv.&			25690			
25505				Treatment of lunate dislocation, with manipulation	4.0	90	3.0
with manipulation	4.2	90	3.0	25695			
25510				Open treatment of lunate dislocation	8.0	90	3.0
Treatment of open radial shaft fracture, with uncomplicated soft tissue closure	5.0	90	3.0				
25515				<b>MANIPULATION</b>			
Open treatment of closed or open radial shaft fracture, with or without internal or external skeletal fixation	8.0	90	3.0	*25700			
25530				Manipulation of wrist joint under general anesthesia	*1.0	0	3.0
Treatment of closed ulnar shaft fracture; without manipulation	Sv.&			<b>ARTHRODESIS</b>			
25535				25800			
with manipulation	4.0	90	3.0	Arthrodesis, wrist joint, without bone graft	12.0	120	3.0
25540				25805			
Treatment of open ulnar shaft fracture with uncomplicated soft tissue closure	5.0	90	3.0	with sliding graft	14.0	120	3.0
25545				25810			
Open treatment of closed or open ulnar shaft fracture, with or without internal or external skeletal fixation	8.0	90	3.0	with iliac or other autogenous bone graft (includes obtaining graft)	16.0	120	3.0
25560				25815			
Treatment of closed radial and ulnar shaft fractures; without manipulation	Sv.&			Arthrodesis, intercarpal	BR		3.0
25565				<b>AMPUTATION</b>			
with manipulation	5.4	90	3.0	25900			
25570				Amputation, forearm, through radius and ulna	9.0	90	3.0
Treatment of open radial and ulnar shaft fractures, with uncomplicated soft tissue closure	6.0	90	3.0	25905			
25575				open ((flap or)) <sub>1</sub> circular (guillotine)	8.0	90	3.0
Open treatment of closed or open radial and ulnar shaft fractures, with or without internal or external skeletal fixation	12.0	90	3.0	25907			
25600				secondary closure or scar revision	3.0	30	3.0
Treatment of closed distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, without manipulation	Sv.&			25909			
25605				reamputation	9.0	90	3.0
with manipulation	4.0	90	3.0	25915			
25610				Krukenberg procedure	9.0	90	3.0
Treatment of closed, complex, distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of ulnar styloid, requiring manipulation; without external skeletal fixation or percutaneous pinning	6.0	90	3.0	25920			
25611				Disarticulation through wrist	8.0	90	3.0
with external skeletal fixation or percutaneous pinning	8.0	120	3.0	25922			
25615				secondary closure or scar revision	3.0	90	3.0
Treatment of open distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, without fracture of ulnar styloid, with uncomplicated soft tissue closure	5.0	90	3.0	25924			
25620				reamputation	9.0	90	3.0
Open treatment of closed or open distal radial fracture (e.g., Colles or Smith type) or epiphyseal separation, with or without fracture of the ulnar styloid, with or without internal or external skeletal fixation	8.0	90	3.0	25927			
25622				Transmetacarpal amputation	10.0	90	3.0
Treatment of closed carpal scaphoid (navicular) fracture; without manipulation	SV			25929			
25624				secondary closure or scar revision	3.0	90	3.0
with manipulation	4.0	90	3.0	25931			
				reamputation	10.0	90	3.0
				<b>MISCELLANEOUS</b>			
				25999			
				Unlisted procedure, forearm or wrist	BR		3.0
				<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			
				<b>WAC 296-22-073 HAND AND FINGERS.</b>			
					Unit Value	Follow-up Days=	Basic Anes@
				<b>INCISION</b>			
				(For drainage of paronychia, see 10100, 10101)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
*26010 Drainage of finger tip abscess; simple . . . . .	*0.72	0	3.0	26170 Excision of tendon, palm, flexor, single (independent procedure), each . . . . .			
26011 complicated (e.g., felon, etc.) . . . . . ((BR+))	<u>BR</u>		3.0				
26020 Drainage of tendon sheath, one digit and/or palm . . . . .	4.0	30	3.0	26180 Excision of tendon, finger, flexor (separate procedure) . . . . . ((BR+))	<u>BR</u>		3.0
(For drainage of simple abscess, see 10020, 10060)				26200 Excision or curettage of bone cyst or benign tumor of metacarpal; . . . . .	6.0	60	3.0
26025 Drainage of palmar bursa; single, ulnar or radial . . . . .	5.0	30	3.0	26205 with autogenous graft (includes obtaining graft) . . . . .	7.0	120	3.0
26030 multiple or complicated . . . . . ((BR+))	<u>BR</u>		3.0	26206 with homogenous or other nonautogenous graft . . . . .	7.0	120	3.0
26032 with suction irrigation . . . . .	5.0	30	3.0	26210 Excision or curettage of bone cyst or benign tumor of proximal, middle or distal phalanx; . . . . .	5.0	60	3.0
26034 Incision, deep, with opening of cortex for osteomyelitis or bone abscess . . . . .	4.0	30	3.0	26215 with autogenous graft (includes obtaining graft) . . . . .	6.0	120	3.0
26035 Decompression fingers and/or hand, injection injury (e.g., grease gun, etc.) . . . . .	BR			26216 with homogenous or other nonautogenous graft . . . . .	6.0	120	3.0
26040 Fasciotomy, palmar, for Dupuytren's contracture; closed (subcutaneous) . . . . .	3.6	60	3.0	26230 Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, metacarpal . . . . .	6.0	60	3.0
26045 open, partial . . . . .	5.0	60	3.0	26235 proximal or middle phalanx . . . . .	5.0	60	3.0
(For fasciectomy, see 26120-26128)				26236 distal phalanx . . . . .	5.0	60	3.0
26055 Tendon sheath incision for trigger finger . . . . .	5.0	30	3.0	26250 Radical resection (ostectomy) for tumor, metacarpal; . . . . .	12.0	120	3.0
*26060 Tenotomy, subcutaneous, single, each digit . . . . .	*1.2	0	3.0	26255 with autogenous graft (includes obtaining graft) . . . . .	12.0	120	3.0
26070 Arthrotomy with exploration, drainage or removal of loose or foreign body; carpometacarpal joint . . . . .	5.0	60	3.0	26260 Radical resection (ostectomy) for tumor, proximal or middle phalanx . . . . .	10.0	120	3.0
26075 metacarpophalangeal joint . . . . .	5.0	60	3.0	26261 with autogenous graft (includes obtaining graft) . . . . .	10.0	120	3.0
26080 interphalangeal joint, each . . . . .	4.0	60	3.0	26262 Radical resection (ostectomy) for tumor, distal phalanx . . . . .	BR		<u>3.0</u>
<b>EXCISION</b>				<b>INTRODUCTION OR REMOVAL</b>			
(For finger nail, see 11700-11750)				(For arthrocentesis (injection or aspiration), see 20600)			
(For biopsy, see 20200-20240)				(For K wire or pin insertion or removal, see 20650, 20670, 20680)			
(For neuroma, see 64200-64210)				26320 Removal of implant from finger or hand . . . . .			
26100 Arthrotomy for synovial biopsy; carpometacarpal joint . . . . .	5.0	60	3.0		BR		<u>3.0</u>
26105 metacarpophalangeal joint . . . . .	5.0	60	3.0	<b>REPAIR, REVISION OR RECONSTRUCTION</b>			
26110 interphalangeal joint, each . . . . .	4.0	60	3.0	(For neurorrhaphy, neuroplasty or neurolysis, see 64700 et seq.)			
26115 Excision of benign tumor; subcutaneous . . . . .	4.0	15	3.0	26350 Flexor tendon repair or advancement, single, not in "no man's land"; primary or secondary without free graft, each tendon . . . . .	7.0	120	3.0
26116 deep, subfascial, intramuscular . . . . .	4.0	30	3.0	26352 secondary with free graft (includes obtaining graft), each tendon . . . . .	BR+		3.0
26120 Fasciectomy palmar, simple, for Dupuytren's contracture, partial excision . . . . .	6.0	60	3.0	26356 Flexor tendon repair or advancement, single, in "no man's land"; primary, each tendon . . . . .	7.0	120	3.0
26122 up to 1/2 palmar fascia, with single digit involvement, with or without Z-plasty or other local tissue rearrangement . . . . .	10.0	60	3.0	26358 secondary with free graft (includes obtaining graft), each tendon . . . . .	BR		3.0
(For fasciectomy, see 26040-26045)				26370 Profundus tendon repair or advancement, with intact sublimis; primary . . . . .	BR		3.0
26124 Fasciectomy, palmar, complicated, requiring skin grafting (includes obtaining graft); with single digit involvement . . . . .	14.0	90	3.0	26372 secondary with free graft (includes obtaining graft) . . . . .	BR		3.0
26126 each additional digit . . . . .	18.0	90	3.0	26373 secondary without free graft . . . . .	BR		3.0
26128 each finger joint release . . . . .	BR			26390 Flexor tendon excision, implantation of plastic tube or rod for delayed tendon graft . . . . .	BR		3.0
(For skin grafts, etc., see 14000-15240)				26392 Removal of tube or rod and insertion of tendon graft (includes obtaining graft) . . . . .	BR		3.0
26130 Synovectomy, carpometacarpal joint . . . . .	10.0	90	3.0	26410 Extensor tendon repair, dorsum of hand, single, primary or secondary; without free graft, each tendon . . . . .	3.0	120	3.0
26135 Synovectomy, metocarpophalangeal joint including intrinsic release and extensor hood reconstruction, each digit . . . . .	5.0	90	3.0	26412 with free graft (includes obtaining graft); each tendon . . . . . ((BR+))	<u>BR</u>		3.0
26140 Synovectomy, proximal interphalangeal joint, including extensor reconstruction, each interphalangeal joint . . . . .	5.0	90	3.0	26418 Extensor tendon repair, dorsum of finger, single, primary or secondary; without free graft, each tendon . . . . .	4.0	120	3.0
26145 Synovectomy, tendon sheath, radical (tenosynovectomy), flexor, palm or finger, single, each digit . . . . .	10.0	90	3.0	26420 with free graft (includes obtaining graft) each tendon . . . . . ((BR+))	<u>BR</u>		3.0
(For tendon sheath synovectomies at wrist, see 25115, 25116)							
26160 Excision of lesion of tendon sheath or capsule (e.g., cyst or ganglion) . . . . .	2.4	30	3.0				
(For wrist ganglion, see 25111, 25112)							
(For trigger digit, see 26055)							

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26426 Extensor tendon repair, central slip repair, secondary (boutonniere deformity); using local tissues	4.0	120	3.0	26536 with prosthetic implant, single, each ((BR+))	BR		3.0
26428 with free graft (includes obtaining graft)	BR			26540 Reconstruction, collateral ligament, metacarpophalangeal joint	10.0	90	3.0
26432 Extensor tendon repair, distal insertion ("mallet finger"), closed, splinting with or without percutaneous pinning	5.0	120	3.0	26541 with tendon or fascial graft (includes obtaining graft)	12.0	90	3.0
26433 Extensor tendon repair, open, primary or secondary repair; without graft	6.0	120	3.0	26545 Reconstruction, collateral ligament, interphalangeal joint, single, including graft, each joint	8.0	90	3.0
26434 with free graft (includes obtaining graft)	BR		3.0	26550 Pollicization of a digit ((BR+))	BR		3.0
(For tenovagotomy for trigger finger, see 26055)				26552 Reconstruction thumb with toe	BR		3.0
26437 Extensor tendon realignment (for arthritis)	BR		3.0	26555 Positional change of other finger ((BR+))	BR		3.0
26440 Tenolysis, simple, flexor tendon, palm, OR finger, single, each tendon	5.0	60	3.0	26557 Toe to finger transfer; first stage	BR		3.0
26442 palm AND finger, each tendon	6.0	60	3.0	26558 each delay	BR		3.0
26445 Tenolysis, extensor tendon, dorsum of hand or finger; each tendon	6.0	60	3.0	26559 second stage	BR		3.0
26449 Tenolysis, complex, extensor tendon, dorsum of hand or finger, including hand and forearm	BR		3.0	26560 Repair of syndactyly (web finger), each web space; with skin flaps	9.5	45	3.0
(For fascia or other implant, see 20920, 20922)				26561 with skin flaps and grafts	12.5	45	3.0
26450 Tenotomy, flexor, single, palm, open each	4.0	30	3.0	26562 complex, involving bone, nails, etc. ((BR+))	BR		3.0
26455 Tenotomy, flexor, single, finger, open, each	5.0	30	3.0	26565 Osteotomy for correction of deformity; metacarpal	8.0	90	3.0
26460 Tenotomy, extensor, hand or finger, single, each	BR+		3.0	26567 phalanx	5.0	90	3.0
26471 Tenodesis; for proximal interphalangeal joint stabilization	8.0	120	3.0	26570 Bone graft, (includes obtaining graft); metacarpal	10.0	120	3.0
26474 for distal joint stabilization	7.0	120	3.0	26574 phalanx	7.0	120	3.0
26476 Tendon lengthening, extensor, single, each	8.0	120	3.0	26580 Repair cleft hand	BR		
26477 Tendon shortening, extensor, single, each	8.0	120	3.0	26585 Repair bifid digit	BR		
26480 Tendon transfer or transplant, carpometacarpal area or dorsum of hand, single; without free graft, each	8.0	90	3.0	26590 Repair macrodactylia	BR		
26483 with free tendon graft (includes obtaining graft), each tendon	11.0	90	3.0	26591 Repair, intrinsic muscles of hand (specify)	BR		3.0
26485 Tendon transfer or transplant, palmar, single, each tendon, without free tendon graft	10.0	90	3.0	(For microsurgical technique, use modifier -20)			
26489 with free tendon graft (includes obtaining graft), each tendon	11.0	90	3.0	26593 Release, intrinsic muscles of hand (specify)	BR		3.0
26490 Opponens plasty, sublimis tendon transfer type	9.5	120	3.0	(For microsurgical technique, use modifier -20)			
26492 tendon transfer with graft (includes obtaining graft)	11.0	120	3.0	<b>FRACTURES AND/OR DISLOCATION</b>			
26494 hypothenar muscle transfer	12.0	120	3.0	26600 Treatment of closed metacarpal fracture, single; without manipulation, each bone	Sv.& 2.4	90	3.0
26496 other methods ((BR+))	BR		3.0	26605 with manipulation, each bone	BR		3.0
(For thumb fusion in opposition, see 26820)				26607 with manipulation, with skeletal fixation, each bone	BR		3.0
26497 Sublimis transfer to correct claw finger; IV and V	BR		3.0	26610 Treatment of open metacarpal fracture, single, with uncomplicated soft tissue closure, each bone	3.0	90	3.0
26498 II, III, IV and V	BR		3.0	26615 Open treatment of closed or open metacarpal fracture, single, with or without internal or external skeletal fixation, each bone	7.0	90	3.0
26499 Correction claw finger, other methods	BR		3.0	26641 Treatment of carpometacarpal dislocation, thumb, with manipulation	Sv.&		
26500 Tendon pulley reconstruction; with local tissues (separate procedure)	6.0	90	3.0	26645 Treatment of closed carpometacarpal fracture dislocation, thumb (Bennett fracture), with manipulation;	4.0	45	3.0
26502 with tendon or fascial graft (includes obtaining graft) (separate procedure)	8.0	90	3.0	26650 with skeletal fixation	6.0	45	3.0
26508 Thenar muscle release for thumb contracture	8.0	90	3.0	26655 Treatment of open carpometacarpal fracture dislocation, thumb (Bennett fracture), with uncomplicated soft tissue closure;	5.0	45	3.0
26516 Capsulodesis for M-P joint stabilization; single digit	6.0	90	3.0	26660 with skeletal fixation	7.0	45	3.0
26517 two digits	8.0	90	3.0	26665 Open treatment of closed or open carpometacarpal fracture dislocation, thumb (Bennett fracture), with or without internal or external skeletal fixation	10.0	90	3.0
26518 three or four digits	10.0	90	3.0	*26670 Treatment of closed carpometacarpal dislocation, other than Bennett fracture, single, with manipulation; without anesthesia	*0.72	0	
26520 Capsulectomy for contracture, metacarpophalangeal joint, single, each	7.0	90	3.0	26675 requiring anesthesia	2.0	45	3.0
26525 interphalangeal joint, single, each	7.0	90	3.0	26680 Treatment of open carpometacarpal dislocation, other than Bennett fracture, single, with uncomplicated soft tissue closure	3.0	45	3.0
26527 Arthroplasty, carpometacarpal joint	BR		3.0	26685 Open treatment of closed or open carpometacarpal dislocation, other than Bennett fracture; single, with or without			
26530 Arthroplasty, metacarpophalangeal joint, single, each	7.0	90	3.0				
26531 with prosthetic implant, single, each	9.0	90	3.0				
26535 Arthroplasty interphalangeal joint; single, each	8.0	90	3.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
26686	6.0	90	3.0	26860			
				Arthrodesis, interphalangeal joint, with or without internal fixation	5.0	120	3.0
	BR			each additional interphalangeal joint	4.0	120	3.0
*26700				26861			
Treatment of closed metacarpophalangeal dislocation, single, with manipulation; without anesthesia	*0.72	0	3.0	26862			
requiring anesthesia	2.0	45	3.0	with autogenous graft (includes obtaining graft)	6.0	120	3.0
26705				26863			
Treatment of open metacarpophalangeal dislocation, single, with uncomplicated soft tissue closure	3.0	45	3.0	with autogenous graft (includes obtaining graft), each additional joint	5.0	120	3.0
26715				<b>AMPUTATION</b>			
Open treatment of closed or open metacarpal phalangeal dislocation, single, with or without internal or external skeletal fixation	6.0	90	3.0	(For hand through metacarpal bones, see 25927)			
26720				26910			
Treatment of closed phalangeal shaft fracture, proximal or middle phalanx, finger or thumb; without manipulation, each	Sv.&			Amputation, metacarpal, with finger or thumb (ray amputation), single, with or without interosseous transfer	7.0	90	3.0
with manipulation, each	1.6	45	3.0	(For repositioning, see 26550-26555)			
26727				26951			
Treatment of unstable phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with manipulation, requiring traction or fixation, each	2.0	45	3.0	Amputation, finger or thumb, primary or secondary, any joint or phalanx, single, including neurectomies; with direct closure	3.5	45	3.0
26730				26952			
Treatment of open phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with uncomplicated soft tissue closure, each	2.2	45	3.0	with local advancement flaps (V-Y, hood)	5.0	45	3.0
26735				(For repair of soft tissue defect requiring split or full thickness graft or other pedicle grafts, see 15050-15750)			
Open treatment of closed or open phalangeal shaft fracture, proximal or middle phalanx, finger or thumb, with or without internal or external skeletal fixation, each	4.0	60	3.0	<b>MISCELLANEOUS</b>			
26740				26989			
Treatment of closed articular fracture, involving metacarpophalangeal or proximal interphalangeal joint; without manipulation, each	Sv.			Unlisted procedure, hands or fingers	BR		3.0
with manipulation, each	2.0	60	3.0	<b>AMENDATORY SECTION</b> (Amending Order 80-25, filed 12/3/80, effective 3/1/81)			
26743				WAC 296-22-079 PELVIS AND HIP JOINT.			
26744				(Including head and neck of femur)			
Treatment of open articular fracture, involving metacarpophalangeal or proximal interphalangeal joint, with uncomplicated soft tissue closure, each	1.5	60	3.0		Unit Value	Follow-up Days=	Basic Anes@
26746				<b>INCISION</b>			
Open treatment of closed or open articular fracture, involving metacarpophalangeal or proximal interphalangeal joint, each	((2-5)) 6.0	60	3.0	(For perineal abscess, see 45020, 46050, 46060)			
26750				(For incision and drainage procedures, superficial, see 10000-10160)			
Treatment of closed distal phalangeal fracture, finger or thumb; without manipulation, each	Sv.&			26990			
with manipulation, each	*0.72	0	3.0	Incision and drainage; deep abscess or hematoma	BR		3.0
26755				26991			
Treatment of open distal phalangeal fracture, finger or thumb, with uncomplicated soft tissue closure, each	1.2	30	3.0	infected bursa	BR		3.0
26765				26992			
Open treatment of closed or open distal phalangeal fracture, finger or thumb, each	2.0	45	3.0	Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess;	BR		3.0
26770				with suction irrigation	BR		3.0
Treatment of closed interphalangeal joint dislocation, single, with manipulation; without anesthesia	*0.72	0	3.0	*27000			
requiring anesthesia	1.2	45	3.0	Tenotomy, adductor, subcutaneous, closed (separate procedure)	*1.0	0	3.0
26780				27001			
Treatment of open interphalangeal joint dislocation, single, with uncomplicated soft tissue closure	1.6	45	3.0	Tenotomy, adductor, subcutaneous, open; unilateral	3.0	45	3.0
26785				27002			
Open treatment of closed or open interphalangeal joint dislocation, single	2.4	60	3.0	bilateral	4.0	45	3.0
<b>ARTHRODESIS</b>				27003			
26820				Tenotomy, adductor, subcutaneous, open; with obturator neurectomy; unilateral	5.0	45	3.0
Fusion in opposition, thumb, with autogenous graft (includes obtaining graft)	10.0	120	3.0	bilateral	6.0	45	3.0
26841				27004			
Arthrodesis, carpometacarpal joint, thumb, with or without internal fixation;	8.0	120	3.0	Tenotomy, iliopsoas, open (separate procedure)	6.0	45	3.0
with autogenous graft (includes obtaining graft)	10.0	120	3.0	27006			
26842				Tenotomy, abductors, open (separate procedure)	6.0	60	3.0
Arthrodesis, carpometacarpal joint, digits, other than thumb;	8.0	120	3.0	(For "hanging hip" procedure, see 27115)			
with autogenous graft (includes obtaining graft)	10.0	120	3.0	27010			
26844				Gluteal-iliotibial fasciotomy (Ober type procedure)	6.0	45	3.0
Arthrodesis metacarpophalangeal joint, with or without internal fixation	7.0	120	3.0	27015			
with autogenous graft (includes obtaining graft)	8.0	120	3.0	Iliac crest fasciotomy (Soutter or Campbell type procedure), stripping of ilium	8.0	90	3.0
26852				27025			
Arthrodesis metacarpophalangeal joint, with or without internal fixation	7.0	120	3.0	Ober-Yount fasciotomy, combined with spica cast, pins in tibia, wedging the cast, etc.; unilateral	10.0	90	3.0
with autogenous graft (includes obtaining graft)	8.0	120	3.0	bilateral	12.0	90	3.0
				27026			
				Arthrotomy, hip, for drainage;	14.0	90	3.0
				27031			
				with suction irrigation	15.0	90	3.0







	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27500				*27570			
Treatment of closed femoral shaft fracture (including supracondylar); without manipulation (includes traction) . . . . .	Sv.&			Manipulation of knee joint under general anesthesia (includes application of traction or other fixation devices) . . . . .	*1.2	0	3.0
27502	7.0	90	3.0				
27504				<b>ARTHRODESIS</b>			
Treatment of open femoral shaft fracture (including supracondylar), with uncomplicated soft tissue closure . . . . .	11.0	90	3.0	27580	20.0	120	3.0
27506				<b>AMPUTATION</b>			
Open treatment of closed or open femoral shaft fracture (including supracondylar), with or without internal or external skeletal fixation . . . . .	19.0	90	3.0	27590	14.5	120	4.0
27508				27591			
Treatment of closed femoral fracture, distal end, medial or lateral condyle; without manipulation . . . . .	Sv.&			Amputation, thigh, through femur, any level; . . . . .	BR	30	3.0
27510	8.0	90	3.0	27592	14.0	120	4.0
27512				27594	Sv.&		
Treatment of open femoral fracture, distal end, medial or lateral condyle, with uncomplicated soft tissue closure . . . . .	12.0	90	3.0	secondary closure or scar revision . . . . .	BR+		4.0
27514				27596	14.0	120	4.0
Open treatment of closed or open femoral fracture, distal end, medial or lateral condyle, with or without internal or external skeletal fixation . . . . .	20.0	90	3.0	27598			
27516				Disarticulation at knee . . . . .			
Treatment of closed distal femoral epiphyseal separation; without manipulation (includes traction) . . . . .	SV			<b>MISCELLANEOUS</b>			
27517	7.0	120	3.0	27599	BR		3.0
27518				Unlisted procedure, femur or knee . . . . .			
Treatment of open distal femoral epiphyseal separation, with uncomplicated soft tissue closure . . . . .	8.0	120	3.0				
27519				<b>AMENDATORY SECTION</b> (Amending Order 83-23, filed 8/2/83)			
Open treatment of closed or open distal femoral epiphyseal separation, with or without internal or external skeletal fixation . . . . .	18.0	120	3.0	WAC 296-22-087 LEG (TIBIA AND FIBULA) AND ANKLE JOINT.			
27520							
Treatment of closed patellar fracture, without manipulation . . . . .	Sv.&						
27522	4.0	90	3.0	<b>INCISION</b>			
27524				27600	5.0	30	3.0
Open treatment of closed or open patellar fracture, with repair and/or excision . . . . .	12.0	90	3.0	27602	7.0	30	3.0
27530				(For incision and drainage procedures, superficial, see 10000-10160)			
Treatment of closed tibial fracture, proximal (plateau); without manipulation . . . . .	Sv.&			27603			
27532	5.0	90	3.0	Incision and drainage; deep abscess or hematoma . . . . .	BR		
27534				27604	SV		
Treatment of open tibial fracture, proximal (plateau), with uncomplicated soft tissue closure . . . . .	8.0	90	3.0	27605	1.0	0	3.0
27536				27606	2.0	0	3.0
Open treatment of closed or open tibial fracture, proximal (plateau), with or without internal or external skeletal fixation; . . . . .	14.0	90	3.0	27607			
27537				Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess; . . . . .	BR		3.0
with autogenous graft (includes obtaining graft) . . . . .	16.0	120	3.0	27608	BR		30.0
27538				27610			
Treatment of closed intercondylar spine(s) fracture(s) . . . . .	Sv.&			Arthrotomy, ankle, with exploration, drainage or removal of loose or foreign body; . . . . .	9.0	60	3.0
27540				27611	10.0	120	3.0
Open treatment of closed or open intercondylar spine(s) fractures(s), with internal fixation . . . . .	14.0	90	3.0	27612			
27550				Arthrotomy, ankle, posterior capsular release, with or without Achilles tendon lengthening (see also 27685) . . . . .	10.0	60	3.0
Treatment of closed knee dislocation; without anesthesia . . . . .	Sv.&			(See also 27685)			
27552	3.6	45	3.0	<b>EXCISION</b>			
27554				27613	1.2	7	3.0
Treatment of open knee dislocation, with uncomplicated soft tissue closure . . . . .	7.0	45	3.0	27614	2.4	15	3.0
27556				27618	3.0	7	3.0
Open treatment of closed or open knee dislocation, with or without internal or external skeletal fixation; without primary ligamentous repair . . . . .	15.0	90	3.0	27619	4.0	15	3.0
27557	BR	120	3.0	27620			
27560				Arthrotomy (capsulotomy), ankle, for biopsy . . . . .	9.0	60	3.0
Treatment of closed patellar dislocation; without anesthesia . . . . .	Sv.&			27625	12.0	90	3.0
(For recurrent dislocation, see 27420-27424)				27626	14.0	90	3.0
27562	3.6	45	3.0	27630			
27564				Excision of lesion of tendon, sheath or capsule (e.g., cyst or ganglion, etc.) . . . . .	3.6	30	3.0
Treatment of open patellar dislocation, with uncomplicated soft tissue closure . . . . .	5.0	45	3.0	27635			
27566				Excision, or curettage, of bone cyst or benign tumor, tibia or fibula; . . . . .	10.0	60	3.0
Open treatment of closed or open patellar dislocation, with or without partial or total patellectomy . . . . .	12.0	90	3.0	27637			
(For recurrent dislocation, see 27420-27424)				with primary autogenous graft (includes obtaining graft) . . . . .	13.0	120	3.0
				27638	14.0	120	3.0
				with primary homogenous graft . . . . .			
				27640			
				Excision of bone, partial, (craterization, saucerization or diaphysectomy) for osteomyelitis; tibia . . . . .	12.0	60	3.0
				27641	10.0	60	3.0
				27645			
				Resection for tumor, radical; tibia . . . . . ((BR+))	BR		3.0
				27646	BR		3.0
				27647	BR		3.0
				fibula . . . . .			
				talus or calcaneus . . . . .			
				<b>INTRODUCTION OR REMOVAL</b>			

MANIPULATION

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For arthrocentesis or needling of bursa or joint, see 20605)				27725	BR	120	3.0
(For removal of Rush pin, intramedullary rod, Lottes nail, etc., see 20680)				27727	BR	120	3.0
27648 Injection procedure for ankle arthrography	BR			27730	12.0	120	3.0
(For ankle arthrography, see 73615)				27732	6.0	120	3.0
(For ankle arthroscopy, see 27850-27853)				27734	14.0	120	3.0
REPAIR, REVISION OR RE-CONSTRUCTION				27740	18.0	120	3.0
(For repair of deep wound, see 20800)				27742	22.0	120	3.0
27650 Suture, primary, ruptured Achilles tendon	11.0	120	3.0	(For epiphyseal arrest of proximal tibia and fibula, see 27477)			
27652 with graft (includes obtaining graft)	14.0	120	3.0	FRACTURES AND/OR DISLOCATIONS			
27654 Suture, secondary, ruptured Achilles tendon, with or without graft	14.0	120	3.0	27750	Sv.&		
27656 Repair, fascial defect of leg	6.0	45	3.0	27752	5.0	90	3.0
27658 Repair or suture of flexor tendon of leg; primary, without free graft, single, each	6.0	90	3.0	27754	6.5	90	3.0
27659 secondary with or without free graft, single tendon, each	8.0	90	3.0	27756	12.0	90	3.0
27664 Repair or suture of extensor tendon of leg; primary, without free graft, single, each	4.0	90	3.0	27758	BR	90	3.0
27665 secondary with or without free graft, single tendon, each	6.0	90	3.0	27760	Sv.&		
27675 Repair for dislocating peroneal tendons; without fibular osteotomy	5.0	90	3.0	27762	3.0	90	3.0
27676 with fibular osteotomy	6.0	90	3.0	27764	4.4	90	3.0
27680 Tenolysis, including tibia, fibula and ankle flexor, single	5.0	60	3.0	27766	9.0	90	3.0
27681 multiple (through same incision), each	6.0	60	3.0	27780	Sv.&		
27685 Lengthening or shortening of tendon; single (separate procedure)	7.0	90	3.0	27781	3.0	90	3.0
27686 multiple (through same incision), each	8.0	120	3.0	27782	4.0	90	3.0
27687 Gastrocnemius recession (e.g., Strayer procedure)	7.0	120	3.0	27784	8.0	90	3.0
(Toe extensors are considered as a group to be a single tendon when transplanted into midfoot)				27786	Sv.&		
27690 Transfer or transplant of single tendon (with muscle redirection or rerouting); superficial (e.g., anterior tibial extensors into midfoot)	8.0	120	3.0	27788	3.0	90	3.0
27691 anterior tibial or posterior tibial through interosseous space	10.0	120	3.0	27790	4.0	90	3.0
27692 each additional tendon	2.0			27792	9.0	90	3.0
27695 Suture, primary, torn, ruptured or severed ligament, ankle; collateral	10.0	120	3.0	27800	Sv.&		
27696 both collateral ligaments	14.0	120	3.0	27802	6.5	90	3.0
27698 Suture, secondary repair, torn, ruptured or severed ligament; ankle, collateral (e.g., Watson-Jones procedure)	14.0	120	3.0	27804	8.0	90	3.0
27700 Arthroplasty, ankle; ((BR+))	BR			27806	14.5	90	3.0
27702 with implant ("total ankle")	BR			27808	Sv.&		
27704 Removal of ankle implant	BR			27810	5.0	90	3.0
27705 Osteotomy; tibia	12.0	90	3.0	27812	6.5	90	3.0
27707 fibula	7.0	90	3.0	27814	12.0	90	3.0
27709 tibia and fibula	14.0	90	3.0	27816	Sv.&		
27712 multiple, with realignment on intramedullary rod (Sofield type procedure)	18.0	90	3.0	27818	6.0	90	3.0
(For osteotomy to correct genu varus (bowleg) or genu valgus (knock-knee), see 27455-27462)				27820	7.0	90	3.0
27715 Osteoplasty, tibia and fibula, lengthening	24.0	90	3.0	27822	14.5	90	3.0
27720 Repair of nonunion or malunion, tibia, without graft (e.g., compression technic, etc.)	18.0	90	3.0				
27722 with sliding graft	20.0	120	3.0				
27724 with iliac or other autogenous bone graft (includes obtaining graft)	22.0	120	3.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
27823				*28011			
including internal skeletal fixation of posterior lip (malleolus) . . . . .	18.0	120	3.0	multiple . . . . .	*1.2	0	3.0
27830				(For open tenotomy, see 28230, 28234)			
Treatment of proximal tibiofibular joint dislocation; without anesthesia . . . . .	Sv.& BR			28020			
27831				Arthrotomy, with exploration, drainage or removal of loose or foreign body; intertarsal or tarsometatarsal joint . . . . .	6.0	60	3.0
27832				28022			
Open treatment of proximal tibiofibular joint dislocation with fixation or excision . . . . .	8.0	90	3.0	metatarsophalangeal joint . . . . .	3.6	60	3.0
27840				28024			
Treatment of ankle dislocation; without anesthesia . . . . .	Sv.& *2.0	45	3.0	interphalangeal joint . . . . .	2.4	60	3.0
*27842				28030			
requiring anesthesia . . . . .				Neurectomy of intrinsic musculature of foot . . . . .	((BR+))		
27844					BR		3.0
Treatment of open ankle dislocation, with uncomplicated soft tissue closure . . . . .	3.2	45	3.0	28035			
27846				Tarsal tunnel release (posterior tibial nerve decompression) . . . . .	8.0	60	3.0
27848							
with fixation . . . . .	12.0	90	3.0	EXCISION			
	9.0	90	3.0	(For toenail, see 11730-11750)			
<b>ARTHROSCOPY</b>				28043			
27850				Excision, benign tumor; subcutaneous . . . . .	3.0	7	3.0
Arthroscopy, ankle, diagnostic (separate procedure) . . . . .	6.0		3.0	28045			
27851				deep, subfascial, intramuscular . . . . .	4.0	15	3.0
Arthroscopy, ankle, surgical; debridement with cartilage shaving and/or drilling and/or resection of reactive synovium . . . . .	BR		3.0	28050			
27852				Arthrotomy for synovial biopsy; intertarsal or tarsometatarsal joint . . . . .	6.0	60	3.0
with synovial biopsy . . . . .	8.0	90	3.0	28052			
27853				metatarsophalangeal joint . . . . .	3.6	60	3.0
with removal of loose body . . . . .	9.0	90	3.0	28054			
				interphalangeal joint . . . . .	2.4	60	3.0
(When ankle arthroscopy is performed in conjunction with arthrotomy, see modifier ((=56)) -51)				28060			
				Faciectomy, excision of plantar fascia; partial (separate procedure) . . . . .	6.0	60	3.0
				28062			
				radical (separate procedure) . . . . .	((BR+))		
					BR		3.0
				(For plantar fasciotomy, see 28008, 28250)			
<b>MANIPULATION</b>				28070			
*27860				Synovectomy, intertarsal or tarsometatarsal joint, each . . . . .	6.0	90	3.0
Manipulation of ankle under general anesthesia (includes application of traction or other fixation apparatus) . . . . .	*1.0	0	3.0	28072			
				metatarsophalangeal joint, each . . . . .	3.6	90	3.0
				28080			
				Excision of Morton neuroma, single, each . . . . .	3.6	30	3.0
<b>ARTHRODESIS</b>				28086			
27870				Synovectomy, tendon sheath; flexor . . . . .	6.0	90	3.0
Arthrodesis, ankle any method . . . . .	17.0	120	3.0	28088			
27871				extensor . . . . .	6.0	90	3.0
Arthrodesis, tibiofibular joint, proximal or distal . . . . .	BR	120	3.0	28090			
				Excision of lesion of tendon or fibrous sheath or capsule (including synovectomy) (cyst or ganglion); foot . . . . .	3.6	30	3.0
				28092			
				toes . . . . .	2.4	30	3.0
<b>AMPUTATION</b>				28100			
27880				Excision or curettage of bone cyst or benign tumor, talus or calcaneus; . . . . .	6.0	60	3.0
Amputation, leg, through tibia and fibula; . . . . .	12.0	90	4.0	28102			
27881				with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	7.0	120	3.0
with immediate fitting technique including application of first cast . . . . .	12.0	90	4.0	28103			
27882				with homogenous bone graft . . . . .	8.0	120	3.0
open, ((flap or)) circular (guillotine) . . . . .	10.5	90	4.0	28104			
*27884				Excision or curettage of bone cyst or benign tumor, tarsal or metatarsal bones, except talus or calcaneus; . . . . .	4.8	60	3.0
secondary closure or scar revision . . . . .	*Sv.& BR		3.0	28106			
27886				with iliac or other autogenous bone graft (includes obtaining graft) . . . . .	5.6	120	3.0
reamputation . . . . .	((BR+))		4.0	28107			
				with homogenous bone graft . . . . .	6.6	120	3.0
27888				28108			
Amputation, ankle, through malleoli of tibia and fibula (Syme, Pirogoff type procedures), with plastic closure and resection of nerves . . . . .	12.0	90	3.0	Excision or curettage of bone cyst or benign tumor, phalanges; . . . . .	3.6	60	3.0
27889				with homogenous bone graft . . . . .	4.6	60	3.0
Ankle disarticulation . . . . .	12.0	120	3.0				
				(For ostectomy, partial (e.g., hallux valgus, Silver type procedure) see 28290)			
<b>MISCELLANEOUS</b>				28110			
27899				Ostectomy, partial excision, fifth metatarsal head (bunionette) (separate procedure) . . . . .	2.4	60	3.0
Unlisted procedure, leg or ankle . . . . .	BR		3.0	28111			
				Ostectomy; complete excision of first metatarsal head . . . . .	7.0	90	3.0
				28112			
				other metatarsal head (second, third or fourth) . . . . .	4.0	60	3.0
				28113			
				fifth metatarsal head . . . . .	1.0	90	3.0
				28114			
				all metatarsal heads with partial proximal phalangectomies (Clayton type procedure) . . . . .	12.0	60	3.0
				28116			
				Ostectomy, excision of tarsal coalition . . . . .	7.0	60	3.0
				28118			
				Ostectomy, calcaneus; partial (Cotton scoop type procedure) . . . . .	7.0	60	3.0
				28119			
				for spur, with or without plantar fascial release . . . . .	BR		3.0
				28120			
				Partial excision of bone (craterization, saucerization, sequestrectomy, or diaphysectomy) for osteomyelitis, talus or calcaneus; . . . . .	6.0	60	3.0
				28121			
				with suction irrigation . . . . .	7.0	60	3.0
				28122			
				Partial excision of bone (craterization, saucerization or diaphysectomy) for osteomyelitis, tarsal or metatarsal bone, except talus or calcaneus; . . . . .	4.8	60	3.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-091 FOOT.**

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>							
(For incision and drainage procedures, superficial, see 10000-10160)							
28001				28001			
Incision and drainage, infected bursa . . . . .	SV			Incision and drainage, infected bursa . . . . .	SV		
28002				28002			
Deep infection, below fascia, requiring deep dissection, with or without tendon sheath involvement; single bursal space, specify . . . . .	BR		3.0	Deep infection, below fascia, requiring deep dissection, with or without tendon sheath involvement; single bursal space, specify . . . . .	BR		3.0
28003				28003			
multiple areas . . . . .	BR		3.0	multiple areas . . . . .	BR		3.0
28004				28004			
multiple areas with suction irrigation . . . . .	BR		3.0	multiple areas with suction irrigation . . . . .	BR		3.0
28005				28005			
Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess; . . . . .	BR		3.0	Incision, deep, with opening of bone cortex for osteomyelitis or bone abscess; . . . . .	BR		3.0
28006				28006			
with suction irrigation . . . . .	BR		3.0	with suction irrigation . . . . .	BR		3.0
28008				28008			
Fasciotomy, plantar and/or toe, subcutaneous (see also 28060, 28062, 28250) . . . . .	2.4	60	3.0	Fasciotomy, plantar and/or toe, subcutaneous (see also 28060, 28062, 28250) . . . . .	2.4	60	3.0
*28010				*28010			
Tenotomy, subcutaneous, toe; single . . . . .	*0.8	0	3.0	Tenotomy, subcutaneous, toe; single . . . . .	*0.8	0	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
28123 with suction irrigation	5.0	60	3.0	28270 Capsulotomy for contracture, metatarsophalangeal joint, with or without tenorrhaphy, single, each joint (separate procedure)	3.0	60	3.0
28124 Partial excision of bone (craterization, saucerization, or diaphysectomy) for osteomyelitis, phalanx	3.6	60	3.0	28272 interphalangeal joint, single, each joint (separate procedure)	1.4	60	3.0
28126 Condylectomy, phalangeal base, single toe, each	8.0	60	3.0	28280 Webbing operation (create syndactylism of toes) for soft corn (Kelikian type procedure)	3.6	46	3.0
28130 Talcotomy (astragalectomy)	10.0	120	3.0	28285 Hammer toe operation, one toe (e.g., interphalangeal fusion, filleting, phalangeotomy) (separate procedure)	4.8	90	3.0
28135 Calcanectomy	10.0	120	3.0	28286 for cock-up fifth toe with plastic skin closure, (Ruiz-Mora type procedure)	3.6	120	3.0
28140 Metatarsectomy	6.0	60	3.0	28288 Osteotomy, partial, exostectomy or condylectomy, single, metatarsal head, second through fifth, each metatarsal head, (separate procedure)	7.0	120	3.0
28150 Phalangectomy, single, each	3.6	30	3.0	28290 Hallux valgus (bunion) correction, with or without sesamoidectomy; simple exostectomy (Silver type procedure)	4.8	60	3.0
28153 Resection, head of phalanx	6.0	30	3.0	28292 Keller, McBride or Mayo type procedure	7.0	90	3.0
28160 Hemiphalangectomy or interphalangeal joint excision, single, each	3.0	30	3.0	28293 resection of joint with implant	8.0	120	3.0
28171 Radical resection for tumor; tarsal (except talus or calcaneus)	BR			28294 with tendon transplants (Joplin type procedure)	9.5	90	3.0
	BR		3.0	28296 with metatarsal osteotomy (Mitchell or Lapidus type procedure)	9.5	120	3.0
28173 metatarsal	BR		3.0	28298 Hallux valgus (bunion) correction; by phalanx osteotomy	7.0	120	3.0
28175 phalanx	BR		3.0	28299 by other methods (e.g., double osteotomy)	BR		3.0
(For talus or calcaneus, see 27647)				28300 Osteotomy; calcaneus (Dwyer or Chambers type procedure) with or without internal fixation	9.5	90	3.0
<b>INTRODUCTION AND/OR REMOVAL</b>				28302 talus	9.0	90	3.0
(For arthrocenteses (injections or aspiration), see 20600, 20605)				28304 Osteotomy, midtarsal bones, other than calcaneus or talus;	8.0	90	3.0
(For K wire or pin insertion or removal, see 20650, 20670)				28305 with autogenous graft (includes obtaining graft) (Fowler type)	9.0	120	3.0
28190 *Remove foreign body; subcutaneous	BR		3.0	28306 Osteotomy, metatarsal, base or shaft, single, for shortening or angular correction; first metatarsal	7.0	90	3.0
28192 deep	BR		3.0	28308 other than first metatarsal	5.6	90	3.0
28193 complicated	BR		3.0	28309 Osteotomy, metatarsals, multiple, for cavus foot (Swanson type procedure)	BR	120	3.0
<b>REPAIR, REVISION OR RECONSTRUCTION</b>				28310 Osteotomy for shortening, angular or rotational correction; proximal phalanx, first toe (separate procedure)	2.8	90	3.0
28200 Repair or suture of tendon, foot, flexor, single; primary or secondary, without free graft, each tendon	6.0	90	3.0	28312 other phalanges, any toe	2.0	90	3.0
28202 secondary with free graft, each tendon (includes obtaining graft)	8.0	90	3.0	28315 Sesamoidectomy, first toe (separate procedure)	BR		3.0
28208 Repair or suture of tendon, foot, extensor, single; primary or secondary, each tendon	2.8	90	3.0	28320 Repair of nonunion or malunion; tarsal bones (calcaneus, talus, etc.)	BR		3.0
28210 secondary with free graft, each tendon (includes obtaining graft)	4.4	90	3.0	28322 metatarsal, with or without bone graft (includes obtaining graft)	4.8	120	3.0
28220 Tenolysis, flexor, single	5.0	60	3.0				
28222 multiple (through same incision), each	6.0	60	3.0	<b>FRACTURE AND/OR DISLOCATION</b>			
28225 Tenolysis, extensor; single	2.8	60	3.0	28400 Treatment of closed calcaneal fracture; without manipulation	Sv. &		
28226 multiple (through same incision), each	3.6	60	3.0	28405 with manipulation including Cotton or Bohler type reductions	BR		3.0
28230 Tenotomy, open, flexor, foot, single or multiple (separate procedure)	3.0	30	3.0	28406 with manipulation and skeletal fixation	BR	120	3.0
28232 toe, single (separate procedure)	1.4	30	3.0	28410 Treatment of open calcaneal fracture, with uncomplicated soft tissue closure	4.0	90	3.0
28234 Tenotomy, open, extensor, foot or toe	1.0	30	3.0	28415 Open treatment of closed or open calcaneal fracture, with or without internal or external skeletal fixation	10.0	90	3.0
28236 Transfer of tendon, anterior tibial into tarsal bone (e.g., Lowman-Young type procedure)	5.0	120	3.0	28420 with primary iliac or other autogenous bone graft (includes obtaining graft)	14.5	90	3.0
28238 Advancement of posterior tibial tendon with excision of accessory navicular bone (Kidner type procedure)	7.0	120	3.0	28430 Treatment of closed talus fracture; without manipulation	Sv. &		
(For subcutaneous tenotomy, see 28010, 28011)				28435 with manipulation	3.0	90	3.0
(For transfer or transplant of tendon with muscle redirection or rerouting, see 27690-27692)				28440 Treatment of open talus fracture, with uncomplicated soft tissue closure	4.0	90	3.0
(For extensor hallucis longus transfer, great toe, IP fusion, see 28760)				28445 Open treatment of closed or open talus fracture, with or without internal or skeletal fixation	10.0	90	3.0
28240 Tenotomy or release, abductor hallucis muscle (McCauley type procedure)	3.6	60	3.0	28450 Treatment of closed tarsal bone fracture (except talus and calcaneus); without manipulation, each	Sv. &		
28250 Division of plantar fascia and muscle ("Steindler stripping") (separate procedure)	6.0	60	3.0				
28260 Capsulotomy, midfoot; medial release only (separate procedure)	BR		3.0				
28261 with tendon lengthening	BR		3.0				
28262 extensive, including posterior talotibial capsulotomy and tendon(s) lengthening as for resistant clubfoot deformity	BR		3.0				
28264 Capsulotomy, midtarsal (Heyman type procedure)	12.0	90	3.0				

	Unit Value	Follow-up Days=	Basic Anes@
28455 with manipulation, each . . . . .	2.0	90	3.0
28460 Treatment of open tarsal bone fracture (except talus and calcaneus), with uncomplicated soft tissue closure, each . . . . .	3.0	90	3.0
28465 Open treatment of closed or open tarsal bone fracture (except talus and calcaneus), with or without internal or external skeletal fixation, each . . . . .	6.0	90	3.0
28470 Treatment of closed metatarsal fracture; without manipulation, each . . . . .	Sv.&		
28475 with manipulation, each . . . . .	2.2	90	3.0
28480 Treatment of open metatarsal fracture, with uncomplicated soft tissue closure, each . . . . .	3.0	90	3.0
28485 Open treatment of closed or open metatarsal fracture, with or without internal or external skeletal fixation, each . . . . .	6.0	90	3.0
28490 Treatment of closed fracture great toe, phalanx or phalanges; without manipulation . . . . .	Sv.&		
28495 with manipulation . . . . .	1.2	30	3.0
28500 Treatment of open fracture great toe, phalanx or phalanges, with uncomplicated soft tissue closure . . . . .	1.8	30	3.0
28505 Open treatment of closed or open fracture great toe, phalanx or phalanges, with or without internal or external skeletal fixation . . . . .	3.6	45	3.0
28510 Treatment of closed fracture, phalanx or phalanges, other than great toe; without manipulation, each . . . . .	Sv.&		
28515 with manipulation, each . . . . .	1.0	30	3.0
28520 Treatment of open fracture, phalanx or phalanges, other than great toe, with uncomplicated soft tissue closure, each . . . . .	1.6	30	3.0
28525 Open treatment of closed or open fracture, phalanx or phalanges; other than great toe, with or without internal or external skeletal fixation, each . . . . .	3.0	45	3.0
*28540 Treatment of closed tarsal bone dislocation; without anesthesia . . . . .	*0.72	0	
28545 requiring anesthesia . . . . .	2.0	45	3.0
28546 Treatment of closed tarsal bone dislocation, with percutaneous skeletal fixation . . . . .	2.8		
28550 Treatment of open tarsal bone dislocation, with uncomplicated soft tissue closure . . . . .	2.8	45	3.0
28555 Open treatment of closed or open tarsal bone dislocation, with or without internal or external skeletal fixation . . . . .	6.0	90	3.0
*28570 Treatment of closed talotarsal joint dislocation; without anesthesia . . . . .	*1.0	0	
28575 requiring anesthesia . . . . .	2.4	45	3.0
28580 Treatment of open talotarsal joint dislocation, with uncomplicated soft tissue closure . . . . .	3.2	45	3.0
28585 Open treatment of closed or open talotarsal joint dislocation, with or without internal or external skeletal fixation . . . . .	10.0	90	3.0
*28600 Treatment of closed tarsometatarsal joint dislocation, without anesthesia . . . . .	*0.72	0	
28605 requiring anesthesia . . . . .	2.0	45	3.0
28606 Treatment of closed tarsometatarsal joint dislocation, with percutaneous skeletal fixation . . . . .	3.0		3.0
28610 Treatment of open tarsometatarsal joint dislocation, with uncomplicated soft tissue closure . . . . .	2.8	45	3.0
28615 Open treatment of closed or open tarsometatarsal joint dislocation, with or without internal or external skeletal fixation . . . . .	6.0	90	3.0
*28630 Treatment of closed metatarsophalangeal joint dislocation; without anesthesia . . . . .	*0.72	0	
28635 requiring anesthesia . . . . .	1.4	45	3.0
28640 Treatment of open metatarsophalangeal joint dislocation, with uncomplicated soft tissue closure . . . . .	2.0	45	3.0
28645 Open treatment of closed or open metatarsophalangeal joint dislocation . . . . .	4.0	90	3.0
*28660 Treatment of closed interphalangeal joint dislocation; without anesthesia . . . . .	*0.72	0	
28665 requiring anesthesia . . . . .	1.2	45	3.0

	Unit Value	Follow-up Days=	Basic Anes@
28670 Treatment of open interphalangeal joint dislocation, with uncomplicated soft tissue closure . . . . .	1.6	45	3.0
28675 Open treatment of closed or open interphalangeal joint dislocation . . . . .	2.4	60	3.0

**ARTHRODESIS**

28705 Pantalar arthrodesis . . . . .	19.0	120	3.0
28715 Triple arthrodesis . . . . .	15.0	120	3.0
28725 Subtalar arthrodesis (includes Grice type procedure) . . . . .	12.0	120	3.0
28730 Arthrodesis, midtarsal or tarsometatarsal, multiple or transverse; . . . . .	11.0	120	3.0
28735 with osteotomy as for flat foot correction . . . . .	14.0	120	3.0
28737 Arthrodesis, midtarsal navicular-cuneiform, with tendon lengthening and advancement (Miller type procedure) . . . . .	7.0	120	3.0
28740 Arthrodesis, midtarsal or tarsometatarsal, single joint . . . . .	9.0	120	3.0
28750 Arthrodesis, great toe; metatarsophalangeal joint . . . . .	7.0	120	3.0
28755 interphalangeal joint . . . . .	4.0	120	3.0
28760 Arthrodesis, great toe, interphalangeal joint, with extensor hallucis longus transfer to first metatarsal neck (Jones type procedure) . . . . .	6.0	120	3.0

(For ((hammer-toe)) hammer toe operation or interphalangeal fusion, see 28285)

**AMPUTATION**

28800 Amputation, foot; midtarsal (Chopart type procedure) . . . . .	10.0	90	3.0
28805 transmetatarsal . . . . .	10.0	90	3.0
28810 Amputation, metatarsal, with toe, single . . . . .	6.0	90	3.0
28820 Amputation, toe; metatarsophalangeal joint . . . . .	3.0	45	3.0
28825 interphalangeal joint . . . . .	2.0	45	3.0

**MISCELLANEOUS**

28899 Unlisted procedure, foot or toes . . . . .	BR		3.0
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(For skin grafts and flaps, see 15050-15770)

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-095 APPLICATION OF CASTS AND STRAPPING.**

The listed procedures apply when the cast application or strapping is a replacement procedure used during or after the period of follow-up care. Additional visits are reportable only if significant identifiable further services are provided at the time of the cast application or strapping.

Listed procedures include removal of cast or strapping.

	Unit Value	Follow-up Days=	Basic Anes@
<b>BODY AND UPPER EXTREMITY CASTS</b>			
29000 Application of halo type body cast (see 20661-20663 for insertion) . . . . .	5.0	2	3.0
29010 Application of Risser jacket, localizer, body; only . . . . .	3.0	2	3.0
29015 including head . . . . .	3.6	2	3.0
29020 Application of turnbuckle jacket, body; only . . . . .	3.0	2	3.0
29025 including head . . . . .	3.6	2	3.0
29035 Application of body cast, shoulder to hips; . . . . .	1.6	2	3.0
29040 including head, Minerva type . . . . .	2.2	2	3.0
29044 including one thigh . . . . .	2.0	2	3.0
29046 including both thighs . . . . .	2.2	2	3.0
29049 Application; plaster figure of eight . . . . .	0.6	2	3.0
29055 shoulder spica . . . . .	1.8	2	3.0
29058 plaster Velpeau . . . . .	0.8	2	3.0
29065 shoulder to hand (long arm) . . . . .	0.8	2	3.0
29075 elbow to fingers (short arm) . . . . .	0.6	2	3.0



	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
(See also repair-complex, 13000-15760 and 21210-21235)				31020	Sinusotomy, maxillary (antrotomy); intranasal, unilateral	3.0	90	3.0
30400 Rhinoplasty, primary, lateral and alar cartilages and/or elevation of nasal tip.	12.0	180	3.0	31021	intranasal, bilateral	6.0	90	3.0
(For columellar reconstruction, see 13150 et seq.)				31030	radical, unilateral (Caldwell-Luc) without removal of antrochoanal polyps	10.0	90	3.0
30410 complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip	18.0	180	3.0	31031	radical, bilateral (Caldwell-Luc) without removal of antrochoanal polyps	12.0	90	3.0
30420 including major septal repair	20.0	180	3.0	31032	radical unilateral (Caldwell-Luc) with removal of antrochoanal polyps	11.0	( <del>3-0</del> )	<u>3.0</u>
30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)	3.0	45	3.0	31033	radical, bilateral (Caldwell-Luc) with removal of antrochoanal polyps	16.0	( <del>3-0</del> )	<u>3.0</u>
30435 intermediate revision (bony work with osteotomies)	BR	45	3.0	31040	Surgery on pterygomaxillary fossa contents by transantral approach	BR		<u>3.0</u>
30450 major revision (nasal tip work and osteotomies)	BR		4.0		(For transantral ligation of internal maxillary artery, see 30920)			
30500 Submucous resection nasal septum, classic	8.0	90	3.0	31050	Sinusotomy, sphenoid	11.0	30	3.0
(For submucous resection of turbinates, see 30140)				31070	Sinusotomy, frontal; external, simple (trephine operation)	10.0	30	3.0
30520 Septoplasty with or without cartilage implant, (separate procedure)	10.0	90	3.0	31075	transorbital, unilateral (for mucocele or osteoma, Lynch type)	16.0	180	3.0
30540 Repair choanal atresia; intranasal	11.0	60	3.0	31080	obliterative without osteoplastic flap, brow incision (includes ablation)	24.0	180	3.0
30545 transpalatine	20.0	365	3.0	31081	obliterative, without osteoplastic flap, coronal incision (includes ablation)	BR		<u>3.0</u>
*30560 Lysis intranasal synechia	*0.4	0	3.0	31084	obliterative, with osteoplastic flap, brow incision	BR		<u>3.0</u>
30580 Repair fistula; oromaxillary (combine with 31030 if antrotomy is included)	10.0	90	3.0	31085	obliterative, with osteoplastic flap, coronal incision	BR		<u>3.0</u>
30600 oronasal	BR+		3.0	31086	nonobliterative, with osteoplastic flap, brow incision	BR		<u>3.0</u>
30620 Reconstruction, functional, internal nose (septal or other septal dermatoplasty) (does not include obtaining graft)	10.0	90	3.0	31087	nonobliterative, with osteoplastic flap, coronal incision	BR		<u>3.0</u>
30630 Repair nasal septal perforations	BR		<u>3.0</u>	31090	Sinusotomy combined, three or more sinuses	26.0	180	3.0
<b>DESTRUCTION</b>				<b>EXCISION</b>				
*30800 Cauterization turbinates, unilateral or bilateral (separate procedure); superficial	*0.4	0	3.0	31200	Ethmoidectomy; intranasal, anterior	6.0	90	3.0
30805 intramural	1.4	7	3.0	31201	intranasal, total	10.0	90	3.0
30820 Cryosurgery of turbinates, unilateral or bilateral	BR		<u>3.0</u>	31205	extranasal total	13.0	90	3.0
<b>OTHER PROCEDURES</b>				31225	Maxillectomy; without orbital exenteration	24.0	180	3.0
(30900 Control of anterior nasal hemorrhage has been expanded into 30901-30904)				31230	with orbital exenteration (en bloc)	24.0	180	3.0
*30901 Control nasal hemorrhage, anterior, simple (cauterization); unilateral	*0.6	0			(For orbital exenteration as an independent procedure, see 65110 et seq.)			
*30902 bilateral	*0.8		0		(For skin grafts, see 15120 et seq.)			
*30903 Control nasal hemorrhage, anterior, complex (cauterization); unilateral	BR			<b>OTHER PROCEDURES</b>				
*30904 bilateral	BR				(For hypophysectomy, transnasal or transeptal approach, see 61548)			
*30905 Control nasal hemorrhage, posterior, with posterior nasal packs; initial	*2.4	0	3.0		(For transcranial hypophysectomy, see 61546)			
*30906 subsequent	*1.6	0	3.0		(31245 has been deleted. For transnasal excision of pituitary tumor, see 61548)			
30915 Ligation, arteries, ethmoidal	10.0	30	3.0	31299	Unlisted procedure, accessory sinuses	BR		<u>3.0</u>
30920 internal maxillary artery, transantral	BR		<u>3.0</u>					
(For ligation external carotid artery, see 37600)				<b>AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)</b>				
30930 Fracture nasal turbinate(s) therapeutic	BR		<u>3.0</u>	WAC 296-22-110 LARYNX.				
30999 Unlisted procedure, nose	BR		<u>3.0</u>					

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-105 ACCESSORY SINUSES.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*31000 Lavage by cannulation; maxillary sinus, unilateral (antrum puncture or natural ostium)	*0.4	0	3.0
*31001 maxillary sinuses, bilateral	*0.6	0	3.0
31002* sphenoid sinus	0.8	0	3.0

**EXCISION**

	Unit Value	Follow-up Days=	Basic Anes@
31300 Laryngotomy (thyrotomy, laryngofissure); with removal of tumor or laryngocele, cordectomy	16.0	90	6.0
31320 diagnostic	8.0	60	6.0
31360 Laryngectomy; total, without radical neck dissection	26.0	180	6.0
31365 total, with radical neck dissection	34.0	180	6.0
31367 subtotal supraglottic, without radical neck dissection	30.0	180	6.0
31368 subtotal supraglottic, with radical neck dissection	30.0	180	6.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-115 TRACHEA AND BRONCHI.

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
31370 Partial laryngectomy (hemilaryngectomy); horizontal	30.0	180	6.0				
31375 lateroververtical	20.0	180	6.0				
31380 anterovertical	20.0	180	6.0				
31382 antero-latero-vertical	20.0	180	6.0				
31390 Pharyngolaryngectomy, with radical neck dissection; without reconstruction	BR		6.0	31600 Tracheostomy, planned (separate procedure);	5.4	15	5.0
31395 with reconstruction	BR		6.0	31601 under two years	6.0	15	6.0
31400 Arytenoidectomy or arytenoidopexy, external approach	20.0	180	6.0	31603 Tracheostomy, emergency procedure, transtracheal	BR	90	5.0
(For endoscopic arytenoidectomy, see 31560)				31605 Cricothyroid membrane	BR		4.0
31420 Epiglottidectomy	16.0	180	6.0	31610 Tracheostomy, fenestration procedure with skin flaps	7.0	15	4.0
<b>INTRODUCTION</b>				(For endotracheal intubation, see 31500)			
31500 Intubation, endotracheal, emergency procedure	1.4	0		(For tracheal aspiration under direct vision, see 31515)			
(For injection procedure for bronchography, see 31656, 31708, 31710)				31612 Tracheal puncture, percutaneous for aspiration of mucus (transtracheal aspiration)	BR		4.0
<b>ENDOSCOPY</b>				31613 Tracheostoma revision; simple, without flap rotation	BR	30	5.0
31505 Laryngoscopy, indirect (separate procedure); diagnostic	BR			31614 complex, with flap rotation	BR	30	5.0
31510 with biopsy	BR			<b>ENDOSCOPY</b>			
31511 with removal of foreign body	BR			31615 Tracheoscopy through established tracheostomy incision	BR		4.0
31512 with removal of lesion	BR			31620 Bronchoscopy; diagnostic, rigid bronchoscope	3.6	30	4.0
31513 with vocal cord injection	BR			31621 diagnostic, fiberoptic bronchoscope (flexible)	3.6	7	5.0
31515 Laryngoscopy, direct; for aspiration	0.6	0		31625 with biopsy, rigid bronchoscope	5.0	30	4.0
31520 diagnostic, newborn	2.4	7	4.0	31626 with biopsy, fiberoptic bronchoscope (flexible)	5.0	7	5.0
31525 diagnostic, except newborn	4.0	7	4.0	31627 with brushing, fiberoptic bronchoscope (flexible)	5.0	7	5.0
31526 diagnostic, with operating microscope	BR		4.0	31628 with transbronchial lung biopsy, fiberoptic bronchoscope (flexible) under fluoroscopic guidance	BR		5.0
31527 with insertion of obturator	BR		4.0	31630 with tracheal or broncheal dilation or closed reduction of fracture	6.0	30	6.0
31528 with dilatation, initial	BR		4.0	31635 with removal of foreign body	5.6	30	4.0
31529 with dilatation, subsequent	BR		4.0	31640 with excision of tumor	5.0	30	4.0
31530 Laryngoscopy, operative, with foreign body removal	6.0	30	4.0	31645 with therapeutic aspiration of tracheobronchial tree, initial	4.0	30	4.0
31531 with operating microscope	BR		4.0	31646 with therapeutic aspiration of tracheobronchial tree, subsequent	2.6	30	4.0
31535 Laryngoscopy, operative, with biopsy	6.0	30	4.0	(For catheter aspiration of tracheobronchial tree at bedside, see 31725)			
31536 with operating microscope	BR			31650 with drainage of lung abscess or cavity, initial	4.0	30	4.0
31540 Laryngoscopy, operative, with excision of tumor and/or stripping of vocal cords or epiglottis	6.0	90	4.0	31651 with drainage of lung abscess or cavity, subsequent	2.6	30	4.0
31541 with operating microscope	BR		4.0	31656 with injection of contrast material for segmental bronchography (fiberscope only)	4.0	30	4.0
31560 Laryngoscopy, operative, with arytenoidectomy	15.0	90	4.0	31659 with other bronchoscopic procedures	BR		4.0
31561 with operating microscope	BR			<b>INTRODUCTION</b>			
31570 Laryngoscopy with injection into vocal cord(s), therapeutic	6.0	90	4.0	(For endotracheal intubation, see 31500)			
31571 with operating microscope	BR		4.0	(For tracheal aspiration under direct vision, see 31515)			
31575 Laryngoscopy, flexible fiberoptic, diagnostic	BR	90	4.0	31700 Catheterization translottic (separate procedure)	3.6	0	
31576 with biopsy	BR	90	4.0	31708 Instillation of contrast material for laryngography or bronchography, without catheterization	0.9	0	
31577 with removal of foreign body	BR	90	4.0	31710 Catheterization for bronchography, with or without instillation of contrast material	0.8	0	
31578 with removal of lesion	BR	90	4.0	(For bronchoscopic catheterization for bronchography, fiberscope only, see 31656)			
<b>REPAIR</b>				31715 Transtracheal injection for bronchography	0.8	0	
31580 Laryngoplasty; for laryngeal web, two stage, with keel insertion and removal	BR		4.0				
31582 for laryngeal stenosis, with graft or core mold, including tracheotomy	BR		4.0				
31584 with open reduction of fracture	BR		4.0				
31585 Treatment of closed laryngeal fracture; without manipulation	BR		4.0				
31586 with closed manipulative reduction	BR		4.0				
31590 Laryngeal reinnervation by neuromuscular pedicle	BR	90	4.0				
<b>DESTRUCTION</b>							
31595 Section recurrent laryngeal nerve, therapeutic (separate procedure), unilateral	BR	90	4.0				
<b>OTHER PROCEDURES</b>							
31599 Unlisted procedure, larynx	BR		4.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For detention time, see 99150, 99151)				32151			
31717 Catheterization with bronchial brush biopsy	BR			32160	16.0	90	11.0
31719 Transtracheal (percutaneous) introduction of indwelling tube for therapy (tickle tube)	BR				BR		12.0
31720 Catheter aspiration (separate procedure); nasotracheobronchial	0.8	0		(For segmental or other resections of lung, see 32480-32525)			
31725 tracheobronchial with fiberscope, bedside	1.0	0		32200	14.0	120	11.0
<b>REPAIR</b>				32215	16.0	90	11.0
31750 Tracheoplasty; cervical	BR		6.0	32220	20.0	90	11.0
31755 tracheopharyngeal fistulization (Asai technique), each stage	BR		6.0	32225	14.0	90	11.0
31760 intrathoracic	BR		12.0	<b>EXCISION</b>			
31770 Bronchoplasty; graft repair	BR		11.0	32310	20.0	90	11.0
31775 excision stenosis and anastomosis	BR		11.0	32315	15.0	90	11.0
(For lobectomy and (bronchoplasty) bronchoplasty, see 32485)				32320	28.0	90	11.0
31780 Excision tracheal stenosis and anastomosis; cervical	BR		11.0	32400	1.2	7	
31781 cervicothoracic	BR		11.0	(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
31785 Excision of tracheal tumor or carcinoma; cervical	BR		11.0	32402	6.0	15	3.0
31786 thoracic	BR		11.0	32405	3.0	7	3.0
<b>SUTURE</b>				(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
31800 Suture of external tracheal wound or injury; cervical	BR		6.0	*32420	*1.2	0	
31805 intrathoracic	BR		12.0	32440	30.0	90	11.0
31820 Surgical closure tracheostomy or fistula; without plastic repair	4.0	30	4.0	32445	20.0	90	11.0
31825 with plastic repair	6.0	30	4.0	32450	25.0	90	11.0
(For repair of tracheoesophageal fistula, see 43305-(43310)43312)				32480	26.0	90	11.0
31830 Revision of tracheostomy scar	5.60	30	4.0	32485	30.0	90	11.0
31899 Unlisted procedure, trachea, bronchi	BR		4.0	32490	30.0	90	11.0
<b>AMENDATORY SECTION</b> (Amending Order 83-23, filed 8/2/83)				32500	22.0	90	11.0
<b>WAC 296-22-116 LUNGS AND PLEURA.</b>				32520	30.0	90	11.0
<b>INCISION</b>				32522	32.0	90	11.0
*32000 Thoracentesis, puncture of pleural cavity for aspiration, initial or subsequent	*0.72	0		32525	35.0	90	11.0
32005 Chemical pleurodesis (e.g., for recurrent or persistent pneumothorax)	BR			32540	20.0	90	11.0
*32020 Tube thoracostomy with water seal (e.g., pneumothorax, hemothorax, empyema) (separate procedure)	*1.2	0		32545	30.0	90	11.0
32035 Thoracostomy; with rib resection for empyema	6.0	60	3.0	<b>ENDOSCOPY</b>			
32036 with open flap drainage for empyema	8.0	90	3.0	32700	4.0	30	4.0
32095 Thoracotomy limited, for biopsy of lung or pleura	BR		3.0	32705	4.0	30	4.0
32100 Thoracotomy, major; with exploration and biopsy	12.0	90	11.0	<b>REPAIR</b>			
32110 with control of traumatic hemorrhage and/or repair of lung tear	16.0	90	11.0	32800	BR		11.0
32120 for postoperative complications	16.0	90	11.0	32810	BR		11.0
32124 with open intrapleural pneumonolysis	16.0	90	11.0	32815	BR		11.0
32140 with cyst(s) removal with or without a pleural procedure	16.0	90	11.0	32820	BR		11.0
32141 with excision-plication of bullae, with or without any pleural procedure	20.0	90	11.0	<b>SURGICAL COLLAPSE THERAPY; THORACOPLASTY</b>			
32150 with removal of intrapleural foreign body or fibrin deposit	14.0	90	11.0	(See also 32520)			
				32900	14.0	90	9.0
				32905	14.0	90	9.0
				32906	16.0	90	9.0
				(For open closure of major bronchial fistula, see 32815)			
				(For resection of first rib for thoracic outlet compression, see 21615, 21616)			

	Unit Value	Follow-up Days=	Basic Anes@
32940 Pneumonolysis, extraperiosteal, including filling or packing procedures .....	14.0	90	9.0
*32960 Pneumothorax; therapeutic, intrapleural injection of air .....	*1.0	0	
32999 Unlisted procedure, lungs and pleura ..	BR		9.0

	Unit Value	Follow-up Days=	Basic Anes@
33335 with cardiopulmonary bypass .....	40.0	90	15.0
33350 Great vessel repair with other major procedure .....	BR		15.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-120 HEART AND PERICARDIUM.

(For monitoring, operation of pump and other nonsurgical services, see 99150, 99151, 99160-99162, 99190-99192)

(For other medical or laboratory related services, see appropriate section)

PERICARDIUM

	Unit Value	Follow-up Days=	Basic Anes@
33010* Pericardiocentesis; initial .....	1.2	0	
33011* subsequent .....	1.0	0	
33015 Tube pericardiostomy .....	BR		
33020 Pericardiostomy for removal of clot or foreign body (primary procedure) .....	20.0	90	13.0
33025 Creation of pericardial window or partial resection for drainage .....	20.0	15	1.5
33030 Partial resection for chronic constrictive pericarditis, without bypass .....	30.0	90	1.5
33035 Complete ventricular decortication, with cardiopulmonary bypass .....	40.0	90	1.5
33050 Excision of pericardial cyst or tumor ..	20.0	90	1.3
33100 Pericardiectomy (separate procedure) ..	34.0	90	15.0

CARDIAC TUMOR

33120 Excision of intracardiac tumor, resection with cardiopulmonary bypass .....	50.0	90	15.0
33130 Resection of external cardiac tumor ....	25.0	90	12.0

(For injection procedure for coronary arteriography, see 36230)

(For cardiac catheterization, see ((93500))93501-93566)

(For electronic analysis of internal pacemaker system, see 93795, 93796)

(For fluoroscopy and radiography procedure with insertion of pacemaker, see 71090)

33200 Insertion of permanent pacemaker with epicardial electrode; by thoracotomy ...	24.0	90	15.0
33201 by xiphoid approach .....	24.0	90	15.0

(33205 has been deleted. To report use 33206-33208)

33206 Insertion of permanent pacemaker with transvenous electrode(s); atrial .....	BR		3.0
33207 ventricular .....	BR		3.0
33208 AV sequential .....	BR		3.0
33210 Insertion of temporary transvenous cardiac electrode, or pacemaker catheter (separate procedure) .....	7.0	15	Sv. &
33212 Insertion or replacement of pulse generator only .....	4.0	30	6.0
33216 Insertion, replacement, or repositioning of permanent transvenous electrodes only (15 days or more after initial insertion) .	8.0	30	6.0
33218 Repair of pacemaker; electrodes only ...	5.0	30	6.0
33219 with replacement of pulse generator ..	BR		
33232 Removal of permanent pacemaker .....	BR		6.0

WOUNDS OF THE HEART AND GREAT VESSELS

33300 Repair of cardiac wound; without bypass .....	24.0	90	15.0
33305 with cardiopulmonary bypass .....	30.0	90	15.0
33310 Cardiomy, exploratory (includes removal of foreign body); without bypass .	22.0	90	15.0
33315 with cardiopulmonary bypass .....	34.0	90	15.0
33320 Suture repair of aorta or great vessels; without bypass .....	20.0	90	15.0
33322 with cardiopulmonary bypass .....	30.0	90	15.0
33330 Insertion of graft; without bypass .....	30.0	90	15.0

CARDIAC VALVES AORTIC VALVE

33400 Valvuloplasty, aortic valve, open, with cardiopulmonary bypass .....	50.0	90	15.0
33405 Replacement, aortic valve with cardiopulmonary bypass .....	52.0	90	15.0
33407 Valvotomy, aortic valve (commissurotomy); with cardiopulmonary bypass .....	BR		15.0
33408 with inflow occlusion .....	BR		15.0

(For multiple valve replacement, see 33480-33492)

33415 Resection of aortic valve for subvalvular stenosis .....	40.0	90	15.0
33417 Aortoplasty (gusset) for supra-avalvular stenosis .....	40.0	90	15.0

MITRAL VALVE

33420 Valvotomy, mitral valve (commissurotomy); closed .....	32.0	90	15.0
33422 open, with cardiopulmonary bypass ..	50.0	90	15.0
33425 Valvuloplasty, mitral valve, with cardiopulmonary bypass .....	52.0	90	15.0
33430 Replacement, mitral valve, with cardiopulmonary bypass .....	52.0	90	15.0

TRICUSPID VALVE

33450 Valvotomy, tricuspid valve (commissurotomy); closed .....	32.0	90	15.0
33452 open, with cardiopulmonary bypass ..	50.0	90	15.0
33460 Valvuloplasty or valvectomy, tricuspid valve, with cardiopulmonary bypass; ...	50.0	90	15.0
33465 replacement .....	52.0	90	15.0

(For multiple valve replacement, see 33480-33492)

33468 Tricuspid valve repositioning and plication for Ebstein anomaly .....	50.0	90	15.0
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PULMONARY VALVE

33470 Valvotomy, pulmonary valve (commissurotomy); closed (transventricular) ....	32.0	90	15.0
33472 open, with inflow occlusion .....	32.0	90	15.0
33474 open, with cardiopulmonary bypass ..	50.0	90	15.0
33476 Right ventricular resection for infundibular stenosis, with or without commissurotomy .....	50.0	90	15.0
33478 Outflow tract augmentation (gusset), with or without commissurotomy or infundibular resection .....	52.0	90	15.0

MULTIPLE VALVE PROCEDURES

33480 Replacement and/or repair, double valve procedure, by methods 33400-33465 ...	70.0	90	15.0
33481 Single valve replacement; with commissurotomy or valvuloplasty of another valve .....	56.0	90	15.0
33482 with commissurotomy or valvuloplasty of two valves .....	60.0	90	15.0
33483 Double valve replacement; .....	65.0	90	15.0
33485 with commissurotomy or valvuloplasty of one valve .....	67.0	90	15.0
33490 Replacement and/or repair, triple valve procedure, by methods 33400 to 33465 .	80.0	90	15.0
33492 Triple valve replacement .....	85.0	90	15.0

CORONARY ARTERY PROCEDURES

33502 Anomalous coronary artery; ligation ....	20.0	90	15.0
33503 graft, without bypass .....	25.0	90	15.0
33504 graft, with bypass .....	35.0	90	15.0
33510 Coronary artery bypass, autogenous graft, e.g., saphenous vein or internal mammary artery; single artery .....	35.0	90	15.0
33511 two coronary arteries .....	56.0	90	15.0
33512 three coronary arteries .....	67.0	90	15.0
33513 four coronary arteries .....	67.0	90	15.0
33514 five coronary arteries .....	67.0	90	15.0
33516 six or more coronary arteries .....	67.0	90	15.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For separate procurement of autogenous graft, see modifier -75, services rendered by more than one physician)							
33520	30.0	90	15.0	33750	BR	15.0	(includes cardiac catheterization) . . . .
33525	35.0	90	15.0	33755	30.0	90	15.0
33528	50.0	90	15.0	33762	30.0	90	15.0
<del>(33532)</del>	<del>25.0</del>	<del>90</del>	<del>15.0</del>	33766	30.0	90	15.0
				<b>TRANSPOSITION OF THE GREAT VESSELS</b>			
				33782	50.0	90	15.0
				33783	50.0	90	15.0
				33784	50.0	90	15.0
				<b>TRUNCUS ARTERIOSUS</b>			
				33786	50.0	90	15.0
				33788	30.0	90	15.0
				(For pulmonary artery band, see 33690)			
				<b>AORTIC ANOMALIES</b>			
				33802	18.0	90	15.0
				33803	20.0	90	15.0
				33810	20.0	90	15.0
				33812	30.0	90	15.0
				33820	15.0	90	15.0
				33822	18.0	90	15.0
				33824	20.0	90	15.0
				33830	5.0		15.0
				33840	20.0	90	15.0
				33845	30.0	90	15.0
				33850	30.0	90	15.0
				<b>THORACIC AORTIC ANEURYSM</b>			
				33860	40.0	90	15.0
				33865	50.0	90	15.0
				33870	60.0	90	15.0
				33875	20.0	90	15.0
				<b>PULMONARY ARTERY</b>			
				33910	30.0	90	15.0
				33915	20.0	90	15.0
				<b>MISCELLANEOUS</b>			
				33950	BR		15.0
				33960	BR		15.0
				33970	10.0	10	((29)) 15.0
				<u>(For percutaneous insertion and removal, see 93535)</u>			
				33972	BR		15.0
				33999	BR		15.0
<b>POSTINFARCTION MYOCARDIAL PROCEDURES</b>							
33542	35.0	90	15.0				
33545	50.0	90	15.0				
33560	BR						
33570	60.0	90	15.0				
33575	68.0	90	15.0				
<b>SEPTAL DEFECT</b>							
33640	32.0	90	15.0				
33641	46.0	90	15.0				
33643	30.0	90	15.0				
33645	30.0	90	15.0				
33649	BR		15.0				
33660	50.0	90	15.0				
33665	35.0	90	15.0				
33670	50.0	90	15.0				
33681	35.0	90	15.0				
33682	50.0	90	15.0				
33684	50.0	90	15.0				
33688	5.0						
33690	15.0	90	15.0				
33692	50.0	90	15.0				
33694	50.0	90	15.0				
33696	8.0						
<b>SINUS OF VALSALVA</b>							
33702	50.0	90	15.0				
33710	35.0	90	15.0				
33720	50.0	90	15.0				
<b>TOTAL ANOMALOUS PULMONARY VENOUS DRAINAGE</b>							
33730	50.0	90	15.0				
(For partial anomalous return, see atrial septal defect)							
<b>SHUNTING PROCEDURES</b>							
33735	32.0	90	15.0				
33737	40.0	90	15.0				
33738	50.0	90	15.0				
33739							

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-125 ARTERIES AND VEINS.				Unit Value	Follow-up Days=	Basic Anes@	
<b>ARTERIAL EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER</b>							
34001	Embolectomy or thrombectomy, with or without catheter; carotid, subclavian artery, by neck incision	14.0	60	6.0			
34051	innominate, subclavian artery, by thoracic incision	14.0	60	11.0			
34101	axillary, brachial, innominate, subclavian artery, by arm incision	14.0	60	5.0			
34151	renal, celiac, mesentery, aortoiliac artery, by abdominal incision	20.0	60	6.0			
34201	femoropopliteal, aortoiliac artery, by leg incision	14.0	60	5.0			
<b>VENOUS THROMBECTOMY, DIRECT OR WITH CATHETER</b>							
34401	Thrombectomy, direct or with catheter; vena cava, iliac vein, by abdominal incision	18.0	60	5.0			
34421	vena cava, iliac, femoropopliteal vein, by leg incision	12.0	60	3.0			
34451	vena cava, iliac, femoropopliteal vein, by abdominal and leg incision	24.0	60	5.0			
34471	subclavian vein, by neck incision	28.0	60	5.0			
34490	axillary and subclavian vein, by arm incision	28.0	60	5.0			
<b>DIRECT REPAIR OF ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION FOR ANEURYSM, FALSE ANEURYSM, RUPTURED ANEURYSM, OR OCCLUSIVE DISEASE</b>							
(For intracranial aneurysm, see 61700 et seq.)							
(For thoracic aortic aneurysm, see 33860-33875)							
35001	Direct repair of aneurysm or excision (partial or total) and graft insertion, with or without patch graft; for aneurysm or occlusive disease, carotid, subclavian artery, by neck incision	28.0	90	6.0			
35002	for ruptured aneurysm, carotid, subclavian artery by neck incision	BR		6.0			
35011	for aneurysm or occlusive disease, axillary-brachial artery, by arm incision	28.0	90	5.0			
35013	for ruptured aneurysm, axillary-brachial artery, by arm incision	BR					
35021	for aneurysm or occlusive disease, innominate, subclavian artery, by thoracic incision	32.0	90	12.0			
35022	for ruptured aneurysm, innominate, subclavian artery, by thoracic incision	BR					
35081	for aneurysm or occlusive disease, abdominal aorta	40.0	90	12.0			
35082	for ruptured aneurysm, abdominal aorta	BR		12.0			
35091	for aneurysm or occlusive disease, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	BR		12.0			
35092	for ruptured aneurysm, abdominal aorta involving visceral vessels (mesenteric, celiac, renal)	BR		12.0			
35102	for aneurysm or occlusive disease, abdominal aorta involving iliac vessels (common, hypogastric, external)	40.0	90	12.0			
35103	for ruptured aneurysm, abdominal aorta involving iliac vessels (common, hypogastric, external)	BR		12.0			
35111	for aneurysm or occlusive disease, splenic artery	24.0	90	6.0			
35112	for ruptured aneurysm, splenic artery	BR					
35121	for aneurysm or occlusive disease, hepatic, celiac, renal, or mesenteric artery	40.0	90	6.0			
35122	for ruptured aneurysm, hepatic, celiac, renal, or mesenteric artery	BR		6.0			
35131	for aneurysm or occlusive disease, iliac artery (common, hypogastric, external)				32.0	90	6.0
35132	for ruptured aneurysm, iliac artery (common, hypogastric, external)				BR		6.0
35141	for aneurysm or occlusive disease, common femoral artery (profunda femoris, superficial femoral)				28.0	90	5.0
35142	for ruptured aneurysm, common femoral artery (profunda femoris, superficial femoral)				BR		
35151	for aneurysm or occlusive disease, popliteal artery				28.0	90	5.0
35152	for ruptured aneurysm, popliteal artery				BR		5.0
35161	for aneurysm or occlusive disease, other arteries (e.g., radial, brachial, ulnar)				BR		5.0
35162	for ruptured aneurysm, other arteries (e.g., radial, brachial, ulnar)				BR		5.0
<b>REPAIR BLOOD VESSEL OR ARTERIOVENOUS FISTULA, WITH OR WITHOUT PATCH GRAFT</b>							
35201	Repair blood vessels or A-V fistula, direct; neck	28.0	60	6.0			
35206	upper extremity	28.0	60	3.0			
35207	hand and finger	BR		3.0			
35211	intrathoracic, with bypass	35.0	60	6.0			
35216	intrathoracic, without bypass	30.0	60	3.0			
35221	intra-abdominal	34.0	90	5.0			
35226	lower extremity	28.0	60	3.0			
35231	Repair blood vessel or A-V fistula with vein graft; neck	30.0	60	6.0			
35236	upper extremity	30.0	60	6.0			
35241	intrathoracic, with bypass	40.0	60	6.0			
35246	intrathoracic, without bypass	35.0	60	6.0			
35251	intra-abdominal	40.0	90	6.0			
35256	lower extremity	32.0	60	3.0			
35261	Repair blood vessel or A-V fistula with graft other than vein; neck	32.0	60	6.0			
35266	upper extremity	32.0	60	6.0			
35271	intrathoracic, with bypass	42.0	60	6.0			
35276	intrathoracic, without bypass	37.0	60	6.0			
35281	intra-abdominal	42.0	90	6.0			
35286	lower extremity	34.0	60	3.0			
<b>THROMBOENDARTERECTOMY</b>							
(For coronary artery, see 33570, 33575)							
35301	Thromboendarterectomy, with or without patch graft; carotid, vertebral, subclavian, by neck incision	30.0	90	6.0			
35311	subclavian, innominate, by thoracic incision	30.0	90	11.0			
35321	axillary-brachial	30.0	90	5.0			
35331	abdominal aorta	40.0	90	12.0			
35341	mesenteric, celiac, or renal	40.0	90	6.0			
35351	iliac	32.0	90	6.0			
35361	combine aortoiliac	40.0	90	12.0			
35371	common and/or deep (profunda) femoral	28.0	90	5.0			
35381	femoral and/or popliteal, and/or tibioperoneal	28.0	90	5.0			
<b>BYPASS GRAFT—VEIN</b>							
35501	Bypass graft, vein; carotid	30.0	90	6.0			
35506	carotid-subclavian	30.0	90	6.0			
35507	subclavian-carotid	30.0	90	6.0			
35509	carotid-carotid	30.0	90	11.0			
35511	subclavian-subclavian	30.0	90	11.0			
35516	subclavian-axillary	30.0	90	6.0			
35521	axillary-femoral	30.0	90	5.0			
35526	aortosubclavian or carotid	32.0	90	12.0			
35531	aortoceliac, mesenteric, or renal	36.0	90	12.0			
35536	splenorenal	32.0	90	10.0			
35541	aortoiliac	32.0	90	12.0			
35546	aortofemoral	32.0	90	12.0			
35548	aortoiiofemoral, unilateral	32.0	90	12.0			
35549	aortoiiofemoral, bilateral	40.0	90	12.0			
35551	aorto-femoral-popliteal	40.0	90	12.0			
35556	femoral-popliteal	28.0	90	5.0			
35558	femoral-femoral	28.0	90	5.0			
35563	ilioiliac	30.0	90	12.0			

	Unit Value	Follow-up Days=	Basic Anes@
35565 iliofemoral .....	32.0	90	12.0
35566 femoral-anterior tibial, posterior tibial, or peroneal artery .....	30.0	90	12.0
35571 popliteal-tibial .....	32.0	90	12.0

**BYPASS GRAFT—WITH OTHER THAN VEIN INCLUDING MANDRIL GROWN GRAFT**

35601 Bypass graft, with other than vein, carotid .....	40.0	90	12.0
35606 carotid-subclavian .....	40.0	90	12.0
35612 subclavian-subclavian .....	40.0	90	12.0
35616 subclavian-axillary .....	30.0	90	6.0
35621 axillary-femoral .....	35.0	90	12.0
35626 aortosubclavian or carotid .....	35.0	90	12.0
35631 aortoeliac, mesenteric, renal .....	35.0	90	12.0
35636 splenorenal .....	35.0	90	12.0
35641 aortiliac .....	35.0	90	12.0
35646 aortofemoral .....	30.0	90	12.0
35651 aortofemoral-popliteal .....	30.0	90	12.0
35656 femoral-popliteal .....	28.0	90	5.0
35661 femoral-femoral .....	28.0	90	5.0
35663 ilioliac .....	28.0	90	5.0
35665 iliofemoral .....	28.0	90	5.0
35666 femoral-anterior tibial, posterior tibial, or peroneal artery .....	28.0	90	5.0
35671 popliteal-tibial .....	28.0	90	5.0

**EXPLORATION (NOT FOLLOWED BY SURGICAL REPAIR) WITH OR WITHOUT LYSIS ARTERY**

35701 Exploration; carotid artery .....	10.0	30	3.0
35721 femoral artery .....	8.0	30	3.0
35741 popliteal artery .....	8.0	30	3.0
35761 Other vessels .....	((BR+))	((BR+))	BR

**EXPLORATION FOR POSTOPERATIVE HEMORRHAGE OR THROMBOSIS**

35800 Exploration for postoperative hemorrhage or thrombosis; neck .....	((BR+))	((BR+))	BR
35820 chest .....	((BR+))	((BR+))	BR
35840 abdomen .....	((BR+))	((BR+))	BR
35860 extremity .....	((BR+))	((BR+))	BR

**EXCISION OF GRAFT**

35900 Excision of infected graft; .....	BR
35910 with revascularization .....	BR

**Introduction**

**VASCULAR INJECTION PROCEDURES**

**NOTES**

Listed services for injection procedures include necessary local anesthesia, introduction of needles or catheter, injection of contrast medium with or without automatic power injection and necessary pre and postinjection care specifically related to the injection procedure.

For radiological vascular injection performed by a single physician as a complete procedure (necessary local anesthesia, placement of needle or catheter and injection of contrast media, and supervision of the study and interpretation of results), see RADIOLOGY section, code numbers 75500-75893.

Catheters, drugs and contrast media are not included in the listed service for the injection procedures.

(For injection procedures in conjunction with cardiac catheterization, see 93541-93545)

(For chemotherapy of malignant disease, see ((96790-96793)) 96500-96549)

**INTRAVENOUS**

(An intracatheter is a sheathed combination of needle and short catheter)

36000 Introduction of needle or intracatheter, vein; unilateral .....	1.0	0
36001 bilateral .....	1.4	0

36010 Introduction of catheter; in superior or inferior vena cava, right heart or pulmonary artery .....	2.0	0	3.0
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(For venous catheterization for selective organ blood sampling, see 36500)

**INTRA-ARTERIAL—INTRA-AORTIC**

36100 Introduction of needle or intracatheter, carotid or vertebral artery; unilateral ..	5.0	0	3.0
36101 bilateral .....	6.0	0	3.0
36120 Introduction of needle or intracatheter; retrograde brachial artery .....	5.0	0	3.0
36140 extremity artery .....	2.0	0	3.0
36145 Arteriovenous shunt for dialysis ((cannula;)) fistula or graft) .....	1.0	0	3.0

(For insertion of arteriovenous cannula, see 36810-36820)

36160 Introduction of needle or intracatheter, aortic, translumbar .....	3.0	0	3.0
36200 Introduction of catheter; aorta (arch, abdominal, midstream renal, aorto-iliac run-off) .....	4.0	0	3.0
36210 cerebral artery, selective, single ...	5.8	0	3.0
36220 multiple cerebral arteries, with or without midstream arch injection .....	7.0	0	3.0
36230 coronary artery, selective, unilateral or bilateral .....	6.0	0	7.0
36240 renal, celiac, mesenteric or other artery, selective, single, with or without midstream injection .....	5.0	0	3.0
36250 bilateral renal or multiple arteries .....	6.0	0	3.0
36299 Unlisted procedure, vascular injection ..	BR		BR

**VENOUS**

Venipuncture, complex or nonroutine, needle or catheter for diagnostic study or intravenous therapy, percutaneous:			
36400 Venipuncture, under age 3 years; femoral, jugular or sagittal sinus .....	0.4	0	
36405 scalp vein .....	0.6	0	
36410 Venipuncture, child over age 3 years or adult, necessitating physician's skill (separate procedure), for venography (upper extremity, vena cava, adrenal, renal, iliac, femoral, popliteal, tibial, saphenous, jugular, innominate vein). Not to be used for routine venipuncture. ....	0.2	0	
*36415 Routine venipuncture for collection of specimen(s) .....	BR	0	

(For diagnostic collection, see 99000-99001)

36420 Venipuncture, cutdown; under age 1 year .....	1.0	7
36425 age 1 or over .....	0.72	7
36430 Transfusion, blood or blood components; indirect .....	0.4	0
36431 direct .....	1.2	7
*36440 Push transfusion, blood, 2 years or under .....	1.2	0
36450 Exchange transfusion; newborn .....	7.0	0
36455 other than newborn .....	BR+	
36460 Transfusion, intrauterine, fetal .....	BR+	
*36470 Injection of sclerosing solution; single vein .....	*0.28	0
*36471 multiple veins, same leg .....	*0.4	0
36480 Catheterization, subclavian, external jugular or other vein, for central venous pressure determination; percutaneous ..	0.8	7
36485 by cutdown .....	0.8	7
*36490 Cutdown placement of central venous catheter for hyperalimentation; age 2 years or under .....	3.0	15
*36491 over age 2 .....	2.0	15

(For examination of patient and instruction to patient, review of prescription of fluids for long-term or permanent hyperalimentation, use levels



	Unit Value	Follow-up Days=	Basic Anes@
38381 thoracic approach	BR		3.0
<b>EXCISION</b>			
38500 Biopsy or excision of lymph node; unspecified (separate procedure)	1.4	15	3.0
38510 deep, cervical node	3.4	30	3.0
38520 deep cervical node with excision scalene fat pad	5.0	30	3.0
38530 internal mammary node (separate procedure)	7.0	60	3.0
<i>(For percutaneous needle biopsy, retroperitoneal lymph node or mass, see 49180)</i>			
38540 Dissection; deep cervical node	BR	60	3.0
38542 deep jugular node	BR	60	3.0
<i>(For radical cervical neck dissection, see 38720, 38721)</i>			
38550 Excision of cystic hygroma, axillary or cervical, without deep neurovascular dissection; simple	6.0	60	3.0
38555 complex	((BR+)) BR		3.0

**RADICAL LYMPHADENECTOMY (RADICAL RESECTION OF LYMPH NODES)**

38700 Suprahyoid lymphadenectomy; unilateral	12.0	60	4.0
38701 bilateral	15.0	60	4.0
38720 Cervical lymphadenectomy (complete); unilateral	19.0	60	4.0
38721 bilateral	22.0	60	4.0
38724 Cervical lymphadenectomy (modified radical neck dissection)	BR		4.0
38740 Axillary lymphadenectomy; superficial	8.0	60	3.0
38745 complete	14.0	60	3.0
38760 ((Inguinofemoral)) Inguinofemoral lymphadenectomy, superficial, including Cloquet's node (separate procedure); unilateral	8.0	60	3.0
38761 bilateral	12.0	60	3.0
38765 ((Inguinofemoral)) Inguinofemoral lymphadenectomy, superficial, in continuity with pelvic lymphadenectomy, including external iliac hypogastric and obturator nodes (separate procedure); unilateral	20.0	60	5.0
38766 bilateral	24.0	60	5.0
38770 Pelvic lymphadenectomy, including external iliac, hypogastric, and obturator nodes (separate procedure); unilateral	12.0	60	6.0
38771 bilateral	20.0	60	6.0
38780 Retroperitoneal lymphadenectomy, extensive, including pelvic, aortic, and renal nodes (separate procedure)	28.0	90	7.0
<i>(For excision and repair of lymphedematous skin and subcutaneous tissue, see 15000, 15500-15730)</i>			

**INTRODUCTION**

38790 Injection procedure for lymphangiography; unilateral	3.0	7	
38791 bilateral	4.0	7	
38794 Cannulation, thoracic duct	BR		
38999 Unlisted procedure, hemic or lymphatic system	BR		3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-140 MEDIASTINUM.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
39000 Mediastinotomy with exploration or drainage; cervical approach	6.0	90	6.0
39010 transthoracic	12.0	90	12.0
39020 sternal split	22.0	90	12.0

	Unit Value	Follow-up Days=	Basic Anes@
39050 Removal of foreign body, mediastinum; cervical approach	8.0	90	6.0
39060 transthoracic	12.0	90	12.0
39070 sternal split	22.0	90	12.0

**EXCISION**

39200 Excision of mediastinal cyst	18.0	90	12.0
39220 Excision of mediastinal tumor	18.0	90	12.0
<i>(For substernal thyroidectomy, see 60270)</i>			
<i>(For thymectomy, see 60520)</i>			

**ENDOSCOPY**

39400 Mediastinoscopy, with or without biopsy	((BR+)) BR		3.0
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**REPAIR**

39499 Unlisted procedure, mediastinum	BR		3.0
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**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-141 DIAPHRAGM.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
((39500) Repair, diaphragmatic hernia; (esophageal-hiatal), transabdominal; including fundoplasty; except neonatal)	17.0	90	6.0
39510 neonatal; including chest tube and ventral hernia repair	22.0	90	7.0
39502 Repair, diaphragmatic hernia (esophageal hiatal), transabdominal; except neonatal	BR		6.0
39503 neonatal, including chest tube and ventral hernia repair	BR		7.0
<i>(39500, 39510, Diaphragmatic hernia repair including fundoplasty have been deleted. To report, see 43324 or 43325)</i>			
39520 Repair, diaphragmatic hernia (esophageal hiatal); transthoracic	17.0	90	11.0
39530 combined, thoracoabdominal	19.0	90	11.0
39531 combined, thoracoabdominal, with dilation of stricture (with or without gastrectomy)	BR	((+0))	11.0
39540 Repair, diaphragmatic hernia (other than neonatal), traumatic; acute	((BR+)) BR		13.0
39541 chronic	BR		11.0
39545 Imbrication of diaphragm for eventration; paralytic	22.0	90	7.0
39547 nonparalytic	BR		7.0
39599 Unlisted procedure, diaphragm	BR		7.0
<i>(For incidental repair of minor hiatal hernia, see WAC 296-22-010, item 7b)</i>			

**AMENDATORY SECTION (Amending Order 74-7, filed 1/30/74)**

**WAC 296-22-145 MOUTH.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>((INCISION</b>			
*40000 Drainage of sublingual abscess; superficial	*0.4	0	3.0
40005 deep (supra-mylohyoid)	BR+		4.0
40010 Drainage of Ludwig's angina	BR+		4.0
<i>(40000-40010 have been deleted. See 41000 et seq.)</i>			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-146 LIPS.

	Unit Value	Follow-up Days=	Basic Anes@
(For procedures on skin of lips, see 10000 et seq.)			
<b>EXCISION</b>			
40490 Biopsy lip .....	0.6	7	3.0
40500 Vermilionectomy ("lip peel") with mucosal advancement .....	10.5	120	3.0
40510 Excision lip; transverse wedge excision .....	10.5	120	3.0
40520 V-excision of lesion with primary direct linear closure .....	6.0	120	3.0
40525 <u>full thickness, reconstruction with local flap (e.g., Estlander or fan) .....</u>	<u>BR</u>		<u>3.0</u>
40527 <u>full thickness, reconstruction with cross lip flap (Abbe-Estlander) .....</u>	<u>BR</u>		<u>3.0</u>
(For excision of mucous lesions, see 40810-40814)			
40530 Resection lip, more than one-fourth, without reconstruction .....	6.0	120	3.0
(For lip reconstruction (see 13131 et seq.))			
<b>REPAIR (CHEILOPLASTY)</b>			
40650 Repair lip, full thickness; vermilion only .....	BR		<u>3.0</u>
40652 up to half vertical height .....	BR		<u>3.0</u>
40654 over one half vertical height, or complex .....	BR		<u>3.0</u>
40700 Plastic repair of cleft lip; primary, partial or complete, unilateral .....	16.0	90	6.0
40701 Primary bilateral, one stage procedure .....	20.0	90	6.0
40702 primary bilateral, one ((σ)) of two stages .....	14.0	90	6.0
(((For secondary, local revision; unilateral or bilateral, see 13000-15760)))			
40720 secondary, unilateral, by recreation of defect and reclosure .....	16.0	90	6.0
40740 secondary, bilateral (per major stage) .....	14.0	90	6.0
(((For plastic or reconstruction operation on lip, see 13000-15760)))			
<del>40760 with cross lip pedicle flap (Abbe-Estlander type) .....</del>	<del>BR</del>		
<u>(40760 Cross lip pedicle flap repair of cleft lip (Abbe-Estlander type) has been deleted. To report, use 40527)</u>			
40761 with cross lip pedicle flap (Abbe-Estlander type), including sectioning and inserting of pedicle .....	BR		<u>6.0</u>
(For repair cleft palate, see 42200 et seq.)			
(For other reconstructive procedures, see 14060, 14061, 15120-15261, 15515 et seq.)			
<b>OTHER PROCEDURES</b>			
40799 Unlisted procedure, lips .....	BR		<u>3.0</u>

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-147 VESTIBULE OF MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
The vestibule is the part of the oral cavity outside the dentoalveolar structures; it includes the mucosal and submucosal tissue of lips and cheeks.			
<b>INCISION</b>			
40800* Drainage of abscess, cyst, hematoma, vestibule of mouth; simple .....	0.4	0	4.0
40801 complicated .....	BR	0	4.0
40804* Removal of embedded foreign body; simple .....	0.4	0	4.0
40805 complicated .....	BR		<u>4.0</u>
40806 Incision of labial frenum (frenotomy) ..	Sv		<u>4.0</u>
<b>EXCISION, DESTRUCTION</b>			
40808 Biopsy, vestibule of mouth .....	0.6	0	4.0
40810 Excision of lesion of mucosa and submucosa; without repair .....	0.6	0	4.0
40812 with simple repair .....	1.0	0	4.0
40814 with complex repair .....	BR	0	4.0
40816 Excision of lesion of mucosa, submucosa, and underlying muscle .....	BR	0	4.0
40818 Excision of mucosa as donor graft .....	BR	0	4.0
40819 Excision of frenum, labial or buccal (frenulectomy, frenulectomy, frenectomy) .....	BR	0	4.0
40820 Destruction of lesion or scar by physical methods (e.g., thermal, cryo, chemical) ..	BR	0	4.0
<b>REPAIR</b>			
40830 Closure of laceration; up to 2 cm .....	0.4	0	4.0
40831 over 2 cm or complex .....	0.4	0	4.0
40840 Vestibuloplasty; anterior .....	BR	0	4.0
40842 posterior, unilateral .....	BR	0	4.0
40843 posterior, bilateral .....	BR	0	4.0
40844 entire arch .....	BR	0	4.0
40845 complex (including ridge extension, muscle repositioning) .....	BR	0	4.0
(For skin grafts, see 15000 et seq.)			
<b>OTHER PROCEDURES</b>			
40899 Unlisted procedure, vestibule of mouth ..	BR		<u>4.0</u>

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-22-150 TONGUE, FLOOR OF MOUTH.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*41000 Incision and drainage of intraoral abscess, cyst, or hematoma of tongue or floor of mouth; lingual .....	*0.4	0	3.0
41005* sublingual, superficial .....	0.4	0	4.0
41006 sublingual, deep, suprathyroid .....	BR	0	4.0
41007 submental space .....	BR	0	4.0
41008 submandibular space .....	BR	0	4.0
41009 masticator space .....	BR	0	4.0
41010 Incision of lingual frenum (frenotomy) ..	0.4	15	4.0
41015 Incision and drainage of extraoral abscess, cyst, or hematoma of floor of mouth; sublingual .....	0.6	15	4.0
41016 submental .....	BR		4.0
41017 submandibular .....	BR		4.0
41018 masticator space .....	BR		4.0
(For frenoplasty, see 41520)			
<b>EXCISION</b>			
41100 Biopsy of tongue, anterior two-thirds ..	1.0	15	3.0
41105 posterior one-third .....	0.6	15	3.0
41108 Biopsy, floor of mouth .....	1.0	15	4.0
41110 Excision lesion of tongue; without closure .....	BR		4.0
41112 with closure, anterior two-thirds .....	BR		4.0
41113 with closure, posterior one-third .....	BR		4.0

	Unit Value	Follow-up Days=	Basic Anes@
41114 with local tongue flap.....	BR		4.0
<u>(List 41114 in addition to code 41112 or 41113)</u>			
41115 Excision of lingual frenum (frenectomy).....	BR		4.0
41116 Excision lesion of floor of mouth.....	BR		4.0
41120 Glossectomy; less than one-half tongue	8.0	120	6.0
41130 Hemiglossectomy.....	12.0	120	6.0
41135 partial, with unilateral radical neck dissection.....	20.0	120	6.0
41140 complete or total, with or without tracheostomy, without radical neck dissection.....	18.0	120	6.0
41145 complete or total, with or without tracheostomy, with unilateral radical neck dissection.....	26.0	120	6.0
41150 composite procedure with resection floor of mouth and mandibular resection, without radical neck dissection.	BR+		6.0
41153 composite procedure with resection floor of mouth, with suprahyoid neck dissection.....	BR	120	6.0
41155 composite procedure with resection floor of mouth, mandibular resection, and radical neck dissection (Commando type).....	BR	120	6.0

REPAIR

41250* Repair laceration up to 2 cm; floor of mouth and/or anterior two-thirds of tongue.....	1.0	0	4.0
41251* posterior one-third of tongue.....	1.0	0	4.0
41252* Repair laceration of tongue, floor of mouth, over 2 cm or complex.....	BR		4.0

OTHER PROCEDURES

41500 Fixation tongue, mechanical, other than suture (e.g., K-wire).....	5.0	30	3.0
41510 Suture tongue to lip for micrognathia (Douglas type procedure).....	10.0	30	3.0
41520 Frenoplasty (surgical revision of frenum, e.g., with Z-plasty).....	BR		3.0
<u>(For frenotomy, see 40806, 41010)</u>			
41599 Unlisted procedure, tongue, floor of mouth.....	BR		3.0
<u>((For plastic repair of tongue, see 13000-15760)</u>			
<u>(For frenuloplasty, see 13000, 13140, 14040)</u>			
<u>(For suture of injury, see 12020, 12140, 12240, 13000-13300))</u>			

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-155 TEETH AND GUMS.

	Unit Value	Follow-up Days=	Basic Anes@
(For biopsy, see 11100)			

INCISION

*41800 Drainage abscess, cyst, hematoma....	*0.4	0	3.0
41805 Removal embedded foreign body; from soft tissues.....	0.8	0	3.0
41806 from bone.....	2.0	0	3.0

EXCISION, DESTRUCTION

41820 Gingivectomy, excision gingiva, each quadrant.....	BR		3.0
41821 Operculectomy, excision pericoronal tissues.....	BR		3.0
41822 Excision fibrous tuberosities.....	BR		3.0
41823 Excision osseous tuberosities.....	BR		3.0
41825 Excision of lesion or tumor (except listed above); without repair.....	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
41826 with simple repair.....	BR		3.0
41827 with complex repair.....	BR		3.0
<u>(For nonexcisional destruction, see 41850)</u>			
41828 Excision of hyperplastic alveolar mucosa, each sextant or quadrant (specify) .	BR		3.0
41830 Alveolectomy, including curettage of osteitis or sequestrectomy.....	BR		3.0
41850 Destruction of lesion (except excision) .	BR		3.0

OTHER PROCEDURES

41870 Periodontal mucosal grafting.....	BR		3.0
41872 Gingivoplasty.....	BR		3.0
41874 Alveoplasty.....	BR		3.0
<u>(For closure of lacerations, see 40830, 40831)</u>			
<u>(For segmental osteotomy, see 21202, 21206)</u>			
<u>(For reduction of fractures, see 21420-21490)</u>			
41899 Unlisted procedure, dentoalveolar structures.....	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-160 PALATE, UVULA.

	Unit Value	Follow-up Days=	Basic Anes@
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INCISION

*42000 Drainage of abscess of palate, uvula....	*0.4	0	3.0
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EXCISION, DESTRUCTION

42100 Biopsy of palate, uvula.....	0.6	7	3.0
42104 Excision lesion of palate, uvula; without closure.....	BR		3.0
42106 with closure.....	BR		3.0
42107 with local flap closure.....	BR		3.0
<u>(For skin graft, see 14040-14300)</u>			
<u>(For mucosal graft, see 40818)</u>			
<u>(For excision of local lesion of palate, see 11440-11442, 11640-11660)</u>			
<u>(For graft or flap closure, see 14040-14300, 15050, 15120, 15240, 15510-15720)</u>			
42120 Resection of palate or extensive excision of lesion.....	BR+		6.0
<u>(For reconstruction of palate with extraoral tissue, see 14040-14300, 15050, 15120, 15240, 15510-15720)</u>			

*42140 Uvulectomy: excision of uvula.....	*0.6	0	3.0
42150 Removal exostosis bony palate.....	BR		3.0
42160 Destruction of lesion, palate or uvula (thermal, cryo or chemical).....	BR		3.0

REPAIR

42180 Repair laceration of palate; up to 2 cm	BR		
42182 over 2 cm or complex.....	BR		
42200 Palatoplasty for cleft palate, soft and/or hard palate only.....	16.0	90	6.0
42205 Palatoplasty for cleft palate, with closure of alveolar ridge; soft tissue only..	20.0	90	6.0
42210 with bone graft to alveolar ridge..	22.0	90	6.0
<u>(For obtaining bone graft by second surgeon, see WAC 296-22-010, item 5c and modifier -64)</u>			
42215 Palatoplasty for cleft palate; major revision.....	16.0	90	6.0
42220 secondary lengthening procedure....	17.0	90	6.0
42225 attachment pharyngeal flap.....	17.0	90	6.0

	Unit Value	Follow-up Days=	Basic Anes@
42226 <u>Lengthening of palate, and pharyngeal flap</u> .....	BR	90	6.0
42227 <u>Lengthening of palate, with island flap</u> .....	BR	90	6.0
42235 <u>Repair anterior palate, including vomer flap</u> .....	16.0	90	6.0
42250 <u>Repair orotracheal or oronasal fistula, up to 1 cm</u> .....	BR		4.0
(For repair of larger defect, see 42215)			
42260 <u>Repair nasolabial fistula</u> .....	BR		4.0
42280 <u>Maxillary impression for palatal prosthesis</u> .....	BR		4.0
42281 <u>Insertion of pin-retained palatal prosthesis</u> .....	BR		4.0
(For repair cleft lip, see 40700 et seq.)			

OTHER PROCEDURES

42299 <u>Unlisted procedure, palate, uvula</u> .....	BR		4.0
(((For secondary minor revision, see 43000-43006)))			

Suture

(For suture of palate injury, see 43000-43009))

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-165 SALIVARY GLANDS AND DUCTS.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*42300 <u>Drainage abscess; parotid, simple</u> .....	*1.4	0	3.0
42305 <u>parotid, complicated</u> .....	BR+		3.0
*42310 <u>submaxillary or sublingual, intraoral</u> ..	*1.0	0	3.0
42320 <u>submaxillary, external</u> .....	3.0	0	3.0
42325 <u>Fistulization sublingual salivary cyst (ranula);</u> .....	BR		3.0
42326 <u>with prosthesis</u> .....	BR		
*42330 <u>Sialolithotomy; submandibular (submaxillary), sublingual, or parotid, uncomplicated, intraoral</u> .....	*0.6	0	3.0
42335 <u>submandibular (submaxillary) or sublingual, complicated</u> .....	2.4	30	3.0
42340 <u>parotid, extraoral or complicated intraoral</u> .....	6.0	30	3.0

EXCISION

*42400 <u>Biopsy salivary gland; needle</u> .....	*0.8	0	3.0
42405 <u>incisional</u> .....	2.0	30	3.0
42408 <u>Excision sublingual salivary cyst (ranula)</u> .....	BR		3.0
42409 <u>Marsupialization sublingual salivary cyst (ranula)</u> .....	BR		3.0
(For fistulization of sublingual salivary cyst, see 42325)			
42410 <u>Excision of parotid tumor or parotid gland; lateral lobe, without nerve dissection</u> .....	6.0	60	3.0
42415 <u>lateral lobe, with dissection and preservation of facial nerve</u> .....	14.5	60	3.0
42420 <u>total, with dissection and preservation of facial nerve</u> .....	18.0	60	3.0
42425 <u>total, en bloc removal with sacrifice of facial nerve</u> .....	12.0	60	3.0
42426 <u>total, with unilateral radical neck dissection</u> .....	25.0	60	3.0
42440 <u>Excision submandibular (submaxillary) gland</u> .....	10.0	60	3.0
42450 <u>Excision sublingual gland</u> .....	5.5	60	3.0

REPAIR

42500 <u>Plastic repair salivary duct, (sialodochoplasty); primary or simple</u> ..	7.0	60	3.0
42505 <u>secondary or complicated</u> .....	BR+		3.0
42507 <u>Parotid duct diversion, bilateral (Wilke type procedure);</u> .....	BR		3.0

42508 <u>with excision of one submandibular gland</u> .....	BR		3.0
42509 <u>with excision of both submandibular glands</u> .....	BR		3.0
42510 <u>with ligation of both submandibular (Wharton's) ducts</u> .....	BR		3.0

OTHER PROCEDURES

42550 <u>Injection procedure for sialography</u> .....	0.4	0	
42600 <u>Closure salivary fistula</u> .....	BR+		3.0
*42650 <u>Dilation salivary duct</u> .....	*0.3	0	3.0
42660* <u>Dilation and catheterization of salivary duct, with or without injection</u> .....	.5		3.0
42665 <u>Ligation salivary duct, intraoral</u> .....	BR		3.0
42699 <u>Unlisted procedure, salivary glands or ducts</u> .....	BR		3.0

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-170 PHARYNX, ADENOIDS AND TONSILS.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*42700 <u>Incision and drainage abscess; peritonsillar</u> .....	*0.6	0	3.0
42720 <u>retropharyngeal or parapharyngeal, intraoral approach</u> .....	2.4	15	3.0
42725 <u>retropharyngeal or parapharyngeal, external approach</u> .....	((BR+)) BR		3.0

EXCISION

42800 <u>Biopsy; oropharynx</u> .....	0.8	7	3.0
42802 <u>hypopharynx</u> .....	1.4	7	3.0
42804 <u>nasopharynx, visible lesion, simple</u> ..	1.0	7	3.0
42806 <u>nasopharynx, survey for unknown primary lesion</u> .....	BR		3.0
(For laryngoscopic biopsy, see 31510, 31535, 31536)			
42808 <u>Excision of lesion of pharynx</u> .....	BR		3.0
42809 <u>Removal of foreign body from pharynx</u> ..	BR		3.0
42810 <u>Excision branchial cleft cyst or vestige; confined to skin and subcutaneous tissues</u> .....	4.0	30	3.0
42815 <u>extending beneath subcutaneous tissues</u> .....	10.0	30	3.0
42820 <u>Tonsillectomy and adenoidectomy; under age 12 years</u> .....	4.0	30	3.0
42821 <u>age 12 or over</u> .....	4.8	30	3.0
42825 <u>Tonsillectomy, primary or secondary; under age 12</u> .....	3.5	30	3.0
42826 <u>age 12 or over</u> .....	4.0	30	3.0
42830 <u>Adenoidectomy, primary; under age 12</u> ..	2.8	30	3.0
42831 <u>age 12 or over</u> .....	3.0	30	3.0
42835 <u>Adenoidectomy, secondary; under age 12</u> .....	2.8	30	3.0
42836 <u>age 12 or over</u> .....	3.0	30	3.0
42842 <u>Radical resection of tonsil, tonsillar pillars, and/or retromolar trigone; without closure</u> .....	BR		3.0
42844 <u>closure with local flap (eg, tongue, buccal)</u> .....	BR		3.0
42845 <u>closure with other flap</u> .....	BR		3.0
(For closure with other flap(s), use appropriate number for flap(s))			
(When combined with radical neck dissection, use also 38720, 38721)			
42860 <u>Excision of tonsil tags</u> .....	2.8	30	3.0
42870 <u>Excision lingual tonsil (separate procedure)</u> .....	4.8	30	3.0
42880 <u>Excision of nasopharyngeal lesion (e.g., fibroma)</u> .....	((BR+)) BR		3.0
(For excision and repair of hypopharyngeal diverticulum, cervical			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
approach, see 43130; for endoscopic approach, see 43225)				43110			
42890 Limited pharyngectomy; without radical neck dissection	BR		3.0	43111	30.0	90	12.0
<del>((42895 with radical neck dissection</del>	<del>BR))</del>			43115	35.0	90	12.0
(42895 Limited pharyngectomy with radical neck dissection has been deleted. To report, use also 38720 or 38721 with 42890)				43120	40.0	90	12.0
42892 Resection of lateral pharyngeal wall or pyriform sinus, direct closure by advancement of lateral and posterior pharyngeal walls	BR		3.0	43130	29.0	90	12.0
(When combined with radical neck dissection, use also 38720, 38721)				43135	14.0	90	6.0
42894 Resection of pharyngeal wall requiring closure with myocutaneous flap	BR		3.0	43136	20.0	90	12.0
(When combined with radical neck dissection, use also 38720, 39721)					BR		6.0
<b>REPAIR</b>				<b>ENDOSCOPY</b>			
42900 Suture pharynx for wound or injury	<del>BR</del>		3.0	43200	4.0	15	3.0
42950 Pharyngoplasty (plastic or reconstructive operation on pharynx)	<del>BR</del>		3.0	43202			
(For pharyngeal flap, see 42225)				43204	4.8	15	3.0
42953 Pharyngoesophageal repair	BR		3.0	43215	5.0	15	3.0
(For closure with myocutaneous or other flap, use appropriate number in addition)					6.0	15	3.0
<b>OTHER PROCEDURES</b>				<b>ESOPHAGUS</b>			
42955 Pharyngostomy (fistulization of pharynx, external for feeding)	BR		4.0	43217	6.0	15	3.0
42960 Control oropharyngeal hemorrhage (primary or secondary, eg, posttonsillectomy); simple	1.0	0	4.0	<del>((43218 with irrigation</del>	<del>5.0</del>	<del>15</del>	<del>3.0)</del>
42961 complicated, requiring hospitalization	BR		4.0	(43218 Esophagoscopy with irrigation has been deleted. To report, use 43499)			
42962 with secondary surgical intervention	BR		4.0	43219	4.8	15	3.0
42970 Control of nasopharyngeal hemorrhage (primary or secondary, eg, postadenoidectomy); simple, with posterior nasal packs, with or without anterior packs and/or cauterization	2.0	0	4.0	43220	4.8	15	3.0
42971 complicated, requiring hospitalization	BR		4.0	(For dilation, without visualization, see 43450-43456)			
42972 with secondary surgical intervention	BR		4.0	(43221 has been deleted. To report, use 43200 or 43235)			
42999 Unlisted procedure, pharynx, adenoids, or tonsils	BR		4.0	(43222 has been deleted. To report, use 43202 or 43239)			
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>				<b>ESOPHAGUS</b>			
<b>WAC 296-22-180 ESOPHAGUS.</b>				<b>ESOPHAGUS</b>			
	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>				<b>ESOPHAGUS</b>			
43000 Esophagotomy, cervical approach; without removal foreign body	14.0	90	6.0	43226	4.0	15	3.0
43020 with removal of foreign body	14.0	90	6.0	43227	5.0	15	3.0
43030 Cricopharyngeal myotomy	14.0	90	6.0	43228	5.0	15	3.0
43040 Esophagotomy, thoracic approach; without removal of foreign body	19.0	90	12.0	(For gastroscopy, without esophagoscopy, see 43700-43714)			
43045 with removal foreign body	19.0	90	12.0	43234	BR		3.0
<b>EXCISION</b>				<b>ESOPHAGUS</b>			
43100 Excision of local lesion, esophagus, with primary repair; cervical approach	19.0	90	12.0	43235	5.0	15	3.0
43101 thoracic approach	20.0	90	12.0	43239	4.0	15	3.0
43105 Wide excision of malignant lesion of cervical esophagus, with or without laryngectomy	BR		12.0	43245	BR		3.0
43106 with radical neck dissection (Wookey type procedure)	BR		12.0	43246	BR		3.0
				43247	5.0	15	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
43251				43420			
43255	6.0	15	3.0	Closure esophagostomy or fistula; cervical approach	14.0	90	6.0
43258				43425	26.0	90	12.0
43260	5.0	15	3.0	thoracic approach			
43262	5.0	15	3.0	(For repair of esophageal hiatal hernia, see 39500 et seq.)			
43263	6.0	15	3.0	<b>MANIPULATION</b>			
43264	8.7	15	3.0	*43450			
43267	7.0	15	3.0	Dilation esophagus, by unguided sound(s) or bougie(s) indirect; initial session	*0.6	0	3.0
43268	BR		3.0	*43451	*0.6	0	3.0
43271	BR		3.0	43453	3.0	15	3.0
43272	BR		3.0	Dilation esophagus, over guide wire or string			
REPAIR				(For dilation with direct visualization, see 43220)			
43300				43455	4.0	15	3.0
43305	22.0	90	6.0	or Stark dilator;	BR		3.0
43310	30.0	90	12.0	43456	BR		3.0
43312	26.0	90	12.0	retrograde			
43320	22.0	90	6.0	43460	Sv. &		3.0
43321	22.0	90	11.0	Esophagogastric tamponade, with balloon (Sengstaaken type)	BR		3.0
43324	BR		6.0	43499	BR		3.0
43325	BR		6.0	Unlisted procedure, esophagus			
43330	19.0	90	6.0	<b>AMENDATORY SECTION</b> (Amending Order 83-23, filed 8/2/83)			
43331	19.0	90	11.0	WAC 296-22-190 STOMACH.			
43340	24.0	90	6.0	Unit Value	Follow-up Days=	Basic Anes@	
43341	24.0	90	11.0	43500	12.0	45	5.0
43350	14.0	90	6.0	43510	BR		5.0
43351	14.0	90	11.0	43520	10.0	45	6.0
43352	14.0	90	14.0	<b>EXCISION</b>			
SUTURE				43600	3.0	0	
43400	20.0	90	12.0	Biopsy of stomach; by capsule, tube, peroral (one or more specimens)	12.0	45	5.0
43410	BR		7.0	43605	12.0	45	5.0
43415	19.0	90	12.0	43610	14.5	45	6.0
				43620	28.0	90	7.0
				Gastrectomy, total; including intestinal anastomosis	34.0	90	7.0
				43625	19.0	60	6.0
				with repair by intestinal transplant	21.0	60	6.0
				43630	19.0	60	6.0
				Hemigastrectomy or distal subtotal gastrectomy including pyloroplasty, gastroduodenostomy or gastrojejunostomy; without vagotomy	17.0	60	6.0
				43635			
				with vagotomy, any type			
				43638			
				Hemigastrectomy or proximal subtotal gastrectomy, thoracic or abdominal approach			
				43640			
				Vagotomy and pyloroplasty, with or without gastrectomy			
				(For pyloroplasty, see 43800)			
				(For vagotomy, see 64752-64760)			
				<b>ENDOSCOPY</b>			
				(For upper gastrointestinal endoscopy, see ((43235-43264)) 43234-43258)			
				(43700 has been deleted. To report, use 43235)			
				(43702 has been deleted. To report, use 43239)			
				(43709 has been deleted. To report, use 43247)			
				(43711 has been deleted. To report, use 43251)			
				(43712 has been deleted. To report, use 43255)			
				(43714 has been deleted. To report, use 43258)			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@	
(For esophagogastroduodenoscopy, see 43235-43264)				44110	Excision of one or more lesions of small or large bowel not requiring anastomosis, exteriorization, or fistulization; single enterotomy	16.0	60	4.0
<b>INTRODUCTION</b>				44111	multiple enterotomies <del>((BR+))</del>	BR		4.0
*43760	Change of gastrostomy tube; simple	BR	5.0	44115	Excision colonic diverticulum	BR		
*43765	complicated	BR	5.0	44120	Enterectomy, resection of small intestine; with anastomosis	17.0	60	6.0
<b>SUTURE</b>				44125	with double-barrel enterostomy	14.0	60	6.0
43800	Pyloroplasty	13.0	45	44130	Enterointerostomy, anastomosis of intestine; (separate procedure)	14.5	90	5.0
(For pyloroplasty and vagotomy, see 43640)				44131	intestinal bypass for morbid obesity <u>noncovered procedure</u>			
43810	Gastroduodenostomy	14.0	45	44140	Colectomy, partial; with anastomosis	18.0	90	5.0
43820	Gastrojejunostomy	14.0	45	44141	with skin level cecostomy or colostomy	20.0	90	6.0
43825	with vagotomy any type	18.0	45	44143	with end colostomy and closure of distal segment (Hartmann type procedure)	18.0	90	6.0
43830	Gastrostomy, temporary (tube, rubber, or plastic) (separate procedure);	13.0	45	44144	with resection, with colostomy or ileostomy and creation of mucofistula	18.0	90	6.0
43831	neonatal, for feeding	8.0	30	44145	with coloproctostomy (low pelvic anastomosis)	24.0	90	6.0
(For change of gastrostomy tube, see 43760-43765)				44146	with coloproctostomy (low pelvic anastomosis) with colostomy	26.0	90	6.0
43832	Gastrostomy, permanent, with construction of gastric tube	16.0	45	44150	Colectomy, total, abdominal, with ileostomy or ileoproctostomy; with proctectomy	26.0	90	6.0
43834	Gastrostomy endoscopic percutaneous	BR	5.0	44155	with proctectomy and ileostomy	30.0	90	6.0
43840	Gastrorrrhaphy, suture of perforated duodenal or gastric ulcer, wound, or injury	13.0	45	44160	Colectomy with removal of terminal ileum and ileocolostomy	30.0	90	6.0
43844	Gastric bypass for morbid obesity <u>noncovered procedure</u>			<b>ENTEROSTOMY—EXTERNAL FISTULIZATION OF INTESTINES (SEPARATE PROCEDURE)</b>				
43845	Gastric stapling for morbid obesity <u>noncovered procedure</u>			44300	Enterostomy, tube, or cecostomy	8.5	90	4.0
43846	Gastric bypass with Roux-en-Y gastroenterostomy for morbid obesity <u>noncovered procedure</u>			44305	in conjunction with other procedures	2.0	90	
43850	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction, without vagotomy	20.0	60	44308	Enterostomy, suture of one wall of intestine to abdominal wall, small or large intestine	10.0	90	5.0
43855	with vagotomy	23.0	60	44310	Ileostomy	14.5	90	4.0
43860	Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction; without vagotomy	20.0	60	44312	Revision of ileostomy; simple (release of superficial scar)	BR		4.0
43865	with vagotomy	23.0	60	44314	complicated (reconstruction in depth)	BR		4.0
43870	Closure of gastrostomy, surgical	12.0	45	44316	Continent ileostomy (Koch procedure)	BR		4.0
43880	Closure of gastrocolic fistula <del>((BR+))</del>			(For fiberoptic evaluation, see 44385)				
43885	Anterior gastropexy for hiatal hernia (separate procedure)	BR	5.0	44320	Colostomy or skin level cecostomy (separate procedure)	12.0	90	4.0
43999	Unlisted procedure, stomach	BR	5.0	44340	Revision of colostomy, simple (release of superficial scar)	1.2	90	
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>				44345	complicated (reconstruction in depth)	6.0	60	4.0
<b>WAC 296-22-195 INTESTINES (EXCEPT RECTUM).</b>				<b>ENDOSCOPY, SMALL BOWEL AND STOMAL</b>				
		Unit Value	Follow-up Days=					
<b>INCISION</b>				(For upper gastrointestinal endoscopy, see ((43235-43264)) 43234-43258)				
44000	Enterolysis (freeing of intestinal adhesion); (separate procedure)	10.0	45	44360	Small intestinal endoscopy, enteroscopy beyond second portion of duodenum; diagnostic	3.0	7	3.0
(For incidental enterolysis, see WAC 296-22-010, item 7b)				44361	((with)) for biopsy and/or collection of specimen by brushing or washing for cytology	2.0	7	3.0
44005	with acute bowel obstruction	14.5	90	44363	with removal of foreign body	BR	7	3.0
44010	Duodenotomy	14.5	60	44364	with removal of polyps	3.0	7	3.0
44015	Needle catheter jejunostomy for enteral ((hyperalimentation)) hyperalimentation (list separately in addition to primary procedure)	BR	4.0	44366	for control of hemorrhage (eg, electrocoagulation, laser photocoagulation)	BR		3.0
44020	Enterotomy with exploration or foreign body removal; small bowel, other than duodenum	14.5	60	44369	((with fulguration-of)) for ablation of tumor or mucosal lesion (eg, laser)	2.0	7	3.0
44025	large bowel	15.0	60	(44375 has been deleted. To report, use 43235)				
44040	Exteriorization of intestine (Mikulicz resection with crushing of spur)	18.0	60	44380	Fiberoptic ileoscopy through stoma; ...	4.0	7	3.0
44050	Reduction of volvulus, intussusception, internal hernia, by laparotomy	14.0	90	44382	with biopsy and/or collection of specimen ((for cytology)) by brushing or washing	3.0	7	3.0
44060	Sigmoid myotomy (Reilly type operation) for diverticular disease	BR	90	44385	Fiberoptic evaluation of ((Koch)) small intestinal (kock) or pelvic pouch;	3.0	7	3.0
<b>EXCISION</b>								
44100	Biopsy of intestine by capsule, tube, peroral (one or more specimens)	3.0	0					

	Unit Value	Follow-up Days=	Basic Anes@
44386 for biopsy and/or collection of specimen by brushing or washing . . . . .	<u>BR</u>		<u>3.0</u>
44388 Fiberoptic colonoscopy through colostomy . . . . .	3.0	7	3.0
44389 with biopsy and/or collection of specimen ((for cytology)) by brushing or washing . . . . .	2.5		3.0
44390 with removal of foreign body . . . . .	3.5		3.0
44391 ((with)) for control of hemorrhage (eg, electrocoagulation, laser photocoagulation) . . . . .	3.5		3.0
44392 with removal of polypoid lesion(s) . . . . .	3.5		3.0
44393 for ablation of tumor or mucosal lesion (eg, laser) . . . . .	<u>BR</u>		<u>3.0</u>

(For colonoscopy per rectum, see 45360-45386)

REPAIR

44400 Cecopexy, fixation of cecum to abdominal wall . . . . .	12.0	90	4.0
44405 Sigmoidopexy, fixation of sigmoid colon to abdominal wall . . . . .	12.0	90	4.0

SUTURE

44600 Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, diverticulum, wound, injury or rupture; single . . . . .	14.0	45	7.0
44605 with colostomy . . . . .	16.0	90	7.0
44610 multiple . . . . . ((BR+))	<u>BR</u>		7.0
44620 Closure of enterostomy, large or small intestine; . . . . .	10.0	90	5.0
44625 with resection and anastomosis . . . . .	14.0	90	6.0
44640 Closure of intestinal cutaneous fistula ((BR+)) . . . . .	<u>BR</u>		4.0
44650 Closure of enteroenteric or enterocolic fistula . . . . .	14.0	90	5.0
44660 Closure of enterovesical fistula; without intestinal or bladder resection . . . . .	14.0	90	5.0

(For closure of renocolic fistula, see 50525, 50526)

44661 with bowel and/or bladder resection . . . . .	<u>BR</u>		<u>5.0</u>
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(For closure of gastrocolic fistula, see 43880)  
(For closure of rectovesical fistula, see 45800-45805)

44680 Intestinal plication, complete (Noble type operation) (separate procedure) . . . . .	20.0	90	6.0
44799 Unlisted procedure, intestine . . . . .	<u>BR</u>		<u>5.0</u>

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-200 MECKEL'S DIVERTICULUM AND THE MESENTERY.

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
44800 Excision of Meckel's diverticulum (diverticulectomy) or omphalomesenteric duct . . . . .	10.0	45	4.0
44820 Excision of lesion of mesentery (separate procedure) (with bowel resection, see 44120 or 44140 et seq.) . . . . .	<u>BR</u>		4.0
<b>SUTURE</b>			
44850 Suture of mesentery (separate procedure) . . . . .	13.0	45	4.0

(For reduction and repair of internal hernia, see 44050)

44899 Unlisted procedure, Meckel's diverticulum and the mesentery . . . . .	<u>BR</u>		<u>4.0</u>
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AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-205 APPENDIX.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
44900 Incision and drainage of appendiceal abscess, transabdominal . . . . .	7.0	45	4.0
<b>EXCISION</b>			
44950 Appendectomy; . . . . .	9.5	45	4.0

(For incidental appendectomy, see WAC 296-22-010, item 7b and modifier -52)

44955 when done for indicated purpose at time of other major procedure (not as separate procedure) . . . . .	6.0	45	4.0
44960 for ruptured appendix with abscess or generalized peritonitis . . . . .	<u>BR</u>		<u>4.0</u>

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-210 RECTUM.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
45000 Transrectal drainage of pelvic abscess . . . . .	3.0	15	3.0
45005 Incision and drainage of submucous abscess, rectum . . . . .	4.5	30	3.0
45020 Incision and drainage of deep supralelevator, pelvicorectal or retrorectal abscess (see also 46050, 46060) . . . . .	4.8	30	3.0
<b>EXCISION</b>			
45100 Biopsy of anorectal wall, anal approach (e.g., congenital megacolon); incisional . . . . .	4.0	15	3.0
45105 full thickness . . . . .	6.0	30	3.0

(For endoscopic biopsy, see 45305)

45108 Anorectal myectomy . . . . .	<u>BR</u>		<u>3.0</u>
45110 Proctectomy; complete, combined abdominoperineal, with colostomy, one or two stages . . . . .	26.0	90	7.0
45111 partial resection of rectum . . . . .	24.0	90	7.0
45112 Proctectomy, combined abdominoperineal, pull-through procedure, one or two stages . . . . .	28.0	90	7.0
45114 Proctectomy, partial, with anastomosis; abdominal and transacral approach, one or two stages . . . . .	30.0	90	7.0
45116 transacral approach only (Kraske type) . . . . .	28.0	90	7.0
45120 Proctectomy, complete, for congenital megacolon (Swenson Duhamel, or Soave type operation) . . . . .	26.0	90	7.0
45130 Excision of rectal procidentia, with anastomosis; perineal approach . . . . .	14.5	90	4.0
45135 abdominal and perineal approach . . . . .	26.0	90	6.0
45150 Division of stricture of rectum . . . . . ((BR+))	<u>BR</u>		3.0
45160 Excision of rectal tumor by proctotomy, transacral or transcoccygeal approach . . . . .	19.0	90	3.0
45170 Excision of rectal tumor, simple, transanal approach . . . . . ((BR+))	<u>BR</u>		3.0
45180 Excision and/or electrodesiccation of malignant tumor of rectum, transanal approach; palliative . . . . .	<u>BR</u>		<u>3.0</u>
45181 therapeutic . . . . .	<u>BR</u>		<u>3.0</u>
<b>ENDOSCOPY</b>			
45300 Proctosigmoidoscopy; diagnostic (separate procedures) . . . . .	0.6	0	3.0
45302 ((with)) for collection of specimen by brushing or washing for cytology . . . . .	1.0	7	3.0
45303 ((with)) for dilation, direct, instrumental . . . . .	1.5	7	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
45305 ((with)) for biopsy.....	1.2	7	3.0	(For repair of rectocele with posterior colporrhaphy, see 57250)			
45307 ((with)) for removal of foreign body	1.0	7	3.0				
45310 ((with)) for removal of polyp or papilloma .....	1.4	7	3.0	<b>SUTURE</b>			
45315 with removal of multiple excrescences, papillomata or polyps .	1.8	7	3.0	45800 Closure of rectovesical fistula; .....	20.0	90	5.0
45317 for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation).....	2.0	7	3.0	45805 with colostomy .....	22.0	90	5.0
((45319) with retrograde lavage (e.g., water pik).....	1.8	7	3.0)	45820 Closure of rectourethral fistula .....	20.0	90	3.0
(45319 Endoscopic retrograde lavage has been deleted. To report, use 45999)				45825 with colostomy .....	22.0	90	4.0
45321 for decompression of volvulus .....	BR		3.0	(For rectovaginal fistula closure, see 57300-57308)			
(45325 colonoscopy has been renumbered 45355 without change in terminology)				<b>MANIPULATION</b>			
45330 Sigmoidoscopy, flexible fiberoptic; diagnostic	0.8	15	3.0	*45900 Reduction of procidentia (separate procedure) under anesthesia .....	*0.6	0	3.0
45331 ((with)) for biopsy and/or collection of specimen by brushing or washing .	1.4	15	3.0	45905* Dilation of anal sphincter (separate procedure) under anesthesia other than local .....	BR		3.0
45332 ((with)) for removal of foreign body	1.4	15	3.0	45910 Dilation of rectal stricture (separate procedure) under anesthesia other than local .....	BR		3.0
45333 with removal of polyp(s) .....	1.8	15	3.0	45915* Removal of fecal impaction or foreign body (separate procedure) under anesthesia .....	BR		3.0
45334 for control of hemorrhage (e.g., electrocoagulation, laser photocoagulation).....	BR			45999 Unlisted procedure, rectum .....	BR		3.0
45336 for ablation of tumor or mucosal lesion (e.g., laser) .....	BR		3.0	<b>AMENDATORY SECTION</b> (Amending Order 80-25, filed 12/3/80, effective 3/1/81)			
45355 Colonoscopy, with standard sigmoidoscope, transabdominal via colotomy, single or multiple .....	3.0	7	3.0	WAC 296-22-215 ANUS.			
45360 Colonoscopy, fiberoptic, beyond 25 cm to splenic flexure; diagnostic procedure	5.0	7	3.0				
45365 ((with)) for biopsy and/or collection of specimen ((for cytology)) by brushing or washing .	4.0	7	3.0	<b>INCISION</b>			
45367 with removal of foreign body .....	5.0	7	3.0	*46000 Fistulotomy, subcutaneous .....	*0.6	0	3.0
45368 ((with)) for control of hemorrhage (e.g., electrocoagulation) .....	6.0	7	3.0	(For fistulectomy, see 46060, 46270-46285)			
45369 for ablation of tumor or mucosal lesion (e.g., laser) .....	BR		3.0	*46030 Removal of seton, other marker .....	*0.6	0	
45370 with removal of polypoid lesion(s) ..	6.0	7	3.0	46032 Undercutting for pruritus ani (modified Ball operation) .....	1.0	0	3.0
((45371) with retrograde lavage (e.g., water pik).....	4.0	7	3.0)	46040 Incision and drainage of ischiorectal and/or perirectal abscess (separate procedure) .....	2.4	15	3.0
(45371 Colonoscopic retrograde lavage has been deleted. To report, use 44799)				46045 Incision and drainage of intramural, intramuscular or submucosal abscess, transanal, under anesthesia .....	2.4	15	3.0
45372 for decompression of volvulus .....	BR		3.0	*46050 Incision and drainage, perianal abscess, superficial (see also 45020, 46060) .....	*0.48	0	3.0
45378 Colonoscopy, fiberoptic, beyond splenic flexure; diagnostic procedure .....	6.0	7	3.0	46060 Incision and drainage of ischiorectal or intramural abscess with fistulectomy, submuscular (see also 45020) .....	9.5	90	3.0
45379 with removal of foreign body .....	7.0	7	3.0	46070 Incision, anal septum (infant) .....	1.2	0	3.0
45380 with biopsy and/or collection of specimen for cytology .....	6.0	7	3.0	(For anoplasty, see 46700-46705)			
45382 for control of hemorrhage .....	7.0	7	3.0	*46080 Sphincterotomy, anal, division of anal sphincter (separate procedure) .....	*1.2	0	3.0
45383 for ablation of tumor or mucosal lesion (e.g., laser) .....	BR		3.0	46083 Incision of thrombosed hemorrhoid, external .....	BR		3.0
45385 ((with)) for removal of polypoid lesion(s) .....	7.0	7	3.0	<b>EXCISION</b>			
((45386) with retrograde lavage (e.g., water pik).....	5.0	7	3.0)	46200 Fissurectomy, with or without sphincterotomy .....	4.8	90	3.0
(45386 Colonoscopic retrograde lavage has been deleted. To report, use 44799)				46210 Cryptectomy, single .....	1.4	30	3.0
(For small bowel and stomal endoscopy, see 44360-((44388))44393)				46211 multiple, (separate procedure) .....	7.0	90	3.0
<b>REPAIR</b>				46220 Papillectomy or excision of single tab, anus (separate procedure) .....	0.6	15	3.0
45500 Proctoplasty, for stenosis .....	10.0	90	3.0	46221 Hemorrhoidectomy, by simple ligature (rubber band) .....	BR		3.0
45505 for prolapse of mucous membrane ..	11.0	90	3.0	46230 Excision of external hemorrhoid tags and/or multiple papillae, office .....	1.2	15	3.0
45520 Perirectal injection of sclerosing solution for prolapse; office .....	1.0	0		46250 Hemorrhoidectomy, external, complete	4.8	90	3.0
45521 hospital .....	4.0	30	3.0	46255 Hemorrhoidectomy, internal and external, simple; .....	7.0	90	3.0
45540 Proctopexy for prolapse, abdominal approach .....	18.0	90	4.0	46257 with fissurectomy .....	BR		3.0
45541 perineal approach .....	18.0	90	3.0	46258 with fistulectomy, with or without fissurectomy .....	BR		3.0
45550 proctopexy combined with sigmoid resection, abdominal approach .....	22.0	90	5.0	46260 Hemorrhoidectomy, internal and external, complex or extensive; .....	10.0	90	3.0
45560 Repair of rectocele (separate procedure) .....	24.0	90	5.0	46261 with fissurectomy .....	BR		3.0
				46262 with fistulectomy, with or without fissurectomy .....	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@	
46270	Fistulectomy; subcutaneous	2.4	30	3.0
46275	submuscular	9.5	90	3.0
46280	complex or multiple	BR+		3.0
46285	second stage	2.0	30	3.0
*46320	Enucleation or excision of external thrombotic hemorrhoid	*0.72	0	3.0

INTRODUCTION

*46500	Injection of sclerosing solution, hemorrhoids or mucosal prolapse	*0.4	0	3.0
46510*	Perianal injection of alcohol or other solution for pruritus ani	BR		3.0
46530	Dilation of anus and lower rectum under anesthesia for hemorrhoids (Lord procedure)	BR		3.0

ENDOSCOPY

*46600	Anoscopy; diagnostic (separate procedure)	*0.32	0	3.0
46602	((with)) for collection of specimen by brushing or washing for cytology	0.5	0	3.0
46604	((with)) for dilation, direct, instrumental	0.7	0	3.0
46606	((with)) for biopsy	1.0	0	3.0
46608	((with)) for removal of foreign body	1.5	0	3.0
46610	((with)) for removal of polyp	1.5	0	3.0
46612	((with)) for multiple polyp removal	BR		3.0
46614	for control of hemorrhage	BR		3.0

REPAIR

46700	Anoplasty, plastic operation for stricture; adult	9.0	90	3.0
46705	infant	10.0	30	4.0
(For simple incision of anal septum, see 46070)				
46715	Repair of congenital anovaginal fistula ("cut-back" type procedure)	12.0	90	4.0
46716	Perineal transplant of anovaginal fistula	14.0	90	4.0
46730	Construction of anus for congenital absence; perineal or sacrococcygeal approach	16.0	90	5.0
46735	combined abdominal and perineal approach	20.0	90	7.0
46740	Construction of anus for congenital absence, with repair of urinary fistula	22.0	90	7.0
46750	Sphincteroplasty, anal, for incontinence, or prolapse; adult	10.0	90	3.0
46751	child	12.0	90	4.0
46753	Graft (Thiersch operation) for rectal incontinence and/or prolapse	BR		4.0
46754	Removal of Thiersch wire or suture	BR		4.0
46760	Sphincteroplasty, anal, for incontinence, adult, muscle transplant	((BR+))		4.0

DESTRUCTION

*46900	Chemosurgery of condylomata, anal, multiple, simple	*0.48	0	
*46910	((Electrodesiccation)) Electrodesiccation of condylomata, anal, multiple, simple	*0.8	0	3.0
*46920	Excision and ((electrodesiccation)) electrodesiccation of condylomata, anal; simple	*1.0	0	3.0
46930	extensive	((BR+))		3.0
46932*	Cryosurgery of condylomata, anal; simple	BR		
46933	extensive	BR		
46934	Cryosurgery of hemorrhoids; internal	BR		
46935	external	BR		
46936	internal and external	BR		
46937	Cryosurgery of rectal tumor; benign	BR		
46938	malignant	BR		3.0
46940	Curettage or cauterization of anal fissure, including dilation of anal sphincter (separate procedure); initial	BR		3.0
46942	subsequent	BR		

SUTURE

46945	Ligation of internal hemorrhoids; single procedure	BR		3.0
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46946	multiple procedures	BR		3.0
OTHER PROCEDURES				
46999	Unlisted procedure, anus	BR		3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-220 LIVER.

	Unit Value	Follow-up Days=	Basic Anes@
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INCISION

*47000	Biopsy of liver, percutaneous needle	*1.4	0	3.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)				
47010	Hepatotomy for drainage of abscess or cyst, one or two stages	BR		3.0

EXCISION

47100	Biopsy of liver, wedge (separate procedure)	10.0	45	4.0
47120	Hepatectomy, resection of liver; partial lobectomy	19.0	45	10.0
47125	total left lobectomy	((BR+))		13.0
47130	total right lobectomy	((BR+))		13.0
47135	total, with transplant	((BR+))		15.0

REPAIR

47300	Marsupialization of cyst or abscess of liver	14.5	60	6.0
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SUTURE

47350	Hepatorrhaphy, suture of liver wound or injury; simple	14.0	45	4.0
47355	with common duct or gallbladder drainage	18.0	45	7.0
47360	complex	((BR+))		9.0
47399	Unlisted procedure, liver	BR		3.0

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-22-225 BILIARY TRACT.

	Unit Value	Follow-up Days=	Basic Anes@
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INCISION

47400	Hepaticotomy or hepaticostomy with exploration, drainage, or removal of calculus	20.0	45	6.0
47420	Choledochotomy or choledochostomy with exploration, drainage, or removal of calculus, with or without cholecystotomy;	17.0	45	5.0
47425	with transduodenal sphincterotomy	19.0	45	6.0
47440	Duodenocholedochotomy, transduodenal choledocholithotomy	19.0	45	6.0
47460	Transduodenal sphincterotomy or ((sphincteroplasty)) sphincteroplasty (separate procedure)	19.0	45	6.0
47480	Cholecystotomy or cholecystostomy with exploration, drainage or removal of calculus (separate procedure)	12.0	45	5.0

INTRODUCTION

47500	Injection procedure for percutaneous transhepatic cholangiography	1.6	0	
47510	Introduction of percutaneous transhepatic catheter or stent for biliary drainage	BR		

ENDOSCOPY

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
47550 Biliary endoscopy, intraoperative (choledochoscopy) . . . . .	BR		5.0	(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)			
(Use 47550 with either 47420 or 47610)				48120 Excision of lesion of pancreas (e.g., cyst, adenoma) . . . . .	17.0	60	6.0
47552 Biliary endoscopy, percutaneous via T-tube or other tract; diagnostic . . . . .	BR		5.0	48140 Pancreatectomy, distal subtotal, with or without splenectomy; . . . . .	20.0	60	6.0
47553 for biopsy and/or collection of specimens by brushing or washing . . . . .	BR		5.0	48145 with pancreaticojejunostomy . . . . .	22.0	60	6.0
47554 for removal of stone(s) . . . . .	BR		5.0	48148 Excision of ampulla of Vater, simple . . . . .	BR		6.0
47555 for dilation of biliary duct stricture . . . . .	BR		5.0	48150 Pancreatectomy, proximal subtotal, with ((pancreaticojejunostomy)) pancreaticojejunostomy or pancreaticoduodenostomy (Whipple type operation) . . . . .	34.0	60	6.0
(For peroral biliary endoscopic procedure see 43260-43272)				48151 Pancreatectomy, near-total, with preservation of duodenum (Child type procedure) . . . . .	BR		6.0
<b>EXCISION</b>				48155 Pancreatectomy, total; . . . . .	34.0	60	6.0
47600 Cholecystectomy; . . . . .	14.5	45	5.0	48160 with transplantation . . . . . ((BR+))	BR		6.0
47605 with cholangiography . . . . .	15.0	45	5.0	48180 Pancreaticojejunostomy side-to-side anastomosis, Puestow type operation, (separate procedure) . . . . .	24.0	60	6.0
47610 Cholecystectomy with exploration of common duct . . . . .	17.0	45	6.0	<b>ENDOSCOPY</b>			
((47611 with biliary endoscopy BR))				(For peroral pancreatic endoscopic procedures see 43260-43272)			
(47611 has been deleted. To report, use 47610 with 47550)				<b>REPAIR</b>			
47620 with transduodenal sphincterotomy or sphinteropalsty, with or without cholangiography . . . . .	20.0	45	6.0	48500 Marsupialization of cyst of pancreas . . . . .	14.5	60	6.0
47630 Biliary duct stone extraction, percutaneous via t-tube tract (e.g., Burhenne technique) . . . . .	BR		5.0	48520 Internal anastomosis of pancreatic cyst to gastrointestinal tract; direct . . . . .	17.0	60	6.0
(For fluoroscopic procedure, see 74327)				48540 Roux-en-y . . . . .	19.0	60	6.0
47700 Exploration for congenital atresia of bile ducts, without repair, with or without liver biopsy, with or without cholangiography . . . . .	14.5	45	6.0	48999 Unlisted procedure, pancreas . . . . .	BR		6.0
<b>REPAIR</b>				<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			
47720 ((Cholecystoenterostomy)) Cholecystoenterostomy; direct . . . . .	14.5	60	5.0	WAC 296-22-235 ABDOMEN, PERITONEUM AND OMENTUM.			
47721 with gastroenterostomy . . . . .	16.0	60	6.0				
47740 Roux-en-y . . . . .	16.0	60	6.0				
47760 ((Anastomosis)) Anastomosis, direct, of extrahepatic biliary ducts and gastrointestinal tract . . . . .	20.0	90	6.0				
47765 Anastomosis, direct, of intrahepatic ducts and gastrointestinal tract . . . . . ((BR+))	BR		6.0				
47780 Anastomosis, Roux-en-y of extrahepatic biliary ducts and gastrointestinal tract . . . . .	22.0	90	6.0				
47800 Reconstruction, plastic, of extrahepatic biliary ducts with end-to-end anastomosis . . . . .	20.0	90	6.0				
47810 Implantation of biliary istulous tract into stomach or intestine . . . . .	BR		5.0				
<b>SUTURE</b>							
47850 Choledochorrhaphy . . . . .	BR		5.0				
47855 Cholecystorrhaphy . . . . .	BR		5.0				
47999 Unlisted procedure, biliary tract . . . . .	BR		5.0				
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>							
WAC 296-22-230 PANCREAS.							
	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>				<b>INCISION</b>			
48000 Drainage of abdomen for pancreatitis . . . . .	13.0	60	5.0	49000 Exploratory laparotomy, exploratory celiotomy (separate procedure) (see WAC 296-22-010, item 7b) . . . . .	10.0	45	4.0
48020 Removal of pancreatic calculus . . . . .	20.0	60	6.0	49002 Reopening of recent laparotomy incision for exploration; removal of hematoma, control of bleeding . . . . .	10.0	45	4.0
<b>EXCISION</b>				49010 Exploration, retroperitoneal area (separate procedure) . . . . .	10.0	45	5.0
48100 Biopsy of pancreas (separate procedure) . . . . .	14.0	60	5.0	49020 Drainage of peritoneal abscess or localized peritonitis, exclusive of appendiceal abscess, transabdominal . . . . .	11.0	45	4.0
48102 Biopsy of pancreas, needle, percutaneous . . . . .	2.5	7		(For appendiceal abscess, see 44900)			
				49040 Drainage of subdiaphragmatic or subphrenic abscess . . . . .	12.0	45	5.0
				49060 Drainage of retroperitoneal abscess . . . . .	11.0	45	5.0
				*49080 Peritoneocentesis, abdominal paracentesis; initial . . . . .	*0.8	0	
				*49081 subsequent . . . . .	*0.6	0	
				49085 Removal of peritoneal foreign body . . . . .	BR		3.0
				(For lysis of intestinal adhesions, see 44000)			
				<b>EXCISION</b>			
				49180 Biopsy, abdominal or retroperitoneal mass, needle, percutaneous . . . . .	2.5	7	
				(For CT guidance, see 76360, 76361, 76365, 76366; for ultrasonic guidance, see 76942, 76943)			
				49200 Excision of intra-abdominal or retroperitoneal tumors or cysts or endometriomas . . . . .	14.0	60	5.0
				49201 extensive . . . . .	BR		5.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
49220 Staging celiotomy (laparotomy) for Hodgkin's disease or lymphoma (includes splenectomy, needle or open biopsies of both liver lobes, possibly also removal of abdominal nodes, abdominal node and/or bone marrow biopsies, ovarian repositioning).....	BR	45	5.0	49580 Repair umbilical hernia; under age 5 years .....	7.0	45	3.0
<del>((49201 — extensive..... BR))</del>				49581 age 5 or over .....	8.5	45	3.0
49250 Umbilectomy, omphalectomy, excision of umbilicus (separate procedure) .....	BR		5.0	49590 Repair spigelian hernia .....	9.0	45	3.0
49255 Omentectomy, epiploectomy, resection of omentum (separate procedure) .....	BR		5.0	49600 Repair of omphalocele; small, with primary closure .....	9.5	45	6.0
<b>ENDOSCOPY</b>				49605 large or gastroschisis, with or without prosthesis .....	14.5	60	9.0
49300 Peritoneoscopy; without biopsy .....	4.0	15	3.0	49606 with staged closure of prosthesis, reduction in operating room, under anesthesia .....	BR		9.0
49301 with biopsy .....	6.0	10	5.0	49610 Repair of omphalocele (Gross type operation); first stage .....	12.0	60	8.0
49302 Peritoneoscopy with guided transhepatic cholangiography; without biopsy .....	7.0	10	5.0	49611 second stage .....	12.0	60	7.0
49303 with biopsy .....	8.0	10	5.0	(For diaphragmatic or hiatal hernia repair, see 39500-39531)			
(For sterilization by laparoscopic technique, see 58982)				49630 Reduction of torsion, omentum .....	BR		5.0
<b>INTRODUCTION</b>				49635 Omentopexy for establishing collateral circulation in portal obstruction .....	BR		5.0
*49400 Pneumoperitoneum; initial .....	*1.0	0	3.0	49640 Omentoplasty (omental flap reconstruction for transfer of omentum with intact blood supply to thorax, neck or axilla) .	BR		5.0
*49401 subsequent .....	*0.6	0	3.0	<b>SUTURE</b>			
*49420 Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary .....	*1.0	0	3.0	49900 Suture, secondary, of abdominal wall for evisceration or dehiscence .....	6.0	30	5.0
49421 permanent .....	BR		3.0	(For suture of ruptured diaphragm, see 39540-39541)			
49425 Peritoneal-venous shunt (e.g., LeVeen shunt) .....	BR		3.0	(For debridement of abdominal wall, see 11042, 11043)			
(For shunt patency test, see 78291)				49910 Suture of omentum, omentorrhaphy for wound or injury .....	BR		5.0
49430 Injection procedure for retroperitoneal pneumography .....	2.4	0		49999 Unlisted procedure, abdomen, peritoneum and omentum .....	BR		5.0
49440 Injection procedure for pelvic pneumography .....	0.8	0		<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			
<b>REPAIR</b>				<b>WAC 296-22-245 KIDNEY.</b>			
<b>HERNIOPLASTY, HERNIORRHAPHY, HERNIOTOMY</b>					Unit Value	Follow-up Days=	Basic Anes@
(For bilateral herniorrhaphy or with bowel resection, see WAC 296-22-010, item 7)				<b>INCISION</b>			
(For reduction and repair of intra-abdominal hernia, see 44050)				(For retroperitoneal exploration, abscess, tumor, or cyst, see 49010, 49060, 49200, 49201)			
(For debridement of abdominal wall, see 11042, 11043)				50010 Renal exploration, not necessitating other specific procedures .....	17.0	90	6.0
<u>(All codes for bilateral procedures in hernia repair have been deleted. To report, add modifier -50)</u>				50020 Drainage of perirenal or renal abscess (separate procedure) .....	14.0	90	5.0
49500 Repair inguinal hernia, under age 5 years, with or without hydrocelectomy; unilateral .....	7.0	45	3.0	50040 Nephrostomy, nephrotomy with drainage .....	20.0	90	5.0
<del>((49501 — bilateral .....</del>	<del>9.5</del>	<del>45</del>	<del>3.0</del>	50045 Nephrotomy, with exploration .....	20.0	90	5.0
49505 Repair inguinal hernia, age 5 or over; unilateral .....	9.0	45	3.0	(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)			
<del>((49506 — bilateral .....</del>	<del>12.0</del>	<del>45</del>	<del>3.0</del>	50060 Nephrolithotomy; removal of calculus .	20.0	90	5.0
49510 Repair of inguinal hernia, age 5 or over; unilateral, with orchietomy, with or without implantation of prosthesis .....	9.5	45	3.0	50065 secondary surgical operation for calculus .....	24.0	90	5.0
49515 with excision of hydrocele or spermatocele .....	9.5	45	3.0	50070 complicated by congenital kidney abnormality .....	24.0	90	5.0
49520 recurrent .....	10.0	45	3.0	50075 removal of large (staghorn(†)) calculus filling renal pelvis and calyces including anatomic pyelolithotomy)	26.0	90	5.0
49525 sliding .....	10.0	45	3.0	50080 Percutaneous nephrostolithotomy or pyelostolithotomy, with or without endoscopy, lithotripsy, stenting or basket extraction; up to 2 cm .....	BR		5.0
49530 incarcerated .....	12.0	45	3.0	50081 over 2 cm .....	BR		5.0
49535 strangulated .....	12.0	45	3.0	(For establishment of nephrostomy without nephrostolithotomy, see 50040, 50395 or 52334)			
49540 Repair lumbar hernia .....	10.0	45	3.0	50100 Transection or repositioning of aberrant renal vessels (separate procedure) .....	17.0	90	5.0
49550 Repair femoral hernia, groin incision; unilateral .....	9.0	45	3.0	50120 Pyelotomy; with exploration .....	20.0	90	5.0
<del>((49551 — bilateral .....</del>	<del>14.0</del>	<del>45</del>	<del>3.0</del>				
49552 Repair femoral hernia, Henry approach; unilateral .....	10.0	45	3.0				
<del>((49553 — bilateral .....</del>	<del>15.0</del>	<del>45</del>	<del>3.0</del>				
49555 Repair femoral hernia, recurrent, any approach .....	10.0	45	3.0				
49560 Repair ventral hernia (separate procedure); .....	11.0	45	3.0				
49565 recurrent .....	12.0	45	3.0				
49570 Repair epigastric hernia, properitoneal fat (separate procedure); simple .....	3.0	45	3.0				
49575 complex .....	7.0	45	3.0				

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(For renal endoscopy performed in conjunction with this procedure, see 50570-50580)				(For fine needle aspiration, preparation, and interpretation of smears, see 88170-88173)			
50125 with drainage, pyelostomy .....	20.0	90	5.0	50392 Introduction of intracatheter or catheter into renal pelvis for drainage and/or injection, percutaneous .....	2.5	7	
50130 with removal of calculus (pyelolithotomy, pelviolithotomy including coagulum pyelolithotomy) ..	20.0	90	5.0	(For fluoroscopic guidance see 76000; for ultrasonic guidance see 76938)			
50135 complicated (e.g., secondary operation, congenital kidney abnormality)	24.0	90	5.0	(For radiographic procedure, see 74475, 74476)			
<b>EXCISION</b>				<b>50393</b> Introduction of ureteral catheter or stent into ureter through renal pelvis for drainage and/or injection, percutaneous .....			
(For excision of retroperitoneal tumor or cyst, see 49200, 49201)				(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76938)			
*50200 Renal biopsy, percutaneous; by trocar or needle .....	2.4	7		(For radiographic procedure, see 74480, 74481)			
(For CT guidance, see 76360, 76361)				<b>50394</b> Injection procedure for pyelography (as nephrostogram, pyelostogram, antegrade pyeloureterograms) through nephrostomy or pyelostomy tube, or indwelling ureteral catheter (separate procedure) .....			
(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76942, 76943)				<b>50395</b> Introduction of guide into renal pelvis and/or ureter with dilation to establish nephrostomy tract, percutaneous .....			
(For five needle aspiration, preparation, and interpretation of smears, see 88170-88173)				<u>BR</u> <u>3.0</u>			
50205 by surgical exposure of kidney .....	8.0	30	5.0	(For nephrostolithotomy, see 50080, 50081)			
50220 Nephrectomy, including partial ureterectomy, any approach including rib resection: .....	20.0	90	5.0	(For retrograde percutaneous nephrostomy, use 52334)			
50225 complicated because of previous surgery on same kidney .....	24.0	90	5.0	(For endoscopic surgery, see 50551-51561)			
50230 radical, with regional lymphadenectomy .....	26.0	90	5.0	50396 Manometric studies through nephrostomy or pyelostomy tube, or indwelling ureteral catheter .....	.4	0	
50234 Nephrectomy with total ureterectomy and bladder cuff; through same incision .....	24.0	90	5.0	50398* Change of nephrostomy or pyelostomy tube .....	.3	0	
50236 through separate incision .....	24.0	90	5.0	<b>REPAIR</b>			
50240 Nephrectomy, partial .....	24.0	90	5.0	50400 Pyeloplasty; (Foley Y-pyeloplasty), plastic operation on renal pelvis, with or without plastic operation on ureter or nephropexy, nephrostomy, pyelostomy, or uretral splinting .....	22.0	90	5.0
50280 Excision or unroofing of cyst(s) of kidney .....	18.0	90	5.0	50405 complicated (congenital kidney abnormality, secondary pyeloplasty, solitary kidney calycolasty) .....	26.0	90	5.0
50290 Excision of perinephric cyst .....	18.0	90	5.0	<del>((50420 Nephropexy, fixation or suspension of kidney (separate procedure) .....</del>	<del>16.0</del>	<del>90</del>	<del>5.0)</del>
<b>RENAL TRANSPLANTATION</b>				<del>(50420 Nephropexy has been deleted)</del>			
(For dialysis, see 90941-90999)				<b>SUTURE</b>			
50300 Donor nephrectomy, with preparation and maintenance of homograft; from cadaver donor, unilateral or bilateral ..	BR+			50500 Nephrorrhaphy, suture of kidney wound or injury .....	20.0	90	8.0
50320 from living donor, unilateral .....	24.0	90	5.0	50520 Closure of nephrocuteaneous or pyelocutaneous fistula .....	20.0	90	5.0
50340 Recipient nephrectomy (separate procedure); unilateral .....	20.0	90	5.0	50525 Closure of nephrovisceral fistula e.g., including visceral repair abdominal approach .....	24.0	90	5.0
50341 bilateral .....	30.0	90	5.0	50526 thoracic approach .....	24.0	90	11.0
50360 Renal homotransplantation, implantation of graft; excluding donor and recipient nephrectomy .....	30.0	180	6.0	(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)			
50365 with unilateral recipient nephrectomy .....	50.0	180	6.0	50540 Symphysiotomy for horseshoe kidney with or without pyeloplasty and/or other plastic procedure, unilateral or bilateral (one operation) .....	28.0	90	5.0
50366 with bilateral recipient nephrectomy .....	50.0	180	6.0	<b>ENDOSCOPY</b>			
50370 Removal of transplanted homograft (e.g., infarcted or rejected kidney) .....	13.0	60	6.0	(For supplies and materials, use 99070)			
50380 Renal autotransplantation, reimplantation of kidney .....	30.0	120	6.0	(References to office and hospital have been deleted)			
(For extra-corporeal "bench" surgery, use autotransplantation as the primary procedure and add the secondary procedure e.g., partial nephrectomy, ((nephrolithotomy, etc.)) nephrolithotomy, and use the modifier -51)							
<b>INTRODUCTION</b>							
(For injection procedure for retroperitoneal pneumography, see 49430)							
*50390 Aspiration and/or injection of renal cyst or pelvis by needle, percutaneous ..	2.5	7					
(For CT guidance, see 76365, 76366)							
(For fluoroscopic guidance, see 76000; for ultrasonic guidance, see 76938, 76939)							

	Unit Value	Follow-up Days=	Basic Anes@
<del>((50550) Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service, hospital . . . . .</del>	<del>3.0</del>	<del>3</del>	<del>3.0))</del>
<u>(50550 has been deleted. To report use 50551)</u>			
50551 ((office)) Renal endoscopy through established nephrostomy or pyelostomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service . . . . .	2.0	3	3.0
<del>((50552) with ureteral catheterization, hospital . . . . .</del>	<del>3.0</del>	<del>3</del>	<del>3.0))</del>
<u>(50552 has been deleted. To report use 50553)</u>			
50553 with ureteral catheterization((office)) . . . . .	2.0	3	3.0
<del>((50554) with biopsy, hospital . . . . .</del>	<del>3.0</del>	<del>3</del>	<del>3.0))</del>
<u>(50554 has been deleted. To report use 50555)</u>			
50555 with biopsy((office)) . . . . .	2.0	3	3.0
<del>((50556) with fulguration, with or without biopsy, hospital . . . . .</del>	<del>3.0</del>	<del>3</del>	<del>3.0))</del>
<u>(50556 has been deleted. To report use 50557)</u>			
50557 with fulguration, with or without biopsy((office)) . . . . .	2.0	3	3.0
<del>((50558) with insertion of radioactive substance with or without biopsy and/or fulguration, hospital . . . . .</del>	<del>3.2</del>	<del>3</del>	<del>3.0))</del>
<u>(50558 has been deleted. To report use 50559)</u>			
50559 with insertion of radioactive substance with or without biopsy and/or fulguration((office)) . . . . .	3.0	3	3.0
<del>((50560) with removal of foreign body or calculus, hospital . . . . .</del>	<del>3.0</del>	<del>3</del>	<del>3.0))</del>
<u>(50560 has been deleted. To report use 50561)</u>			
50561 with removal of foreign body or calculus((office)) . . . . .	2.0	3	3.0
When procedures 50570-50580 provide a significant identifiable service, they may be added to 50045 and 50120			
50570 Renal endoscopy through nephrotomy or pyelotomy, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service; . . . . .	1.4	3	
(For nephrotomy, see 50045)			
(For pyelotomy, see 50120)			
50572 with ureteral catheterization . . . . .	1.8	3	
50574 with biopsy . . . . .	1.8	3	
50576 with fulguration, with or without biopsy . . . . .	2.0	3	
50578 with insertion of radioactive substance, with or without biopsy and/or fulguration . . . . .	2.4	3	
50580 with removal of foreign body or calculus . . . . .	2.0	3	

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-250 URETER.

INCISION

Unit Value	Follow-up Days=	Basic Anes@
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	Unit Value	Follow-up Days=	Basic Anes@
50600 Ureterotomy with exploration or drainage (separate procedure) . . . . .	18.0	90	5.0
(For ureteral endoscopy performed in conjunction with this procedure, see 50970-50980)			
50605 Ureterotomy for insertion of indwelling stent, all types . . . . .	BR		5.0
50610 Ureterolithotomy; upper one-third or ureter . . . . .	20.0	90	5.0
50620 middle one-third of ureter . . . . .	18.0	90	5.0
50630 lower one-third . . . . .	20.0	90	5.0
(For transvesical ureterolithotomy, see 51060)			
(For cystotomy with stone basket extraction of ureteral calculus, see 51065)			
(For endoscopic extraction or manipulation of ureteral calculus, see 50080, 50081, 50561, 52320-52330)			

EXCISION

(For ureterocele, see 51535, 51536, 52300)			
50650 Ureterectomy, with bladder cuff (separate procedure) . . . . .	20.0	90	5.0
50660 Ureterectomy, total, ectopic ureter, combination abdominal, vaginal and/or perineal approach . . . . .	22.0	90	7.0

INTRODUCTION

50684 Injection procedure for ureterography or ureteropyelography through ureterostomy or indwelling ureteral catheter (separate procedure) . . . . .	0.3	0	
50686 Manometric studies through ureterostomy or indwelling ureteral catheter . . . . .	0.4	0	
50688* Change of ureterostomy tube . . . . .	0.3	0	
50690 Injection procedure for visualization of ilial conduit and/or ureteropyelography, exclusive of radiologic service (separate procedure) . . . . .	0.4	0	

REPAIR

<u>(When substantial ureteral tapering is required for the following procedures, use modifier -22)</u>			
50700 Ureteroplasty: Plastic operation on ureter (e.g., stricture) . . . . .	20.0	90	5.0
50715 Ureterolysis, with or without repositioning of ureter for retroperitoneal fibrosis; unilateral . . . . .	16.0	90	5.0
50716 bilateral . . . . .	24.0	90	5.0
50722 Ureterolysis for ovarian vein syndrome.	16.0	90	5.0
50725 Ureterolysis for retrocaval ureter, with reanastomosis of upper urinary tract or vena cava . . . . .	26.0	90	5.0
50740 Ureteropyelostomy anastomosis of ureter and renal pelvis . . . . .	22.0	90	5.0
50750 Ureterocalycostomy, anastomosis of ureter to renal calyx . . . . .	24.0	90	5.0
50760 Ureteroureterostomy . . . . .	22.0	90	5.0
50770 Transureteroureterostomy anastomosis of ureter to contralateral ureter . . . . .	24.0	90	5.0
50780 Ureteroneocystostomy anastomosis of ureter to bladder, or other operations for correction of vesicoureteral reflux; unilateral . . . . .	22.0	90	5.0
50781 bilateral . . . . .	26.0	90	5.0
(When combined with cystourethroplasty or vesical neck revision, see 51820)			
50785 Ureteroneocystostomy, with bladder flap; unilateral . . . . .	24.0	90	5.0
50786 bilateral . . . . .	28.0	90	5.0
50800 Ureteroenterostomy, direct anastomosis of ureter to intestine; unilateral . . . . .	22.0	90	5.0
50801 bilateral . . . . .	26.0	90	5.0



	Unit Value	Follow-up Days=	Basic Anes@
51535 Cystotomy for excision, incision or repair of ureterocele; unilateral	16.0	90	5.0
51536 bilateral	18.0	90	5.0
(For transurethral excision, see 52300)			
51550 Cystectomy, partial; simple	18.0	90	6.0
51555 complicated (e.g., postradiation, previous surgery, difficult location)	20.0	90	6.0
51565 Cystectomy, partial, with reimplantation of ureter(s) into bladder (ureter-aneocystostomy)	24.0	90	6.0
51570 Cystectomy, complete; (separate procedure)	26.0	90	6.0
51575 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	34.0	90	6.0
51580 Cystectomy, complete with ureterosigmoidotomy or ureterocutaneous transplantations;	34.0	120	7.0
51585 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	40.0	120	7.0
51590 Cystectomy, complete, with ureteroileal conduit or sigmoid bladder, including bowel anastomosis;	44.0	120	7.0
51595 with bilateral lymphadenectomy, including external iliac, hypogastric and obturator nodes	50.0	120	7.0
51597 Pelvic exenteration, complete, for ((vesical, prostatic, or urethral)) malignancy, with removal of bladder and ureteral transplantations, with or without hysterectomy and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof	BR		7.0

(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)

**INTRODUCTION**

(For bladder catheterization, see 53670-53675)

51600 Injection procedure for cystography or voiding urethracystography	0.2	0	
51605 Injection procedure and placement of chain for contrast and/or chain urethrocytography	0.4	0	
51610 Injection procedure for retrograde urethrocytography	0.3	0	
(For injection procedure for retroperitoneal pneumography, see 49430)			
*51700 Bladder irrigation, simple, lavage and/or instillation	*0.2	0	
51705* Change of cystostomy tube; simple	0.3	0	
51710* complicated	BR		
51720 Bladder instillation of anticarcinogenic agent (including detention time)	0.8	0	

**URODYNAMICS**

The following section (51725-51796) lists procedures that may be used separately or in many and varied combinations. All of the presently known urodynamic procedures are listed as are some of their most frequently used combinations. When multiple procedures are performed in the same investigative session, modifier '-51' should be employed.

All procedures in this section imply that these services are performed by, or are under the direct supervision of, a physician and that all instruments, equipment, fluids, gases, probes, catheters, technician's fees, medications, gloves, trays, tubing and other sterile supplies be provided by the physician. When the physician only interprets the results and/or operates the equipment, a p.c. (professional component modifier '-26') should be used to identify physicians' services.

Only the urodynamic testing is included in this section. The nerve blocks that are listed may be pudendal, unilateral or bilateral; sacral, unilateral or bilateral, single or multiple; or subarachnoid and epidural of the sacral segments. They are listed in the neurosurgical section 62274-62279 and 64430-64441.

**CYSTOMETROGRAM STUDIES (CMG)**

As a single procedure (separate procedure) performed in any body position, including residual urine volume, volume at first urge to void, bladder capacity,

tracing (if available), interpretation and report. (For simultaneous electromyogram see 51786 and 51788)

51725 Simple cystometrogram (CMG) (e.g., spinal manometer)	BR
51726 Complex cystometrogram (e.g., calibrated electronic equipment)((;with gas	
<del>51727 with liquid</del>	<del>BR</del>
<del>51728 with simultaneous (rectal, gastric or intraperitoneal) "intra-abdominal" pressure</del>	<del>BR</del>
<del>51729 with voiding pressure</del>	<del>BR</del>
<del>51730 with simultaneous "intra-abdominal" and voiding pressure</del>	<del>BR</del>
<del>51731 before and after pharmacological testing, with gas</del>	<del>BR</del>
<del>51732 before and after pharmacological testing, with liquid</del>	<del>BR</del>
<del>51733 before and after nerve block, gas or liquid</del>	<del>BR</del>

(51727-51733 have been deleted. To report, use 51726)

**UROFLOWMETRIC STUDIES (UFR)**

As a single procedure (separate procedure) performed in any body position, including volume, flow rate, and tracing (if available), interpretation and report. (For simultaneous electromyogram see 51787, 51788.) (For simultaneous voiding pressure see 51795-51796)

**EXTERNAL MEASUREMENTS**

51736 Simple uroflowmetry (UFR) (e.g., stop-watch flow rate, mechanical uroflowmeter);	BR
<del>((51737 before and after pharmacological testing</del>	<del>BR</del>
<del>51738 before and after nerve block</del>	<del>BR</del>

(51737-51738 have been deleted. To report, use 51736)

51739 Sound recording of external stream (e.g., Lyons type, Keitzer type)	BR
51741 ((Electronic)) Complex uroflowmetry (e.g., calibrated electronic equipment)((;initial recording))	.8
<del>((51742 additional recordings</del>	<del>BR</del>
<del>51743 before and after pharmacological testing</del>	<del>BR</del>
<del>51744 before and after nerve block</del>	<del>BR</del>
<del>51746 Complex uroflowmetry (e.g., urodropspectrometry, urodynamometry, stream anemometry); initial recording</del>	<del>1.4</del>
<del>51747 additional recordings</del>	<del>BR</del>
<del>51748 before and after pharmacological testing</del>	<del>BR</del>
<del>51749 before and after nerve block</del>	<del>BR</del>

(51742-51749 have been deleted. To report, use 51741)

**INTERNAL STREAM MEASUREMENTS**

<del>((51751 Continuous wave or pulsed Doppler of urethra during urination to determine local stream velocity, flow rate and urethral diameter, one voiding, one transducer</del>	<del>BR</del>
<del>51752 additional voidings, one transducer</del>	<del>BR</del>
<del>51753 additional transducers, one voiding</del>	<del>BR</del>
<del>51754 additional transducers, additional voidings</del>	<del>BR</del>
<del>51755 before and after pharmacological testing, one transducer</del>	<del>BR</del>

(For additional transducers, see 51753; 51754)

<del>51756 before and after nerve block, one transducer</del>	<del>BR</del>
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(For additional transducers, see 51753; 51754)

<del>51758 Rotating scan Doppler during urination to provide videotape or computer print-out of dynamic urethral cross-section; one voiding</del>	<del>BR</del>
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	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
<del>51759</del> additional voidings	BR			<del>51791</del> before and after nerve block	BR))		
<del>51761</del> Acoustical measurements of urethra during urination to determine local velocity, flow rate, urethral diameter; one voiding, one transducer	BR			<del>(51786-51791 have been deleted. To report, use 51785)</del>			
<del>51762</del> additional voidings, one transducer	BR			51792 Stimulus evoked response (e.g., measurement of bulbocavernosus reflex latency time)		BR	
<del>51763</del> additional transducers, one voiding	BR			<b>VOIDING PRESSURE STUDIES - BLADDER VOIDING PRESSURE (VP)</b>			
<del>51764</del> additional transducers, additional voidings	BR			As a single procedure (separate procedure) performed in any body position, including residual fluid volume, bladder volume at time of voiding, tracing (if available), interpretation and report.			
<del>51765</del> before and after pharmacological testing, one transducer	BR			51795 Voiding pressure ((study with liquid or gas; with pressure probe inserted per urethra)) studies (VP); bladder voiding pressure, any technique		BR	
<del>(For additional transducers, see 51763; 51764)</del>				<del>((51796</del> with pressure probe inserted per suprapubic puncture		BR	
<del>51766</del> before and after nerve block, one transducer	BR			<del>(For insertion of pressure probe by suprapubic puncture, see 51005)</del>			
<del>(For additional transducers, see 51763; 51764)</del>				<del>(For simultaneous CMG, see 51729; 51730)</del>			
<del>51768</del> Urethral fluid conductance measurement during urination (e.g., to determine local urethral volume for presence of stricture or dynamic testing of sphincter action); one location, one voiding	BR			<del>(For simultaneous UPP, see 51774; 51775, 51778, 51779))</del>			
<del>51769</del> additional locations	BR))			<del>(51796 has been deleted. To report, use 51795)</del>			
<del>(51751-51769 have been deleted. To report, use 53899)</del>				<del>51797</del> intra-abdominal voiding pressure (AP) (rectal, gastric, intraperitoneal)			
<b>URETHRAL PRESSURE PROFILE STUDIES - URETHRAL CLOSURE PRESSURE PROFILE (UPP)</b>				<b>REPAIR</b>			
As a single procedure (separate procedure) performed in any body position, including up to three recordings of urethral length and pressure, tracing (if available), interpretation and report. Any initial volume.				51800 Cystoplasty or cystourethroplasty, plastic operation on bladder and/or vesical neck (anterior Y-plasty, vesical fundus resection), any procedure, with or without wedge resection of posterior vesical neck	20.0	90	5.0
<del>51772</del> Urethral pressure profile, studies (UPP) (urethral closure pressure profile), any technique gas or liquid; initial recording	BR			51820 Cystourethroplasty with unilateral or bilateral ureteroneocystostomy	30.0	90	5.0
<del>((51773</del> additional recordings	BR			51840 Anterior vesicourethropey, or urethropey (Marshall-Marchetti-Krantz type); simple	14.5	90	4.0
<del>51774</del> Urethral pressure profile, gas or liquid; with simultaneous bladder pressure, initial recording	BR			51841 complicated (e.g., secondary repair)	21.0	90	4.0
<del>51775</del> additional recordings	BR			<del>(For urethropey (Peyreya type), see 57289)</del>			
<del>51776</del> Urethral pressure profile, gas or liquid; with simultaneous (rectal, gastric, or intraperitoneal) "intra-abdominal" pressure, initial recording	BR			<del>51845</del> Abdomino-vaginal vesical neck suspension, with or without endoscopic control (e.g., Stamey, Raz, modified Peyreya)	BR		4.0
<del>51777</del> additional recordings	BR			51860 Cystorrhaphy, suture of bladder wound, injury or rupture; simple	14.5	90	4.0
<del>51778</del> Urethral pressure profile, gas or liquid; with simultaneous bladder and "intra-abdominal" pressure, initial recording	BR			51865 complicated	BR+		6.0
<del>51779</del> additional recordings	BR			51880 Closure of cystostomy (separate procedure)	8.0	90	3.0
<del>51780</del> Urethral pressure profile, gas or liquid; before and after pharmacological testing, up to 6 recordings	BR			51900 Closure of vesicovaginal fistula, abdominal approach	22.0	90	5.0
<del>51781</del> additional recordings	BR			<del>(For vaginal approach, see 57320-57330)</del>			
<del>51782</del> Urethral pressure profile, gas or liquid; before and after nerve block; up to 6 recordings	BR			51920 Closure of vesicouterine fistula;	20.0	90	5.0
<del>51783</del> additional recordings	BR))			51925 with hysterectomy	20.0	90	5.0
<del>(51773-51783 have been deleted. To report, use 51772)</del>				<del>(For closure of vesicoenteric fistula, see 44660, 44661)</del>			
<b>ELECTROMYOGRAPHIC STUDIES (EMG)</b>				<del>(For closure of rectovesical fistula, see 45800-45805)</del>			
Anal or urethral sphincter, detrusor, urethra, perineum or abdominal musculature. (Usually not a separate procedure.)				51940 Closure of exstrophy (see also 54390) ((BR+))			5.0
<del>51785</del> ((Electromyography, one lead using needle, wire, anal plug or catheter)) Electromyographic studies (EMG) of anal or urethral sphincter, any technique	BR			51960 Enterocystoplasty, including bowel anastomosis	30.0	90	5.0
<del>((51786</del> during cystometrogram	BR			<del>(For supplemental skills of two surgeons, see WAC 296-22-010, item 5b, and modifier -62)</del>			
<del>51787</del> during uroflowmetry	BR			51980 Cutaneous vesicostomy	18.0	90	5.0
<del>51788</del> during cystometrogram and uroflowmetry	BR			<b>ENDOSCOPY - CYSTOSCOPY, ((URETHROSCOPY)) URETHROSCOPY, CYSTOURETHROSCOPY</b>			
<del>51789</del> additional leads	BR						
<del>51790</del> before and after pharmacological testing	BR						

Unit Follow-up Basic  
Value Days= Anes@

Unit Follow-up Basic  
Value Days= Anes@

NOTES

Endoscopic descriptions are listed so that the main procedure can be identified without having to list all the minor related functions performed at the same time. For example: Meatotomy, urethral calibration and/or dilation, urethroscopy, and cystoscopy prior to a transurethral resection of prostate; ureteral catheterization following extraction of ureteral calculus; internal urethrotomy and bladder neck fulguration when performing a cystourethroscopy for the female urethral syndrome. When the secondary procedure requires significant additional time and effort, it may be identified by the addition of modifier '-22.' For example: Urethrotomy performed for a documented preexisting stricture or bladder neck contracture.

52000	Cystourethroscopy (separate procedure)((office))	1.2	7	3.0
52005	with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography, exclusive of radiologic service	1.6	7	3.0
52007	with ureteral catheterization and brush biopsy of ureter and/or renal pelvis ((for cytology))	BR	3	3.0
52010	with ejaculatory duct catheterization	1.6	7	
<del>((52100</del>	<del>Cystourethroscopy, hospital</del>	<del>2.0</del>	<del>7</del>	<del>3.0))</del>

(52100 has been deleted. To report use 52000)

<del>((52105</del>	<del>with ureteral catheterization, with or without irrigation, instillation, or ureteropyelography exclusive of radiologic service</del>	<del>3.6</del>	<del>7</del>	<del>3.0))</del>
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(52105 has been deleted. To report use 52005)

<del>((52107</del>	<del>with ureteral catheterization and brush biopsy of ureter or renal pelvis for cytology</del>	<del>BR</del>	<del>3</del>	<del>3.0))</del>
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(52107 has been deleted. To report use 52007)

<del>((52110</del>	<del>with ejaculatory duct catheterization</del>	<del>3.6</del>	<del>7</del>	<del>3.0))</del>
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(52110 has been deleted. To report use 52010)

<del>((52190</del>	<del>Differential quantitative and chemical renal function test (Howard or Stamey type)</del>	<del>SV.&amp;</del>	<del></del>	<del>3.0))</del>
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(52190 has been deleted. To report use 53899)

TRANSURETHRAL SURGERY (URETHRA((;-PROSTATE;)) AND BLADDER((; URETER)))

(References to office and hospital have been deleted)

<del>((52202</del>	<del>Cystourethroscopy, with biopsy, hospital</del>	<del>2.6</del>	<del>7</del>	<del>3.0))</del>
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(52202 has been deleted. To report use 52204)

52204	((office)) Cystourethroscopy, with biopsy	2.0	7	3.0
<del>((52212</del>	<del>Cystourethroscopy, with fulguration (including cryosurgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands, hospital</del>	<del>2.6</del>	<del>7</del>	<del>3.0))</del>

(52212 has been deleted. To report use 52214)

52214	((office)) Cystourethroscopy, with fulguration (including cryosurgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands	2.0	7	3.0
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<del>((52222</del>	<del>Cystourethroscopy, with fulguration (including cryosurgery) or treatment of MINOR (less than 0.5 cm) lesion(s), with or without biopsy, hospital</del>	<del>2.6</del>	<del>7</del>	<del>3.0))</del>
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(52222 has been deleted. To report use 52224)

52224	((office)) Cystourethroscopy, with fulguration (including cryosurgery) or treatment of MINOR (less than 0.5 cm) lesion(s), with or without biopsy	2.0	7	3.0
<del>((52232</del>	<del>Cystourethroscopy, with fulguration (including cryosurgery) and/or resection of SMALL bladder tumor(s) (0.5 cm to 2.0 cm); hospital</del>	<del>6.0</del>	<del>30</del>	<del>3.0))</del>

(52232 has been deleted. To report use 52234)

52234	((office)) Cystourethroscopy, with fulguration (including cryosurgery) and/or resection of; SMALL bladder tumor(s) (0.5 to 2.0 cm)	5.0	30	3.0
52235	((Cystourethroscopy, with fulguration (including cryosurgery) and/or resection of;)) MEDIUM bladder tumor(s) (2.0-5.0 cm)	12.0	30	3.0
52240	LARGE bladder tumor(s)	18.0	30	5.0

52250	Cystourethroscopy with insertion of radioactive substance, with or without biopsy or fulguration	6.0	30	3.0
52260	Cystourethroscopy, with dilation of bladder for interstitial cystitis; general or conduction (spinal) anesthesia	3.0	30	3.0
52265	local anesthesia	1.4	7	
52270	Cystourethroscopy, with internal urethrotomy; female	4.0	45	3.0
52275	male	4.0	45	3.0
52276	Cystourethroscopy, with direct vision internal urethrotomy	4.0	45	3.0
52277	Cystourethroscopy, with resection of external sphincter (sphincterotomy)	6.0	30	3.0

<del>((52280</del>	<del>Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy, and injection procedure for cystography male or female, hospital</del>	<del>3.0</del>	<del>7</del>	<del>3.0))</del>
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(52280 has been deleted. To report use 52281)

52281	((office)) Cystourethroscopy, with calibration and/or dilation of urethral stricture or stenosis, with or without meatotomy and injection procedure for cystography, male or female	2.4	7	3.0
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<del>((52282</del>	<del>Cystourethroscopy, with steroid injection into stricture, hospital</del>	<del>3.2</del>	<del>7</del>	<del>3.0))</del>
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(52282 has been deleted. To report use 52283)

52283	((office)) Cystourethroscopy, with steroid injection into stricture	2.0	7	3.0
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52285	Cystourethroscopy for treatment of the female urethral syndrome with any or all of the following: urethral meatotomy, urethral dilation, internal urethrotomy, lysis of urethrovaginal septal fibrosis, lateral incisions of the bladder neck, and fulguration of urethral polyp(s), bladder neck, and/or trigone	3.4	7	3.0
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52290	Cystourethroscopy; with ureteral meatotomy, unilateral or bilateral	4.0	30	3.0
52300	with resection or fulguration of ureteroceles, unilateral or bilateral	6.0	30	3.0
52305	with incision or resection of orifice of bladder diverticulum, single or multiple	6.0	30	3.0

52310	Cystourethroscopy, with removal of foreign body or calculus from urethra or bladder; simple	4.0	30	3.0
52315	complicated	BR+		3.0

52317	Litholapaxy; crushing or fragmentation of calculus by any means in bladder and removal of fragments, simple; small (less than 2.5 cm)	BR	30	3.0
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52318	complicated or large (over 2.5 cm)	BR	30	3.0
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TRANSURETHRAL SURGERY (URETER AND PELVIS)

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
(52800, 52805 Lithoplaxy have been deleted. To report, use 52317, 52318)							
52320	7.0	30	3.0	<b>AMENDATORY SECTION</b> (Amending Order 80-25, filed 12/3/80, effective 3/1/81)			
52325	BR	30	3.0	WAC 296-22-260 URETHRA.			
52330	5.0	30	3.0				
52332	BR	7	3.0				
52334	BR		3.0				
<p>(For endoscopy, see cystoscopy, urethroscopy, cystourethroscopy, 52000-52805)</p> <p>(For injection procedure for urethroscopy, see 51600-51610)</p>							
INCISION							
52335	4.2	7	3.0	53000	2.4	15	3.0
52336	BR		3.0	53010	6.0	30	3.0
52337	BR		3.0	53020	1.0	15	3.0
52338	BR		3.0	<del>((53021) hospital)</del>	<del>3.0</del>	<del>15</del>	<del>3.0</del>
<p>(For percutaneous nephrostolithotomy, see 50080, 50081; for establishment of nephrostomy tract only, see 50395)</p> <p>(53021 has been deleted. To report use 53020)</p>							
TRANSURETHRAL SURGERY (VESICAL NECK AND PROSTATE)							
52340	6.0	30	3.0	53025	0.6	15	3.0
52500	10.0	90	4.0	53040	3.0	30	3.0
52601	20.0	90	5.0	(For subcutaneous abscess, see 10060-10061)			
<del>((52605) Transurethral fulguration for postoperative bleeding after leaving hospital; (in hospital)</del>	<del>4.2</del>	<del>0</del>	<del>3.0</del>	53060	1.2	15	3.0
<p>(52605 has been deleted. To report use 52606)</p> <p>(For other approaches, see 55801-55845)</p>							
52606	2.4	0		53080	4.0	15	3.0
<p>(For other approaches, see 55801-55845)</p>							
52612	15.0	90	5.0	53085	BR+	5.0	5.0
52614	11.0	90	5.0	EXCISION			
52620	6.0	90	5.0	53200	2.0	7	3.0
52630	20.0	90	5.0	53210	14.0	60	5.0
52640	10.0	90	5.0	53215	18.0	60	5.0
52650	20.0	120	5.0	53220	BR+	3.0	3.0
52700	8.0	60	5.0	53230	10.0	60	3.0
<del>((52800) Lithoplaxy, crushing of calculus in bladder and removal of fragments; simple, small (less than 2.5 cm)</del>	<del>10.0</del>	<del>30</del>	<del>3.0</del>	53235	12.0	60	3.0
<del>52805 complicated or large (over 2.5 cm)</del>	<del>14.0</del>	<del>30</del>	<del>3.0</del>	53240	4.0	30	3.0
				53250	12.0	60	3.0
				53260	1.0	15	3.0
				(For endoscopic approach, see 52212-52224)			
				53265	1.2	15	3.0
				53270	1.2	15	3.0
				53275	3.0	30	3.0
				REPAIR			
				(For hypospadias, see 54300-((54330)) 54352)			
				53400	10.0	60	3.0
				53405	14.0	60	3.0
				53410	16.0	60	3.0
				53415	BR		3.0
				53420	20.0	60	3.0
				53425	20.0	90	3.0

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
53430 Urethroplasty, reconstruction of female urethra	14.0	90	3.0	54015 Incision and drainage of penis, deep	1.4	15	3.0
53440 Operation for correction of male urinary incontinence, with or without introduction of prosthesis	20.0	90	3.0	<b>DESTRUCTION</b>			
53442 Removal of perineal prosthesis introduced for continence	BR	90	3.0	*54050 Destruction of condylomata, penis, multiple, simple, chemical	*0.3	0	3.0
<u>53443 Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence (e.g., Tenago, Leadbetter procedure)</u>	<u>BR</u>		<u>3.0</u>	*54055 electrodesiccation	*0.8	0	3.0
53445 Operation for correction of male urinary incontinence with placement of inflatable urethral or bladder neck sphincter, including placement of pump and/or reservoir	BR	90	3.0	*54060 surgical excision	*1.0	0	3.0
53447 Removal, repair or replacement of inflatable sphincter including pump and/or reservoir and/or cuff	BR	90	3.0	54065 extensive			<u>3.0</u>
53449 Surgical correction of hydraulic abnormality of inflatable sphincter device	BR	90	3.0	(For destruction or excision of other lesions, see integumentary system)			
53450 <del>((brethral meatoplasty))</del> Urethromeatoplasty, with mucosal advancement	4.0	30	3.0	<b>EXCISION</b>			
53460 <del>((brethral meatoplasty))</del> Urethromeatoplasty, with partial excision of distal urethral segment (Richardson type procedure)	3.4	30	3.0	54100 Biopsy of penis, cutaneous (separate procedure)	0.6	7	3.0
(For meatotomy, see 53020, 53025)				54105 deep structures	1.4	15	3.0
<b>SUTURE</b>				54110 Excision of penile plaque (Peyronie disease);	7.4	30	3.0
53502 Urethrorrhaphy, suture of urethral wound or injury, female				<u>54111 with graft to 5 cm in length</u>	<u>BR</u>		<u>3.0</u>
53505 Urethrorrhaphy, suture of urethral wound or injury; penile	10.0	90	3.0	<u>54112 with graft greater than 5 cm in length</u>	<u>BR</u>		<u>3.0</u>
53510 perineal	14.0	90	3.0	54115 Removal foreign body from deep penile tissue (e.g., plastic implant)	6.0	45	3.0
53515 prostaticmembranous	20.0	90	3.0	54120 Amputation of penis, partial	10.0	60	3.0
53520 Closure of urethrostomy or urethrocutaneous fistula, male (separate procedure)	6.0	90	3.0	54125 complete	20.0	60	3.0
(For closure of urethrovaginal fistula, see 57310)				54130 Amputation of penis, radical; with bilateral inguiofemoral lymphadenectomy	26.0	90	3.0
(For closure of urethrorectal fistula, see 45820, 45825)				54135 in continuity with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes	30.0	90	5.0
<b>MANIPULATION</b>				(For lymphadenectomy (separate procedure), see 38760-38771)			
*53600 Dilation of urethral stricture by passage of sound, male; initial	*0.4	0		54150 Circumcision, clamp procedure; newborn	0.8	15	
*53601 subsequent	*0.3	0		54152 except newborn ((office))	1.0	15	3.0
53605 Dilation of urethral stricture or vesical neck by passage of sound or urethral dilator, male, general or conduction (spinal) anesthesia, ((hospital))	1.6	3	3.0	<del>((54154 except newborn, hospital))</del>	<del>2.4</del>	<del>15</del>	<del>3.0</del>
*53620 Dilation of urethral stricture by passage of filiform and follower, male; initial	*0.8	0		<u>(54154 has been deleted. To report, use 54152)</u>			
*53621 subsequent	*0.6	0		54160 Circumcision, surgical excision other than clamp or dorsal slit; newborn	0.8	30	
*53640 Passage of filiform and follower for acute vesical retention, male	*0.8	0		54161 except newborn	3.0	30	3.0
*53660 Dilation of female urethra including suppository and/or instillation; initial	*0.4	0		<b>INTRODUCTION</b>			
*53661 subsequent	*0.3	0		*54200 Injection procedure for Peyronie disease	*0.4	0	
53665 <del>((in-hospital, general))</del> dilation of female urethra, general or conduction (spinal) anesthesia	1.5	3	3.0	54205 with surgical exposure of plaque	7.4	30	3.0
53670* Catheterization; simple	0.3	0		54220 Irrigation of corpora cavernosa for priapism			<u>3.0</u>
53675* complicated (may include difficult removal of balloon catheter)	0.7	0		54230 injection procedure for corpora cavernosography	BR		3.0
53899 Unlisted procedure, urinary system	BR		<u>3.0</u>	54240 penile plethysmography	BR		3.0
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>				<u>54250 Nocturnal penile tumescence test</u>	<u>BR</u>		<u>3.0</u>
<b>WAC 296-22-265 PENIS.</b>				<b>REPAIR</b>			
				(For other urethroplasties, see 53400-53430)			
				54300 Plastic operation of penis for straightening of chordee (e.g., hypospadias), with or without mobilization of urethra;	8.0	60	3.0
				<del>((54305 with transplantation of prepuce</del>	<del>14.0</del>	<del>60</del>	<del>3.0</del>
				<del>54320 Urethroplasty, formation of urethra, Denis-Browne type operation (including urinary diversion); penile or penoscrotal</del>	<del>14.0</del>	<del>90</del>	<del>3.0</del>
				<del>54325 scrotal or perineal</del>	<del>18.0</del>	<del>90</del>	<del>3.0</del>
				<del>54330 Urethroplasty and straightening of chordee (including urinary diversion); complete, one stage, for hypospadias</del>	<del>20.0</del>	<del>90</del>	<del>3.0</del>
				(For other methods of hypospadias repair, see 15000-15730))			
				<u>(54305 has been deleted. To report, see 54304 et seq.)</u>			
				<u>54304 Plastic operation on penis for correction of chordee or for first stage hypospadias</u>			

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-265 PENIS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
54000 Slitting of prepuce, dorsal or lateral, (separate procedure); newborn	0.6	7	
54001 except newborn	1.4	7	3.0



**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-290 VAS DEFERENS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
55200 Vasotomy, cannulization with or without incision of vas, unilateral or bilateral (separate procedure) . . . . .	3.6	30	3.0
<b>EXCISION</b>			
55250 Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s) . . . . .	3.6	30	3.0
<b>INTRODUCTION</b>			
55300 Vasotomy for vasograms, seminal vesiculograms, or epididymograms, unilateral or bilateral . . . . .	3.6	30	3.0
(When combined with 54505 or 54506, apply WAC 296-22-010, item 7a)			
(For radiographic procedure, see 74440, 74441)			
<b>REPAIR</b>			
55400 Vasovasostomy, vasovasorrhaphy; unilateral . . . . .	10.0	90	3.0
55401 bilateral . . . . .	14.0	90	3.0
(For microsurgical repair with use of operating microscope, add modifier -20)			
<b>SUTURE</b>			
55450 Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure) . . . . .	1.2	30	3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-305 PROSTATE.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
55700 Biopsy, prostate; needle or punch, single or multiple, any approach . . . . .	1.4	15	3.0
55705 incisional, any approach . . . . .	8.0	30	4.0
55720 Prostatotomy, external drainage of prostatic abscess, any approach; simple . . . . .	8.0	60	4.0
55725 complicated . . . . .	14.0	60	4.0
(For transurethral drainage, see 52700)			
55740 Prostatolithotomy, removal of prostatic calculus (separate procedure) . . . . .	20.0	60	4.0
<b>EXCISION</b>			
(For transurethral removal of prostate, see ((52600)) 52601-52650)			
(For independent node dissection, see 38770-38780)			
55801 Prostatectomy, perineal, subtotal (including control of postoperative bleeding, during initial hospitalization, ((complete-))vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy) are included((;-perineal, subtotal)) . . . . .	20.0	90	6.0
55810 prostatectomy, perineal radical . . . . .	26.0	90	6.0
55812 with lymph node biopsy(s) (limited pelvic lymphadenopathy) . . . . .	BR		
55815 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes . . . . .	BR		6.0
(If 55815 is carried out on separate days, use 38771 and 55810)			

	Unit Value	Follow-up Days=	Basic Anes@
55821 Prostatectomy, including control of postoperative bleeding ((during initial hospitalization;)) complete (vasectomy, meatotomy, urethral calibration and/or dilation, and internal urethrotomy are included), suprapubic, subtotal, one or two stages . . . . .	20.0	90	5.0
55831 retropubic, subtotal . . . . .	20.0	90	5.0
55840 prostatectomy, retropubic radical . . . . .	26.0	90	6.0
55842 with lymph node biopsy(s) (limited pelvic lymphadenectomy) . . . . .	BR		
55845 with bilateral pelvic lymphadenectomy, including external iliac, hypogastric and obturator nodes . . . . .	BR		3.0
<b>OTHER PROCEDURES</b>			
(For artificial insemination, see 58310)			
55899 Unlisted procedure, male genital system . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-307 PERINEUM.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*56000 Incision and drainage of perineal abscess (nonobstetrical) (see also 10060 et seq) . . . . .	*0.6	0	3.0
<b>EXCISION</b>			
56100 Biopsy of perineum (separate procedure) . . . . .	0.6	7	3.0
(For excision of local lesion, see 11420-11426, 11620-11626)			
<b>REPAIR</b>			
56200 Perineoplasty, repair of perineum non-obstetrical, (separate procedure) (see also 56800) . . . . .((BR+))	BR		3.0
(For repair of wounds to genitalia, see 12001-12007, 12041-12047, 13131, 13132)			
(For repair of recent injury of vagina and perineum, nonobstetrical, see 57210)			
(For anal sphincteroplasty, see 46750, 46751)			

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-315 VAGINA.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
57000 Colpotomy with exploration . . . . .	4.0	30	3.0
57010 with drainage of pelvic abscess . . . . .	BR		
*57020 Colpocentesis (separate procedure) . . . . .	*0.8	0	3.0
<b>DESTRUCTION</b>			
57050 Cryosurgery of vagina . . . . .	0.7		3.0
57057 Laser surgery of vagina . . . . .	2.1		3.0
57060 Electrocautery of vagina . . . . .	0.7		3.0
57063 Chemical cautery of vagina . . . . .	0.7		3.0
<b>EXCISION</b>			

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
57100 Biopsy of vaginal mucosa; simple (separate procedure) . . . . .	0.72	7	3.0	*57400 Dilatation of vagina under anesthesia . . .	*0.72	0	3.0
57105 extensive, requiring suture (including cysts) . . . . .	BR		3.0	*57410 Pelvic examination under anesthesia . . .	*0.72	0	3.0
57108 Colpectomy, obliteration of vagina; partial . . . . .	12.0	60	3.0	<b>ENDOSCOPY</b>			
(For excision and/or fulguration of local lesion(s), see 11200-11660, 17000-17300)				57450 Culdoscopy, diagnostic; . . . . .	4.0	15	3.0
57110 complete . . . . .	14.0	60	3.0	57451 with biopsy and/or lysis of adhesions or tubal sterilization . . . . .	4.0	15	3.0
57120 Colpocleisis (Le Fort type) . . . . .	12.0	60	3.0	57452* Colposcopy; (separate procedure) . . . . .	1.0	0	
57130 Excision of vaginal septum . . . . . ((BR+))	BR		3.0	57454* with biopsies, or biopsy of the cervix . . . . .	2.0	0	
57135 Excision of vaginal cyst or tumor . . . . .	BR		3.0	<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			

**INTRODUCTION**

*57150 Irrigation and/or application of medication for treatment of bacterial, parasitic or fungoid disease . . . . .	*0.24	0	
*57160 Insertion of pessary . . . . .	*0.24	0	
57170 Diaphragm fitting with instructions . . . . .	0.24		

**REPAIR**

(For urethral suspension, (Marshall-Marchetti-Krantz type) abdominal approach, see 51840, 51841)

57200 Colporrhaphy, suture of injury of vagina (nonobstetrical) . . . . . ((BR+))	BR	3.0	
57210 Colpoperineorrhaphy, suture of injury of vagina and/or perineum (nonobstetrical) . . . . . ((BR+))	BR	3.0	
57220 Plastic operation on urethral sphincter, vaginal approach (eg, Kelly urethral plication) (separate procedure) . . . . .	7.0	60	3.0
57230 Plastic repair of urethrocele (separate procedure) . . . . .	7.0	60	3.0
57240 Anterior colporrhaphy, repair of cystocele with or without repair of urethrocele (separate procedure) . . . . .	8.5	60	4.0
57250 Posterior colporrhaphy, repair of rectocele with or without perineorrhaphy . . . . .	7.0	60	3.0
(For repair of rectocele (separate procedure) without posterior colporrhaphy, see 45560)			
57260 Combined anteroposterior colporrhaphy; . . . . .	12.0	60	3.0
57265 with enterocele repair . . . . .	14.0	60	3.0
57268 Repair of enterocele, vaginal approach (separate procedure) . . . . .	BR		
57270 Repair of enterocele, abdominal approach (separate procedure) . . . . .	14.0	60	4.0
57280 Colpopexy, abdominal approach . . . . .	14.0	60	4.0
57288 Sling operation for stress incontinence (e.g., fascia or synthetic) . . . . .	15.0	90	5.0
57289 Pereyra procedure, including anterior colporrhaphy . . . . .	13.0	90	3.0
(57290 has been deleted. To report, use 57291, 57292)			
57291 Construction of artificial vagina; without graft . . . . .	BR		3.0
57292 with graft . . . . .	BR		3.0
57300 Closure of rectovaginal fistula; vaginal approach . . . . .	14.5	90	3.0
57305 abdominal approach . . . . .	18.0	90	5.0
57307 abdominal approach, with concomitant colostomy . . . . .	20.0	90	5.0
57310 Closure of urethrovaginal fistula . . . . .	14.5	60	4.0
57320 Closure of vesicovaginal fistula, vaginal approach . . . . .	14.5	60	4.0
(For concomitant cystostomy, see 51005-51040 and WAC 296-22-010, item 7a)			
57330 transvesical and vaginal approach . . . . . ((BR+))	BR	5.0	
(For abdominal approach, see 51900)			

**MANIPULATION**

**WAC 296-22-325 CERVIX UTERI.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
(For radical surgical procedures, see 58200-58240)			
*57500 Biopsy, single or multiple, or local excision of lesion, with or without fulguration, (separate procedure) . . . . .	*0.6	0	3.0
57505 Endocervical curettage (not done as part of a dilation and curettage) . . . . .	BR		3.0
*57510 Cauterization of cervix; electro or thermal . . . . .	*0.6	0	
57511* cryocautery, initial or repeat . . . . .	0.6	0	
57513 laser surgery . . . . .	1.0		3.0
57520 Biopsy of cervix, circumferential (cone) with or without dilation and curettage, with or without Sturmdorff type repair (see also 58120) . . . . .	4.8	45	3.0
57530 Trachelectomy (cervicectomy), amputation of cervix (separate procedure) . . . . .	4.8	45	3.0
57540 Excision of cervical stump, abdominal approach; . . . . .	12.0	45	4.0
57545 with pelvic floor repair . . . . . ((BR+))	BR		4.0
57550 Excision of cervical stump, vaginal approach; . . . . .	12.0	45	3.0
57555 with anterior and/or posterior repair . . . . .	14.5	45	3.0
57556 with repair of enterocele . . . . .	14.5	45	4.0

**INTRODUCTION**

((For insertion of any radioactive material, see 77520-77550))

(For insertion of intra-uterine device, see 58300)

*57600 Introduction of any hemostatic agent or pack for spontaneous hemorrhage (separate procedure); initial . . . . .	*0.72	0	3.0
*57620 subsequent . . . . .	*0.24	0	3.0

**REPAIR**

57700 Tracheloplasty (Shirodkar or Lash type operation) . . . . .	6.0	45	3.0
57720 Trachelorrhaphy, plastic repair of uterine cervix, vaginal approach . . . . .	6.0	45	3.0

**MANIPULATION**

*57800 Dilatation of cervical canal, instrumental (separate procedure) . . . . .	*0.6	0	3.0
57820 Dilatation and curettage of cervical stump . . . . .	4.0	15	3.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-330 CORPUS UTERI.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
*58100 Endometrial biopsy, suction type (separate procedure) . . . . .	*0.72	0	3.0

	Unit Value	Follow-up Days=	Basic Anes@
58101* Endometrial washings (e.g., for cytology sampling) . . . . .	1.0	0	3.0
58102 Office endometrial curettage . . . . .	2.0	0	3.0
58103 Menstrual extraction . . . . .	0.5	0	
58120 Dilation and curettage, diagnostic and/or therapeutic (obstetrical) (see also 57520 nonobstetrical) . . . . .	4.0	15	3.0
(For postpartum hemorrhage, see 59160)			
58140 Myomectomy, excision of fibroid tumor of uterus, single or multiple, (procedure); abdominal approach . . . . .	14.0	45	5.0
58145 vaginal approach . . . . . ((BR+))	BR		5.0
58150 Total hysterectomy (corpus and cervix), with or without removal of tube(s), with or without removal of ovary(s) . . . . .	16.0	45	5.0
58152 with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type) . . . . .	BR		5.0
(For urethrocytopexy without hysterectomy, see 51840, 51841)			
58180 Supracervical hysterectomy (subtotal hysterectomy), with or without tube(s), with or without removal of ovary(s) . . . . .	16.0	45	5.0
58200 Total hysterectomy, extended, corpus cancer, including partial vaginectomy; . . . . .	20.0	120	5.0
58205 with bilateral radical pelvic lymphadenectomy . . . . .	24.0	120	6.0
58210 Total hysterectomy, extended, cervical cancer, with bilateral radical pelvic lymphadenectomy (Wertheim type operation) . . . . .	30.0	120	7.0
58240 Total hysterectomy or cervicectomy, with removal of bladder and ureteral transplantations, and/or abdominoperineal resection of rectum and colon and colostomy, or any combination thereof (pelvic exenteration) . . . . . ((BR+))	BR		7.0
58260 Vaginal hysterectomy; . . . . .	16.0	45	4.0
58265 with plastic repair of vagina, anterior and/or posterior colporrhaphy . . . . .	18.0	45	4.0
58267 with colpo-urethrocytopexy (Marshall-Marchetti-Krantz type) . . . . .	20.0	90	5.0
58270 with repair of enterocele . . . . .	18.0	45	4.0
58275 Vaginal hysterectomy, with total or partial colectomy; . . . . .	18.0	45	4.0
58280 with repair of enterocele . . . . .	18.0	45	4.0
58285 Vaginal hysterectomy, radical (Schauta type operation) . . . . .	24.0	120	7.0
<b>INTRODUCTION</b>			
(For insertion of radioactive substance into corpus with or without dilation and curettage, see 77520-77550)			
*58300 Insertion of intrauterine device (IUD) . . . . .	*1.0	0	3.0
58301 Removal of intrauterine device (IUD) . . . . .	BR		
58310 Artificial insemination . . . . .	BR		
*58320 Insufflation of uterus and tubes with air and CO <sub>2</sub> . . . . .	*1.0	0	3.0
58340 Injection procedure for hysterosalpingography . . . . .	0.8	0	
58350* Hydrotubation of oviduct, including materials . . . . .	1.0	0	
(For materials supplied by physician, see 99070)			
<b>REPAIR</b>			
58400 Uterine suspension, with or without shortening of round ligaments, with or without shortening of sacrouterine ligaments; (separate procedure) . . . . .	12.0	45	4.0
58410 with presacral sympathectomy . . . . .	14.0	45	5.0
(Interposition operation has been deleted. If necessary to report, use 58999)			
(58500 Hysterosalpingostomy has been deleted. To report, use 58752)			

58520 Hysterorrhaphy, repair of ruptured uterus (nonobstetrical) . . . . .	12.0	45	4.0
58540 Hysteroplasty, repair of uterine anomaly (Strassman type) . . . . .	14.0	45	4.0
<b>SUTURE</b>			
(For closure of vesicouterine fistula, see 51920)			

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-333 OVIDUCT.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
58600 Transection of fallopian tube, abdominal or vaginal approach, unilateral or bilateral . . . . .	12.0	45	4.0
58605 Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum, unilateral or bilateral during same hospitalization (separate procedure) . . . . .	7.0	45	4.0
(For laparoscopic procedures, see 58980-58987)			
(58610 Ligation of fallopian tube(s) has been deleted. It would be reported using 58600-58611)			
58611 Ligation or transection of fallopian tube(s) when done at the time of Cesarean section or intra-abdominal surgery (not a separate procedure, included in major procedure.) . . . . .	BR		4.0
58615 Occlusion of fallopian tube(s) by device (e.g., band, clip, Falope ring, fulguration) vaginal or suprapubic approach . . . . .	BR		4.0
(For laparoscopic approach, see 58983)			
<del>((58618 Lysis of adnexal adhesions other than by laparoscopy . . . . . BR</del>			
<del>(For laparoscopic approach, see 58985))</del>			
(58618 Lysis of adnexal adhesions has been deleted. To report, use 58740)			

<b>EXCISION</b>			
58700 Salpingectomy, complete or partial, unilateral or bilateral (separate procedure) . . . . .	12.0	45	4.0
58720 Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure) . . . . .	12.0	45	4.0
<b>REPAIR</b>			
58740 Lysis of adhesions (salpingolysis, ovariolysis) . . . . .	BR		4.0
(For laparoscopic approach, see 58985)			
58750 Tubotubal anastomosis . . . . .	BR		4.0
58752 Tubouterine implantation . . . . .	BR		4.0
58760 Fimrioplasty . . . . .	BR		4.0
58770 Salpingostomy (salpingoneostomy)			

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-337 OVARY.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>OVARY</b>			
<b>INCISION</b>			

	Unit Value	Follow-up Days=	Basic Anes@
58800 Drainage of ovarian cyst(s), unilateral, or bilateral, (separate procedure); vaginal approach	4.0	15	4.0
58805 abdominal approach	12.0	45	4.0
58820 Drainage of ovarian abscess; vaginal approach	4.0	15	4.0
58822 abdominal approach	6.0	15	4.0

**EXCISION**

58900 Biopsy of ovary, unilateral or bilateral (separate procedure)	12.0	45	4.0
58920 Wedge resection or bisection of ovary, unilateral or bilateral	12.0	45	4.0
58925 Ovarian cystectomy, unilateral or bilateral	12.0	45	4.0
58940 Oophorectomy, partial or total, unilateral or bilateral;	12.0	45	4.0
58945 with total omentectomy	16.0	60	4.0

**ENDOSCOPY-LAPAROSCOPY**

The endoscopic descriptors in this publication are listed so that the main procedure can easily be identified without having to list all the minor related procedures that may be performed at the same time (such as lysis of adhesions and fulguration of bleeding points during laparoscopy with fulguration transection of the oviducts). When the secondary procedures involve significant additional time and effort, they may be listed using modifier -50.

(For peritoneoscopy, see 49300-49303)

58980 Laparoscopy for visualization of pelvic viscera;	6.0	10	5.0
58982 with fulguration of oviducts (with or without transection)	8.0	10	5.0
58983 with occlusion of oviducts by device (e.g., band, clip, or Falope ring)	BR		5.0
(For vaginal or suprapubic approach, see 58615)			
58984 with fulguration of ovarian or peritoneal lesions	8.0	10	5.0
58985 with lysis of adhesions	8.0	10	5.0
58986 with biopsy (single or multiple)	8.0	10	5.0
58987 with aspiration (single or multiple)	8.0	10	5.0
58990 Hysteroscopy	BR		3.0

**OTHER PROCEDURES**

58999 Unlisted procedure, female genital system nonobstetrical	BR		3.0
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**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-340 MATERNITY CARE AND DELIVERY.**

**NOTES**

The services normally required in uncomplicated maternity cases include antepartum care, delivery and postpartum care.

Antepartum care includes usual prenatal services (initial and subsequent history, physical examinations, recording of weight, blood pressure, fetal heart tones, routine chemical urinalyses, maternity counseling).

Delivery includes vaginal delivery (with or without episiotomy, with or without forceps or breech delivery) or Cesarean section, and resuscitation of new born infant when necessary.

Postpartum care includes hospital and office visits following vaginal or Cesarean section delivery.

For medical complications of pregnancy (toxemia, cardiac problems, neurological problems or other problems requiring additional or unusual services or requiring hospitalization), see services in MEDICINE section. For surgical complications of pregnancy not listed below, see appropriate procedures in SURGERY.

If a physician provides all or part of the antepartum and/or postpartum patient care but does not perform the delivery due to termination of pregnancy by abortion or referral to another physician for delivery, see 59420-59430.

(For circumcision of newborn, see 54150-54160)

	Unit Value	Follow-up Days=	Basic Anes@
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**INCISION**

59000 Amniocentesis for diagnostic purposes, abdominal approach	1.0	0	
(For ultrasonic guidance, see 76946, 76947)			
59010* Amnioscopy	1.0	0	
59011* Amnioscopy (intraovular)	BR	0	
59020* Fetal oxytocin stress test	1.0	0	
59025 Fetal nonstress test	1.0		
59030* Fetal scalp blood sampling;	1.0	0	
59031* repeat	0.5	0	
59050 Initiation and/or supervision of internal fetal monitoring during labor by consultant	1.0	0	

**EXCISION**

59100 Hysterotomy, abdominal, for removal of hydatidiform mole;	14.0	45	5.0
59101 with tubal ligation	14.0	45	6.0
59105 Hysterotomy, abdominal, for legal abortion;	16.0	45	6.0
59106 with tubal ligation	18.0	45	6.0

**EXCISION**

59120 Surgical treatment of ectopic pregnancy; tubal, requiring sanpignectomy and/or oophorectomy, abdominal or vaginal approach	14.0	45	5.0
59121 tubal, without sanpignectomy and/or oophorectomy	BR		5.0
59125 ovarian, requiring oophorectomy and/or sanpignectomy	BR		5.0
59126 ovarian, without oophorectomy and/or sanpignectomy	BR		5.0
59130 abdominal	BR		5.0
59135 interstitial, uterine pregnancy requiring hysterectomy, total or subtotal	BR		5.0
59140 cervical	BR		5.0
59160 Dilatation and curettage for postpartum hemorrhage (separate procedure)	4.0	15	3.0

**INTRODUCTION**

(For intrauterine fetal transfusion, see 36460)

(For introduction of hypertonic solution and/or prostaglandins to initiate labor, see 59850)

**REPAIR**

(For tracheloplasty, see 57700)

59300 Episiotomy or vaginal repair only, by other than delivering physician; simple	2.0	0	3.0
59305 extensive	BR		3.0
59350 Hysterorrhaphy of ruptured uterus; (separate procedure)	BR		3.0
59351 following dilatation and curettage, including both procedures	BR		3.0

**DELIVERY, ANTEPARTUM AND POSTPARTUM CARE**

59400 Total obstetrical care (all-inclusive, "global" care) includes antepartum care, vaginal delivery (with or without episiotomy, and/or forceps or breech delivery) and postpartum care	8.0	45	3.0
59410 Vaginal delivery only (with or without episiotomy, forceps or breech delivery) including in-hospital postpartum care			

	Unit Value	Follow-up Days=	Basic Anes@
(separate procedure) .....	4.0	45	3.0
59420 Antepartum care only (separate procedure) .....	Sv.&		
59430 Postpartum care only (separate procedure) .....	Sv.&		
<b>CESAREAN SECTION</b>			
(For standby attendance of infant, see 99151)			
59500 Cesarean section, low cervical, including in-hospital postpartum care; (separate procedure) .....	10.0	7	5.0
59501 including antepartum and postpartum care .....	13.0	45	5.0
59520 Cesarean section, classic, including in-hospital postpartum care; (separate procedure) .....	10.0	7	5.0
59521 including antepartum and postpartum care .....	13.0	45	5.0
59540 Cesarean section, extraperitoneal, including in-hospital postpartum care; (separate procedure) .....	12.0	7	5.0
59541 including antepartum and postpartum care .....	16.0	45	5.0
59560 Cesarean section with hysterectomy, subtotal, including in-hospital postpartum care; (separate procedure) .....	12.0	7	6.0
59561 including antepartum and postpartum care .....	16.0	45	6.0
59580 Cesarean section with hysterectomy, total, including in-hospital postpartum care; (separate procedure) .....	12.0	7	6.0
59581 including antepartum and postpartum care .....	16.0	45	6.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>ABORTION</b>			
59800 Treatment of abortion, first trimester; completed medically .....	Sv.&		
59801 completed surgically (separate procedure) .....	4.0	45	3.0
59810 Treatment of abortion, second trimester; completed medically .....	Sv.&		
59811 completed surgically (separate procedure) .....	4.0	45	3.0
59820 Treatment of missed abortion, any trimester, completed medically or surgically .....	Sv.&		3.0
59830 Treatment of septic abortion .....	Sv.&		
59840 Legal (therapeutic) abortion, by dilation and curettage, and/or vacuum extraction .....	6.0	45	3.0
59841 Legal (therapeutic) abortion, by dilation and evacuation .....	6.0	45	3.0
59850 Legal (therapeutic) abortion, by one or more intra-amniotic injections (amniocentesis-injections) (including hospital admission and visits, delivery of fetus and secundines); .....	6.0	45	5.0
59851 with dilation and curettage .....	BR		
59852 with hysterotomy (failed saline) .....	BR		

	Unit Value	Follow-up Days=	Basic Anes@
<b>OTHER PROCEDURES</b>			
59899 Unlisted procedure, maternity care and delivery .....	BR		3.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-350 THYROID GLAND.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*60000 Incision and drainage of thyroglossal cyst, infected .....	*0.6	0	3.0
<b>EXCISION</b>			
*60100 Biopsy, thyroid, percutaneous needle .	1.2	7	
(For ultrasonic guidance, see 76942, 76943)			

	Unit Value	Follow-up Days=	Basic Anes@
60200 Excision of cyst or adenoma of thyroid, or transection of isthmus .....	9.5	45	5.0
60220 Total thyroid lobectomy, unilateral....	14.0	45	5.0
60225* with contralateral subtotal lobectomy, including isthmus .....	14.0	45	5.0
60240 Thyroidectomy; total or complete .....	16.0	45	5.0
60242 near total .....	14.0	45	5.0
60245 Thyroidectomy, subtotal or partial; .....	14.5	45	5.0
60246 with removal of substernal thyroid gland, cervical approach .....	BR		5.0
60252 Thyroidectomy, total or subtotal for malignancy; with limited neck dissection .....	24.0	180	5.0
60254 with radical neck dissection .....	28.0	180	6.0
(For parathyroid transplant, see 60510)			
60260 Thyroidectomy, secondary; unilateral ..	15.0	45	5.0
60261 bilateral .....	18.0	45	5.0
60270 Thyroidectomy, including substernal thyroid gland, sternal split or transthoracic approach .....	BR		5.0
((BR+))			
60280 Excision of thyroglossal duct cyst or sinus .....	11.0	45	4.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80)**

**WAC 296-22-355 PARATHYROID, THYMUS, ADRENAL GLANDS AND CAROTID BODY.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
(For pituitary and pineal surgery, see Nervous System)			
60500 Parathyroidectomy or exploration of parathyroid(s); .....	18.0	45	5.0
60505 with mediastinal exploration, sternal split or transthoracic approach .....	24.0	60	12.0
60510 Transplantation of parathyroid gland(s) during thyroidectomy .....	BR		12.0
60520 Thymectomy, partial or total (separate procedure) .....	18.0	60	12.0
60540 Adrenalectomy, partial or complete, or exploration of adrenal with or without biopsy, transabdominal, lumbar or dorsal (separate procedure), unilateral; ..	19.0	90	9.0
60545 with excision of adjacent retroperitoneal tumor .....	22.0	90	9.0
60550 Adrenalectomy, partial or complete, or exploration of adrenal gland with or without biopsy, transabdominal, lumbar or dorsal, bilateral; one stage .....	24.0	90	9.0
60555 two stages .....	BR		9.0
((BR+))			
60600 Excision of carotid body tumor; without excision of carotid artery .....	17.0	60	8.0
60605 with excision of carotid artery .....	24.0	60	8.0
60699 Unlisted procedure, endocrine system ..	BR		5.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-365 SKULL, MENINGES, AND BRAIN.**

	Unit Value	Follow-up Days=	Basic Anes@
(For injection procedure for cerebral angiography, see 36100-36220)			
(For injection procedure for ventriculography, see 61025, 61030, 61120, 61130)			
(For injection procedure for pneumoencephalography, see 61053, 62286)			
<b>PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION</b>			
*61000 Subdural tap through fontanelle (infant); unilateral or bilateral; initial .....	*2.0	0	





	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
62230 Replacement or revision of shunt, obstructed valve, or distal catheter in shunt system	20.0	90	11.0	62297 lumbar	26.0	90	8.0
62256 Removal of complete shunt system; without replacement	10.0	90	11.0	62299 sacral	26.0	90	8.0
62258 with replacement by similar or other shunt at same operation	3.0	0	9.0	62301 Laminectomy for exploration of intraspinal canal, more than two segments; cervical	BR		9.0
(For percutaneous irrigation or aspiration of shunt reservoir, see 61070)				62302 thoracic	BR		8.0
				62303 lumbar	BR		7.0
				63001 Laminectomy for decompression of spinal cord and/or cauda equina, one or two segments; cervical	30.0	90	9.0
<b>AMENDATORY SECTION</b> (Amending Order 83-23, filed 8/2/83)				63003 thoracic	30.0	90	8.0
<b>WAC 296-22-370 SPINE AND SPINAL CORD.</b>				63005 lumbar, except for spondylolisthesis	24.0	90	7.0
				63010 lumbar for spondylolisthesis (Gill type procedure)	28.0	90	7.0
				63011 sacral	24.0	90	7.0
(For application of caliper or tongs, see 20660)				63015 Laminectomy for decompression of spinal cord and/or cauda equina, more than two segments; cervical	((BR+))		8.0
(For treatment of fracture or dislocation of spine, see ((22325-22370)) 22305-22327)				63016 thoracic	BR		7.0
				63017 lumbar	BR		7.0
				(When followed by arthrodesis, see 22550-22565)			
<b>PUNCTURE FOR INJECTION, DRAINAGE OR ASPIRATION</b>				63020 Laminotomy (hemilaminectomy), for herniated intervertebral disk, and/or decompression of nerve root; one interspace, cervical, unilateral	26.0	90	9.0
62268* Percutaneous aspiration, spinal cord cyst or syrinx	BR			63021 one interspace, cervical, bilateral	28.0	90	9.0
(For CT guidance, see 76365, 76366; for ultrasonic guidance, see 76938, 76939)				63030 one interspace, lumbar, unilateral	25.0	90	7.0
62269* Biopsy of spinal cord, percutaneous needle	BR			63031 one interspace, lumbar, bilateral	27.0	90	7.0
(For CT guidance, see 76360, 76361; for ultrasonic guidance, see 76942, 76943)				63035 additional interspaces, cervical or lumbar	BR		9.0
62270* Spinal puncture, lumbar; diagnostic	1.6	0		63040 Laminotomy (hemilaminectomy), for herniated intervertebral disk, and/or decompression of nerve root, any level, extensive or reexploration; cervical	BR		9.0
62272* Spinal puncture, therapeutic, for drainage of spinal fluid (by needle or catheter)	BR			63041 thoracic	BR		8.0
62273* Injection, lumbar epidural, of blood or clot patch	2.1			63042 lumbar	BR		7.0
62274* Injection of anesthetic substance, diagnostic or therapeutic; subarachnoid or subdural, simple	2.1	0		(When followed by arthrodesis, see 22550-22565)			
62276* subarachnoid or subdural, differential	3.5	0		(Do not use both 63035 and 63040-63042 for same procedure)			
62277* subarachnoid or subdural, continuous	3.0			63060 Hemilaminectomy (laminectomy) for herniated intervertebral disk, thoracic; posterior approach	28.0	90	8.0
62278* epidural or caudal, single	2.1	0		63064 costovertebral approach	30.0	90	8.0
62279* epidural or caudal, continuous	3.0			63065 Transthoracic approach for herniated intervertebral disk or other mass lesion, thoracic spine	32.7	90	8.0
62280* Injection of neurolytic substance (e.g., alcohol, phenol, iced saline solutions); subarachnoid	5.0			63075 Diskectomy, cervical, anterior approach, without arthrodesis; single interspace	26.0	90	9.0
62282* epidural or caudal	5.0			63076 additional interspaces	5.0		9.0
62284* Injection procedure for myelography, spinal or posterior fossa	3.0	7		(For diskectomy with arthrodesis, see 22550-22566)			
62286* Injection procedure for pneumoencephalography, lumbar	4.0	7		<b>INCISION</b>			
62288* Injection of substance other than anesthetic, contrast, or neurolytic solutions; subarachnoid (separate procedure)	BR			63170 Laminectomy for myelotomy (Bischof type), thoracic or thoracolumbar	BR	90	8.0
62289* Injection of substance other than anesthetic, contrast, or neurolytic solutions; epidural or caudal	2.8			63180 Laminectomy and section of dentate ligaments, with or without dural graft, cervical; one or two segments	38.0	90	8.0
62290* Injection procedure for diskography, single or multiple levels; lumbar	2.8			63182 more than two segments	BR		8.0
62291* cervical	2.8			63185 Laminectomy for rhizotomy; one or two segments	28.0	90	8.0
62292 Injection procedure for chemonucleolysis; including diskography, intervertebral disc; one or more levels-lumbar	13.0	180	4.0	63190 more than two segments	BR		8.0
62293 Cervical	13.0	180	4.0	63191 Laminectomy for section of spinal accessory nerve; unilateral	BR		8.0
62294* Injection procedure, arterial, for occlusion of arteriovenous malformation, spinal	2.8			63192 bilateral	BR		8.0
				(For resection of sternocleidomastoid muscle, use 21720)			
<b>LAMINECTOMY OR LAMINOTOMY, FOR EXPLORATION OR DECOMPRESSION</b>				63194 Laminectomy for cordotomy, unilateral, one stage; cervical	32.0	90	8.0
62295 Laminectomy for exploration of intraspinal canal, one or two segments; cervical	32	90	8.0	63195 thoracic	32.0	90	7.0
62296 thoracic	32.0	90	8.0	63196 Laminectomy for cordotomy, bilateral, one stage; cervical	32.0	90	8.0
				63197 thoracic	32.0	90	7.0
				63198 Laminectomy for cordotomy, bilateral, two stages within fourteen days; cervical	40.0	90	8.0
				63199 thoracic	40.0	90	7.0

**EXCISION FOR LESION OTHER THAN HERNIATED INTERVERTEBRAL DISK**

	Unit Value	Follow-up Days=	Basic Anes@
63210 Laminectomy, one or two segments, for excision of intraspinal lesion; cervical ...	34.0	90	8.0
63215 thoracic .....	34.0	90	7.0
63220 lumbar .....	30.0	90	7.0
63225 sacral .....	30.0	90	7.0
63240 Laminectomy, more than two segments, for excision of intraspinal lesion; cervical .....	BR		9.0
63241 thoracic .....	BR		8.0
63242 lumbar .....	BR		7.0
63250 Laminectomy for excision or occlusion of arteriovenous malformation of cord; cervical .....	BR		9.0
63251 thoracic .....	BR		8.0

**STEREOTAXIS**

63600 Stereotactic lesion of spinal cord, percutaneous, any modality (including stimulation and/or recording) .....	18.0	90	7.0
63610 Stereotactic stimulation of spinal cord, percutaneous, separate procedure not followed by other surgery .....	8.0	0	7.0
63615 Stereotactic biopsy, aspiration, or excision of lesion, spinal cord .....	BR		7.0

**NEUROSTIMULATORS, SPINAL**

63650 Percutaneous implantation of neurostimulator electrodes; epidural .....	BR		7.0
63652 intradural (spinal cord) .....	BR		8.0
63655 Laminectomy for implantation of neurostimulator electrodes; epidural .....	BR		7.0
63656 endodural .....	BR		7.0
63657 subdural .....	BR		7.0
63658 spinal cord (dorsal or ventral) .....	BR		7.0
63660 Revision or removal of spinal neurostimulator electrodes .....	BR		7.0
63685 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling .....	BR		7.0
63688 Revision or removal of spinal neurostimulator receiver .....	BR		7.0

**REPAIR**

63700 Repair of meningocele; less than 5 cm diameter .....	20.0	90	9.0
63702 larger than 5 cm diameter .....	BR		9.0
63704 Repair of myelomeningocele; less than 5 cm diameter .....	BR		9.0
63706 larger than 5 cm diameter .....	BR		9.0
(For complex skin closure, see Integumentary System)			
63708 Repair dural/CSF leak .....	BR		9.0
63710 Dural graft, spinal .....	BR		9.0
(For laminectomy and section of dentate ligaments, with or without dural graft, cervical, see 63180-63182)			

**SHUNT, SPINAL CSF**

63740 Creation of shunt, lumbar, subarachnoid-peritoneal, -pleural or other including laminectomy .....	26.0	90	9.0
63744 Replacement, irrigation or revision of lumbar-subarachnoid shunt .....	10.0	90	5.0
63746 Removal of entire lumbosubarachnoid shunt system without replacement .....	10.0	90	5.0
63750 Insertion, subarachnoid catheter with reservoir and/or pump for intermittent or continuous infusion of drug, including laminectomy .....	BR		5.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

**WAC 296-22-375 EXTRACRANIAL NERVES, PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM.**

	Unit Value	Follow-up Days=	Basic Anes@
(For intracranial surgery on cranial nerves, see 61450, 61460, 61790)			

**INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC SOMATIC NERVES**

Anesthetic Agent (diagnostic or therapeutic)  
(For anesthesia services in conjunction with surgical procedures, see Anesthesia section)

**Somatic**

64400* Injection, anesthetic agent; trigeminal nerve, any division or branch .....	*3.0	0	
64402* facial nerve .....	*2.5	0	
64405* greater occipital nerve .....	*2.5	0	
64408* vagus nerve .....	*2.5	0	
64410* phrenic nerve .....	*2.5	0	
64412* spinal accessory nerve .....	*2.5	0	
64413* cervical plexus .....	*2.5	0	
64415* brachial plexus .....	*2.5	0	
64417* axillary nerve .....	*2.5	0	
64418* suprascapular nerve .....	2.0	0	
64420* intercostal nerve, single .....	*2.0	0	
64421* intercostal nerves, multiple, regional block .....	*2.5	0	
64425* ilioinguinal, iliohypogastric nerves .....	*2.0	0	
64430* pudendal nerve .....	*2.5	0	
64435* paracervical (uterine) nerve .....	*2.5	0	
64440* paravertebral nerve (thoracic, lumbar, sacral, coccygeal), single .....	*3.0	0	
64441* paravertebral nerves, multiple, regional block .....	*3.2	0	
64442* paravertebral facet joint nerve, lumbar, single level .....	2.5	0	
64443* paravertebral facet joint nerve, lumbar, each additional level .....	0.5	0	
64445* sciatic nerve .....	*2.5	0	
64450* other peripheral nerve or branch ..	*2.0	0	

(For phenol destruction, see 64600-64640)

(For subarachnoid or subdural, see 62274-62277)

(For epidural or caudal, see 62278, 62279)

**SYMPATHETIC NERVES**

64505* Injection, anesthetic agent; sphenopalatine ganglion .....	*3.0	0	
64508* carotid sinus (separate procedure) ..	*2.5	0	
64510* stellate ganglion (cervical sympathetic) .....	*2.0	0	
64520* lumbar or thoracic (paravertebral sympathetic) .....	*3.0	0	
64530* celiac plexus, with or without radiologic monitoring .....	*4.0		

**NEUROSTIMULATORS, PERIPHERAL NERVE**

64550 Application of surface (transcutaneous) neurostimulator .....	BR		
64553 Percutaneous implantation of neurostimulator electrodes; cranial nerve .....	BR		
64555 peripheral nerve .....	BR		
64560 autonomic nerve .....	BR		
64565 neuromuscular .....	BR		
64573 Incision for implantation of neurostimulator electrodes; cranial nerve .....	BR		
64575 peripheral nerve .....	BR		
64577 autonomic nerve .....	BR		
64580 neuromuscular .....	BR		
64585 Revision or removal of peripheral neurostimulator electrodes .....	BR		

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
64590 Incision for subcutaneous placement of neurostimulator receiver, direct or inductive coupling	BR			64742 facial nerve, differential or complete	<del>BR</del>		
64595 Revision or removal of peripheral neurostimulator receiver	BR			64744 greater occipital nerve	BR 7.0	30	3.0 3.0
<b>DESTRUCTION BY NEUROLYTIC AGENT (E.G., CHEMICAL, THERMAL, ELECTRICAL, RADIOFREQUENCY) SOMATIC NERVES</b>				(For section of recurrent laryngeal nerve, see 31595)			
64600 Destruction by neurolytic agent, trigeminal nerve; supraorbital, infraorbital, mental, or inferior alveolar branch	5.0	7		64746 phrenic nerve	5.0	30	3.0
64605 second and third division branches at foramen ovale	5.0	30		(For section of recurrent laryngeal nerve, see 31595)			
64610 second and third division branches at foramen ovale under radiologic monitoring	5.0	30		64752 vagus nerve (vagotomy), transthoracic	14.0	45	11.0
64620 Destruction by neurolytic agent; intercostal nerve	4.0	7		64755 vagi limited to proximal stomach (selective proximal vagotomy, proximal gastric vagotomy, parietal cell vagotomy, supra- or highly selective vagotomy)	BR	45	3.0
64622 paravertebral facet joint nerve, lumbar, single level	BR			64760 vagus nerve (vagotomy), abdominal	14.0	45	6.0
64623 paravertebral facet joint nerve, lumbar, each additional level	BR			64761 pudendal nerve, unilateral	BR		6.0
64630 pudendal nerve	5.0			64762 pudendal nerve, bilateral	BR		6.0
64640 Other peripheral nerve or branch	5.0			64763 Transsection or avulsion of obturator nerve, extrapelvic, with or without adductor tenotomy; unilateral	6.0	45	3.0
<b>SYMPATHETIC NERVES</b>				64764 bilateral	9.0	45	3.0
64680 Destruction by neurolytic agent, celiac plexus, with or without radiologic monitoring	6.0	7		64766 Transsection or avulsion of obturator nerve, intrapelvic, with or without adductor tenotomy; unilateral	10.0	60	4.0
<b>EXPLORATION, NEUROLYSIS OR NERVE DECOMPRESSION (NEUROPLASTY)</b>				64768 bilateral	13.0	60	4.0
Decompression or freeing of intact nerve from scar tissue, including external neurolysis and transposition				64771 Transsection or avulsion of other cranial nerve, extradural	BR		3.0
(For internal neurolysis by dissection, see 64727)				64772 Transsection or avulsion of other spinal nerve, extradural	<del>BR</del>		3.0
(For facial nerve decompression, see 69720)				<b>EXCISION</b>			
				(For excision of tender scar, skin and subcutaneous tissues with or without tiny neuroma, see 11400-11460, 13000-13300)			
				<b>EXCISION-SOMATIC NERVES</b>			
				(For Morton neurectomy, see 28080)			
64702 Neurolysis; digital, one or both, same digit	4.8	90	3.0	64774 Excision of neuroma; cutaneous nerve, surgically identifiable	3.0	30	3.0
64704 nerve of hand or foot	8.0	90	3.0	64776 digital nerve, one or both, same digit	3.0	30	3.0
64708 Neurolysis, major peripheral nerve; arm or leg; other than specified	12.0	90	3.0	64778 digital nerve, each additional digit (list separately by this number)	2.0		
64712 sciatic nerve	<del>BR</del>			64782 hand or foot, except digital nerve	6.0	30	3.0
64713 brachial plexus	<del>BR</del>			64783 hand or foot, each additional nerve, except same digit (list separately by this number)	3.0	30	3.0
64714 lumbar plexus	<del>BR</del>			64784 major peripheral nerve except sciatic	10.0	30	3.0
64716 Neurolysis and/or transposition; cranial nerve (specify)	BR		3.0	64786 sciatic nerve	BR		3.0
64718 ulnar nerve at elbow	15.0	90	3.0	64787 Insertion of plastic cap on nerve end	BR		3.0
64719 ulnar nerve at wrist	9.0	90	3.0	64788 Excision of neurofibroma or neurolemmoma, cutaneous nerve	6.0	30	3.0
64721 median nerve at carpal tunnel	10.0	90	3.0	64790 major peripheral nerve	<del>BR</del>		3.0
64722 Decompression; unspecified nerve(s) (specify)	BR			64792 extensive (including malignant type)	<del>BR</del>		3.0
64726 plantar digital nerve	6.0	90	3.0	64795 Biopsy of nerve	BR		
64727 Internal neurolysis by dissection, with or without microdissection (list separately in addition to code for primary neuroplasty)	BR		3.0	<b>EXCISION-SYMPATHETIC NERVES</b>			
<b>INTRODUCTION/INJECTION OF ANESTHETIC AGENT (NERVE BLOCK), DIAGNOSTIC OR THERAPEUTIC SOMATIC NERVES</b>				64802 Sympathectomy, cervical; unilateral	14.5	60	6.0
<b>TRANSECTION OR AVULSION OF NERVES</b>				64803 bilateral	19.0	60	6.0
(For steriotactic lesion of gasserian ganglion, see 61790)				64804 Sympathectomy, cervicothoracic; unilateral, one stage	20.0	60	6.0
64732 Transsection or avulsion of; supraorbital nerve	7.0	30	3.0	64806 bilateral or two stage unilateral	28.0	60	8.0
64734 infraorbital nerve	7.0	30	3.0	64809 Sympathectomy, thoracolumbar; unilateral	20.0	60	6.0
64736 mental nerve	7.0	30	3.0	64811 bilateral	28.0	60	8.0
64738 inferior alveolar nerve by osteotomy	10.0	30	3.0	<del>((64814 Sympathectomy, hypogastric or presacral neurectomy (separate procedure) 14.0 60 5.0))</del>			
64740 lingual nerve	BR		3.0	<u>(64814 Hypogastric or presacral neurectomy has been deleted. To report, use 64999)</u>			
				64818 Sympathectomy, lumbar; unilateral	15.0	60	5.0

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

**WAC 296-22-405 EYEBALL.**

	Unit Value	Follow-up Days=	Basic Anes@
64819 bilateral	21.0	60	5.0
<del>((64824 periarterial</del>	<del>24.0</del>	<del>60</del>	<del>5.0)</del>

(64824 has been deleted. To report periarterial sympathectomy, use 64999)

**NERVE REPAIR BY SUTURE (NEURORRHAPHY)**

64830 Microdissection and/or microrepair of nerve (list separately in addition to code for nerve repair)	BR		3.0
64831 Suture of digital nerve, hand or foot; one nerve	4.8	90	3.0
64832 each additional digit nerve	1.2		
64834 Suture of one nerve, hand or foot; common sensory nerve	8.0	90	3.0
64835 median motor thenar	10.0	90	3.0
64836 ulnar motor	12.0	90	3.0
64837 Suture of each additional nerve, hand or foot	BR		3.0
64840 Suture of posterior tibial nerve	BR		3.0
64856 Suture of major peripheral nerve, arm or leg, except sciatic; including transposition	14.0	90	3.0
64857 without transposition	BR	90	3.0
64858 Suture of sciatic nerve	BR		3.0
64859 Suture of each additional major peripheral nerve	BR		3.0
64861 Suture of; brachial plexus	BR		3.0
64862 lumbar plexus	BR		3.0
64864 Suture of facial nerve; extracranial	BR		3.0
64865 intratemporal, with or without grafting	BR		3.0
64866 Anastomosis; facial-spinal accessory	26.0	90	3.0
64868 facial-hypoglossal	26.0	90	3.0
64870 facial-phrenic	26.0	90	3.0
64872 Suture of nerve; requiring secondary or delayed suture (list separately in addition to code for primary neurorrhaphy)	BR		3.0
64874 requiring extensive proximal mobilization, or transposition of nerve (list separately in addition to code for nerve suture)	BR		3.0
64876 requiring shortening of bone of extremity (list separately in addition to code for nerve suture)	BR		3.0

**NEURORRHAPHY WITH NERVE GRAFT**

64890 Nerve graft (includes obtaining graft), single strand, hand or foot; up to 4 cm length	BR	90	3.0
64891 more than 4 cm length	BR	90	3.0
64892 Nerve graft (includes obtaining graft), single strand, arm or leg; up to 4 cm length	BR	90	3.0
64893 more than 4 cm length	BR	90	3.0
64895 Nerve graft (includes obtaining graft), multiple strands (cable), hand or foot; up to 4 cm length	BR	90	3.0
64896 more than 4 cm length	BR	90	3.0
64897 Nerve graft (includes obtaining graft), multiple strands (cable), arm or leg; up to 4 cm length	BR	90	3.0
64898 more than 4 cm length	BR	90	3.0
64901 Nerve graft, each additional nerve; single strand	BR	90	3.0
64902 multiple strands (cable)	BR	90	3.0
64905 Nerve pedicle transfer; first stage	BR	90	3.0
64907 second stage	BR	90	3.0

**OTHER PROCEDURES**

64999 Unlisted procedure, nervous system	BR		3.0
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Unit Value	Follow-up Days=	Basic Anes@
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(For goniotomy, see 65820)

**REMOVAL OF EYE**

65091 Evisceration ocular contents; without implant	10.0	30	3.0
65093 with implant	12.0	30	3.0
65101 Enucleation of eye, without implant	10.0	30	3.0
65103 with implant, muscles not attached to implant	11.0	30	3.0
65105 with, muscles attached to implant, muscles attached to implant	12.0	30	3.0
65110 Exenteration orbit (does not include skin graft), removal orbital contents; only	20.0	60	4.0
65112 with therapeutic removal of bone	BR		4.0
65114 with temporalis muscle transplant	25.0	60	4.0

(For conjunctivoplasty after enucleation, see 68320 et seq)

(For skin graft to orbit (split skin), see 15120, 15121; free, full thickness, see 15260, 15261)

(For eyelid repair involving more than skin, see 67930 et seq)

**SECONDARY IMPLANT PROCEDURES**

An ocular implant is an implant inside muscular cone; an orbital implant is an implant outside muscular cone.

65130 Insertion ocular implant secondary; after evisceration, in scleral shell	8.0	30	4.0
65135 after enucleation, muscles not attached to implant	10.0	30	4.0
65140 after enucleation, muscles attached to implant	14.0	30	4.0
65150 Reinsertion ocular implant; with or without conjunctival graft	BR		4.0
65155 with use of foreign material for reinforcement and/or attachment of muscles to implant	BR		4.0
65175 Removal ocular implant	BR		4.0

(For orbital implant (implant outside muscle cone) insertion, see 67550; removal, see 67560)

**REMOVAL OF OCULAR FOREIGN BODY**

(For removal of implanted material: Ocular implant, see 65175; anterior segment implant, see 65920; posterior segment implant, see 67120; orbital implant, see 67560)

(For diagnostic x-ray for foreign body, see 70030-70050)

(For diagnostic echography for foreign body, see 76529)

(For removal of foreign body from orbit: frontal approach, see 67413; lateral approach, see 67430; transcranial approach, see 61334)

(For removal of foreign body from eyelid, embedded, see 67938)

(For removal of foreign body from lacrimal system, see 68530)

65205* Removal foreign body, external eye; conjunctival superficial	0.2	0	4.0
65210* conjunctival embedded (includes concretions), subconjunctival, or scleral nonperforating	0.6	0	4.0
65220* corneal, without slit lamp	0.6	0	4.0
65222* corneal, with slit lamp	0.8	0	4.0

(For repair of corneal laceration with foreign body, see 65275)

	Unit Value	Follow-up Days=	Basic Anes@
65230 Removal foreign body intraocular; from anterior chamber, magnetic extraction ..	12.0	45	6.0
65235 from anterior chamber, nonmagnetic extraction .....	16.0	45	8.0
65240 from lens (without extraction lens), magnetic extraction .....	12.0	30	6.0
65245 from lens (without extraction lens), nonmagnetic extraction .....	BR		8.0
(For removal implanted material anterior segment, see 65920)			
65260 from posterior segment, magnetic extraction, anterior or posterior route...	12.0	30	6.0
65265 from posterior segment, nonmagnetic extraction .....	18.0	30	8.0
(For removal implanted material posterior segment, see 67120)			
<b>REPAIR OF LACERATION OF EYEBALL</b>			
(For fracture of orbit, see 21380 et seq)			
(For repair wound of eyelid, skin, linear, simple, see 12011-12018; intermediate, layered closure, see 12051-12057; linear, complex, see 13150-13300; other, see 67930-67935)			
(For repair wound of lacrimal system, see 68700)			
(For repair operative wound, see 66250)			
65270* Repair laceration; conjunctiva, with or without nonperforming laceration sclera, direct closure .....	0.9	0	4.0
65272 conjunctiva, by mobilization and rearrangement, without hospitalization ..	BR		4.0
65273 conjunctiva, by mobilization and rearrangement, with hospitalization .....	BR		4.0
65275 cornea, nonperforming, with or without removal foreign body .....	SV		4.0
65280 cornea and/or sclera, perforating, not involving uveal tissue .....	BR	30	5.0
65285 cornea and/or sclera, perforating, with reposition or resection of uveal tissue ..	BR	30	5.0
(Repair of laceration includes use of conjunctival flap and restoration of anterior chamber, by air or saline injection when indicated)			
(For repair of iris or ciliary body, see 66680)			
65290 Repair wound extraocular muscle, tendon and/or Tenon's capsule .....	4.4	30	4.0

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-410 ANTERIOR SEGMENT—CORNEA.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
65300 Delimiting keratotomy .....	2.0	15	3.0
(For paracentesis of cornea, see 65800-65815)			
(For removal of foreign body, cornea, see 65220-65222)			
<b>EXCISION</b>			
65400 Excision lesion cornea (keratectomy, lamellar, partial), except pterygium ..	8.0	30	3.0
65410* Biopsy cornea .....	1.0	0	3.0
65420 Excision or transposition, pterygium; without graft .....	6.0	30	3.0
65426 with graft .....	BR		3.0

**REMOVAL OR DESTRUCTION**

	Unit Value	Follow-up Days=	Basic Anes@
65430* Scraping cornea, diagnostic, for smear and/or culture .....	0.4	0	4.0
65435* Removal corneal epithelium; with or without chemocauterization (abrasion, curettage) .....	1.0	0	4.0
65436 with application of chelating agent, e.g., EDTA .....	BR		
65445 Thermocauterization lesion of cornea ...	1.6	7	4.0
65455 Cryotherapy lesion of cornea .....	1.6	7	4.0
65600 Tattoo of cornea, mechanical or chemical .....	8.0	30	3.0

**KERATOPLASTY**

(Corneal transplant includes preparation of donor material)

65710 Keratoplasty (corneal transplant) lamellar; autograft .....	24.0	90	8.0
65720 homograft, fresh .....	24.0	90	8.0
65725 homograft, preserved .....	24.0	90	8.0
65730 Keratoplasty (corneal transplant) penetrating (except in aphakia); autograft...	30.0	90	8.0
65740 homograft, fresh .....	30.0	90	8.0
65745 homograft, preserved .....	30.0	90	8.0
65750 Keratoplasty (corneal transplant) penetrating, in aphakia .....	30.0	90	8.0

**OTHER PROCEDURES**

65760 Keratomeleusis (refractive keratoplasty)	30.0	90	8.0
65765 Keratophakia .....	30.0	90	8.0
65770 Keratoprosthesis .....	32.0	90	8.0

(For fitting of contact lens for treatment of disease, see 92070)

(For unlisted procedures on cornea, see 66999)

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-413 ANTERIOR SEGMENT—ANTERIOR CHAMBER.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*65800 Paracentesis anterior chamber eye (separate procedure); with diagnostic aspiration of aqueous .....	*1.0	0	3.0
65805* with therapeutic release of aqueous ..	1.5	0	3.0
65810 with removal of vitreous and/or discission of anterior hyaloid membrane, with or without air injection ..	8.0	90	3.0
65815 with removal of blood, with or without irrigation and/or air injection .....	5.6	15	3.0
(For injection, see 66020-66030)			
(For removal of blood clot, see 65930)			
65820 Goniotomy; without goniotomy .....	10.0	30	3.0
65825 with goniotomy .....	10.0	30	4.0
65830 Goniotomy, without goniotomy .....	BR		3.0
65850 Trabeculotomy ab externo .....	BR		3.0
65855 Trabeculoplasty by laser surgery, one or more sessions (defined treatment series) ..	BR		3.0
<u>(If retreatment necessary after several months because of disease progression, a new treatment or treatment series should be reported with a modifier, if necessary, to indicate lesser or greater complexity)</u>			
(For trabeculectomy, see 66170)			
<b>OTHER PROCEDURES</b>			
65865 Severing adhesions anterior segment of eye, <u>incisional technique</u> (with or without			

	Unit Value	Follow-up Days=	Basic Anes@
injection air or liquid) (separate procedure); goniosynechia	10.0	30	6.0
65870 anterior synechia, except goniosynechia	9.0	30	6.0
65875 posterior synechia	9.0	30	6.0
65880 corneovitreous adhesions	BR		3.0
65900 Removal epithelial downgrowth anterior chamber eye	BR		6.0
65920 Removal implanted material anterior segment eye	BR		6.0
65930 Removal of blood clot, anterior segment eye	BR		6.0
66020 Injection, anterior chamber (separate procedure); air or liquid	2.0	7	3.0
66030* medication	1.1	7	3.0

(For unlisted procedures on anterior segment, see 66999)

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-415 ANTERIOR SEGMENT—ANTERIOR SCLERA.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
(For removal of intraocular foreign body, see 65230-65235)			
(For operations on posterior sclera, see 67250-67255)			
66130 Excision lesion sclera	BR		6.0
66150 Fistulization sclera for glaucoma; trephination with iridectomy	12.0	45	6.0
66155 thermocauterization with iridectomy	12.0	45	6.0
66160 sclerectomy with punch or scissors, with iridectomy	12.0	45	6.0
66165 iridencleisis or iridotaxis	12.0	45	6.0
66170 trabeculectomy ab externo	BR		

(For trabeculectomy ab externo, see 65850)

(For repair of operative wound, see 66250)

**REPAIR**

(For scleral procedures in retinal surgery, see 67102 et seq)

66220 Repair scleral staphyloma; without graft	20.0	90	6.0
66225 with graft	24.0	90	6.0

(For scleral reinforcement, see 67250-67255)

**REVISION OPERATIVE WOUND**

66250 Revision or repair operative wound anterior segment, any type, early or late, major or minor procedure	BR		6.0
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**OTHER PROCEDURES**

(For unlisted procedures on anterior sclera, see 66999)

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

**WAC 296-22-425 ANTERIOR SEGMENT—LENS.**

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
66800 Discission lens (needling of lens); initial	5.0	45	3.0
66801 subsequent	2.4	45	3.0
66820 Discission of secondary membranous cataract ("after cataract") and/or anterior hyaloid (Ziegler or Wheeler knife			

	Unit Value	Follow-up Days=	Basic Anes@
technique)	5.0	45	3.0
<b>REMOVAL CATARACT</b>			
66830 Removal of secondary membranous cataract ("after cataract"), with corneoscleral section, with or without iridectomy (iridocapsulotomy, iridocapsulectomy)	12.0	90	3.0
66840 Removal of lens material; aspiration technique, one or more stages	12.0	30	3.0
66850 phacoemulsification technique (mechanical or ultrasonic, e.g., phacoemulsification), with aspiration	16.0	90	3.0
66915 Expression lens, linear, one or more stages	20.0	90	3.0
66920 Extraction lens with or without iridectomy; intracapsular, with or without enzymes	20.0	90	3.0
66930 intracapsular, for dislocated lens	22.0	90	3.0
66940 extracapsular (other than 66840, 66850, 66915)	20.0	90	3.0
66945 in presence of fistulization bleb and/or by temporal, inferior or inferotemporal route, intracapsular or extracapsular	22.0	90	3.0

Preliminary iridectomy, done as a separate procedure prior to extraction of lens, is included in the listed extraction of lens

(For removal of intralenticular foreign body without lens extraction, see 65240-65245)

(For repair of operative wound, see 66250)

**ANTERIOR SEGMENT—OTHER PROCEDURES**

<del>((66980—Insertion intraocular lens prosthesis; at time of cataract extraction (any technique) one stage</del>	BR))		
<u>(66980 Cataract extraction with lens implantation has been deleted. To report, see 66983, 66984)</u>			
66983 Intracapsular cataract extraction with insertion of intraocular lens prosthesis (one stage procedure)	BR		3.0
66984 Extracapsular cataract removal with insertion of intraocular lens prosthesis (one stage procedure)	BR		3.0
66985 ((secondary)) insertion of intraocular lens subsequent to ((earlier)) cataract extraction (separate procedure)	BR		3.0

(For removal of implanted material from anterior segment, see 65920)

(For intraocular lens prosthesis supplied by physician, see 99070)

(For ultrasonic determination of intraocular lens power, see 76516, 76517)

(For secondary fixation (separate procedure), see 66682)

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

**WAC 296-22-427 POSTERIOR SEGMENT—VITREOUS.**

	Unit Value	Follow-up Days=	Basic Anes@
67005 Removal of vitreous, anterior approach (open sky technique or limbal incision); partial removal	BR		3.0
67010 subtotal removal with mechanical vitrectomy (such as VISC or rotoextractor)	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
(For removal of vitreous by paracentesis of anterior chamber, see 65810)			
(For removal of corneovitreous adhesions, see 65880)			
67015 Aspiration or release of vitreous, subretinal or choroidal fluid, pars plana approach (posterior sclerotomy) . . . . .	9.0	15	3.0
67025 Injection of vitreous substitute, pars plana approach (separate procedure), excludes air or balanced salt solutions . . . .	12.0	30	3.0
67030 Discission of vitreous strands (without removal), pars plana approach . . . . .	BR		<u>3.0</u>
<del>((67035 Vitrectomy mechanical (such as VISC or rotoextractor) pars plana approach, with or without removal of lens by same technique . . . . .</del>	<del>BR))</del>		<del>3.0</del>
<del>(67035 has been deleted. To report use 67036)</del>			
<u>67036 Vitrectomy, mechanical, pars plana approach . . . . .</u>	<u>BR</u>		<u>3.0</u>
(For associated lensectomy, see 66850)			
(For use of vitrectomy in retinal detachment surgery, see 67108)			
(For associated removal of foreign body, see 65260-65265)			
(For unlisted procedures on vitreous, see 67299)			

AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-430 POSTERIOR SEGMENT—RETINAL DETACHMENT.

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
(If diathermy, cryotherapy and/or photocoagulation are combined, report under principle modality used)			
67102 Repair retinal detachment (one or more stages, same hospitalization); diathermy, with or without drainage of subretinal fluid and/or injection of air or saline . . . . .	20.0	90	3.0
67103 cryotherapy, with or without drainage of subretinal fluid . . . . .	<u>BR</u>		<u>3.0</u>
67104 drainage of subretinal fluid with photocoagulation (one or more stages), xenon arc . . . . .	22.0	90	3.0
67106 drainage of subretinal fluid with photocoagulation (one or more stages), laser . . . . .	22.0	90	3.0
67107 scleral buckling (such as lamellar excision, imbrication, or encircling procedure), with or without implant, may include procedures 67102-67106 . . . . .	30.0	90	8.0
67108 with vitrectomy, any method, with or without air tamponade, may include procedures 67102-67107 and/or removal of lens by same technique . . . .	30.0	120	5.0
67109 by technique other than 67102-67108 . . . . .	BR		<u>3.0</u>
67112 previously operated upon, any technique . . . . .	BR		<u>3.0</u>
(For aspiration or drainage of subretinal or subchoroidal fluid, see 67015)			
<u>67115 Release of encircling material (posterior segment) . . . . .</u>	<u>BR</u>		<u>3.0</u>
67120 Removal implanted material, posterior segment ((eye)) <u>extraocular</u> . . . . .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
67121 <u>intraocular</u> . . . . .	<u>BR</u>		<u>3.0</u>
(For removal from anterior segment, use 65920)			
(For removal of foreign body, see 65260, 65265)			

**PROPHYLAXIS**

Repetitive services. The services listed below are often performed in multiple sessions or groups of sessions. The methods of reporting vary. The following descriptors are intended to include all sessions in a defined treatment period.

67142 Prophylaxis retinal detachment (e.g., retinal break, lattice degeneration), without drainage, one or more stages; diathermy . . . . .	10.0	30	3.0
67143 cryotherapy . . . . .	10.0	30	3.0
67144 photocoagulation, xenon arc . . . . .	10.0	30	3.0
67146 photocoagulation, laser . . . . .	10.0	30	3.0

**POSTERIOR SEGMENT—OTHER PROCEDURES**

**DESTRUCTION—RETINA, CHOROID**

67212 Destruction of localized lesion retina or choroid (e.g. choroidopathy), one or more stages; diathermy . . . . .	10.0	30	3.0
67213 cryotherapy . . . . .	10.0	30	3.0
67214 photocoagulation, xenon arc . . . . .	10.0	30	3.0
67216 photocoagulation, laser . . . . .	10.0	30	3.0
67218 radiation by implantation of source (includes removal of source) . . . . .	BR		<u>3.0</u>
67222 Destruction of progressive retinopathy (eg, diabetic), one or more stages; diathermy . . . . .	12.0	30	3.0
67223 cryotherapy . . . . .	12.0	30	3.0
67224 photocoagulation, xenon arc . . . . .	12.0	30	3.0
67226 photocoagulation, laser . . . . .	12.0	30	3.0

(For unlisted procedures on retina, see 67299)

**SCLERAL REPAIR**

(For excision lesion sclera, see 66130)

67250 Scleral reinforcement (separate procedure); without graft . . . . .	22.0	90	3.0
67255 with graft . . . . .	24.0	90	3.0

(For repair scleral staphyloma, see 66220-66225)

67299 Unlisted procedure, posterior segment . . . . .	BR		<u>3.0</u>
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AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-435 OCULAR ADNEXA—EXTRAOCULAR MUSCLES.

	Unit Value	Follow-up Days=	Basic Anes@
67311 Strabismus surgery on patient not previously operated on, any procedure, any muscle, (may include minor displacement, eg, for A or V pattern); one muscle . . . . .	10.0	30	3.0
67312 two muscles, one or both eyes . . . . .	10.0	30	3.0
67313 three or more muscles, and/or adjustable suture one or both eyes . . . .	12.0	30	3.0
67320 Transposition extraocular muscle (e.g., for paretic muscle), one or more stages, one or more muscles, with displacement of plane of action more than 5 mm . . . .	18.0	30	3.0
67331 Strabismus surgery on patient previously operated on; not involving reoperation of muscles . . . . .	10.0	30	3.0
67332 involving reoperation of muscles . . . .	BR		<u>3.0</u>

**OTHER PROCEDURES**

67350 Biopsy extraocular muscle . . . . .	4.4	15	3.0
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Unit Follow-up Basic  
Value Days= Anes@

Unit Follow-up Basic  
Value Days= Anes@

(For repair of wound extraocular muscle, tendon or Tenon's capsule, see 65290)

(For canthoplasty, see 67950)

(For division symblepharon, see 68340)

67399 Unlisted procedure, ocular muscle . . . . BR 3.0

**EXCISION OR REMOVAL OF LESION INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS AND/OR PALPEBRAL CONJUNCTIVA\*)**

(For removal of lesion, involving mainly skin of eyelid, see 11440-11446; 11640-11646; 17000-17010)

(For repair wounds, blepharoplasty, grafts, reconstructive surgery, see 67930-67975)

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-440 OCULAR ADNEXA—ORBIT.**

Unit Follow-up Basic  
Value Days= Anes@

**EXPLORATION, EXCISION**

67400 Orbitotomy without bone flap (frontal approach); for exploration, with or without biopsy . . . . 12.0 30 7.0  
 67405 drainage only . . . . 12.0 30 7.0  
 67412 with removal lesion . . . . ((BR+)) BR 7.0  
 67413 with removal foreign body . . . . BR 7.0  
 67415 Transconjunctival or aspirational biopsy . . . . 2.2 15 3.0  
 (For exenteration, enucleation, and repair, see 65101 et seq)  
 67420 Orbitotomy with bone flap, lateral approach (e.g., Kroenlein); with removal of lesion . . . . 22.0 30 7.0  
 67430 with removal foreign body . . . . 22.0 30 7.0  
 67440 with drainage or decompression . . . . 22.0 30 7.0  
 67450 for exploration, with or without biopsy . . . . 22.0 30 7.0

(For orbitotomy, transcranial approach, see 61330-61334)

(For orbital implant, see 67550, 67560)

(For removal of eyeball or for repair after removal, see 65091-65175)

**OTHER PROCEDURES**

\*67500 Retrobulbar injection; medication (separate procedure, does not include supply of medication) . . . . \*0.6 0  
 67505 alcohol . . . . 2.0 15  
 67510 air or opaque contrast medium for radiography . . . . 1.0 7  
 67515\* Injection therapeutic agent into Tenon's capsule . . . . 0.7 0 3.0  
 (For subconjunctival injection, see 68200)  
 67550 Orbital implant (implant outside muscle cone); insertion . . . . 15.0 30 3.0  
 67560 removal or revision . . . . BR 3.0  
 (For ocular implant (implant inside muscle cone), see 65093-65105, 65130-65175)  
 (For treatment of fractures of malar area, orbit, see 21350 et seq)  
 67599 Unlisted procedure, orbit . . . . BR 3.0

**AMENDATORY SECTION (Amending Order 80-25, filed 12/3/80, effective 3/1/81)**

**WAC 296-22-445 OCULAR ADNEXA—EYELIDS.**

Unit Follow-up Basic  
Value Days= Anes@

**INCISION**

\*67700 Blepharotomy, drainage abscess eyelid . . . . \*0.4 0 3.0  
 67710 Severing tarsorrhaphy . . . . 0.4 0 3.0  
 67715 Canthotomy (separate procedure) . . . . 0.4 0 3.0

67800 Excisionchalazion; single . . . . 1.2 15 3.0  
 67801 multiple, same lid . . . . 1.4 15 3.0  
 67805 multiple, different lids . . . . 1.6 15 3.0  
 67808 under general anesthesia and/or requiring hospitalization, single or multiple . . . . 3.2 30 3.0  
 67810\* Biopsy eyelid . . . . 1.0 37 3.0  
 \*67820 Correction trichiasis; epilation, forceps only . . . . \*0.4 0  
 \*67825 epilation, ((electrosurgical)) (eg, by electrosurgery or cryotherapy) . . . . \*1.0 0 3.0  
 67830 incision lid margin . . . . BR 3.0  
 67835 incision lid margin, with free mucous membrane graft . . . . BR 3.0  
 67840\* Excision of lesion of eyelid (except chalazion) without closure or with simple direct closure . . . . 1.6 0 3.0

(For excision and repair of eyelid by reconstructive surgery, see 67961-67966)

67850\* Destruction of lesion of lid margin (up to 1 cm) . . . . 1.6 0 3.0

(For chemosurgery technique of malignancies of skin, see 17300-17302)

(For initiation or follow-up care of topical chemotherapy, e.g., 5-FU or similar agents, see appropriate office visits)

**TARSORRHAPHY**

67880 Construction intermarginal adhesions, median tarsorrhaphy, or canthorrhaphy; . . . . 2.0 30 3.0  
 67882 with transposition of tarsal plate . . . . 14.0 60 3.0

(For severing of tarsorrhaphy, see 67710)

(For canthoplasty, reconstruction canthus, see 67950)

(For canthotomy, see 67715)

**REPAIR BLEPHAROPTOSIS, LID RETRACTION**

67901 Repair blepharoptosis; frontalis muscle technique with suture . . . . 12.0 60 3.0  
 67902 frontalis muscle technique with fascial sling (includes obtaining fascia) . . . . 16.0 60 3.0  
 67903 (tarsal) levator resection, internal approach . . . . 16.0 60 3.0  
 67904 (tarsal) levator resection, external approach . . . . 16.0 60 3.0  
 67906 superior rectus technique with fascial sling (includes obtaining fascia) . . . . 16.0 60 3.0  
 67907 superior rectus tendon transplant . . . . 16.0 60 3.0  
 67908 conjunctivo-tarsal-levator resection (Fasanella-Servat type) . . . . 12.0 60 3.0  
 67909 Reduction of overcorrection of ptosis . . . . BR 3.0  
 67911 Correction of lid retraction . . . . 12.0 60 3.0

**REPAIR ECTROPION, ENTROPION**

(For correction trichiasis by mucous membrane graft, see 67835)

67914 Repair ectropion; suture . . . . 1.6 15 3.0  
 67915 thermocauterization . . . . 1.4 15 3.0  
 67916 blepharoplasty, excision tarsal wedge . . . . 9.0 60 3.0  
 67917 blepharoplasty, extensive (e.g.,

	Unit Value	Follow-up Days=	Basic Anes@		Unit Value	Follow-up Days=	Basic Anes@
Kuhnt-Szymanowski operation) . . . .	11.0	60	3.0	67975 second stage . . . . .	2.4	60	3.0
(For correction everted punctum, see 68705)				<b>OTHER PROCEDURES</b>			
67921 Repair entropion; suture . . . . .	1.6	15	3.0	67999 Unlisted procedure, eyelids . . . . .	BR		<u>3.0</u>
67922 thermocauterization . . . . .	1.4	15	3.0	(For cicatricial ectropion or entropion requiring scar excision, skin graft, etc., see 15100-15260)			
67923 blepharoplasty, excision tarsal wedge . . . . .	9.0	60	3.0	<b>AMENDATORY SECTION</b> (Amending Order 80-25, filed 12/3/80, effective 3/1/81)			
67924 blepharoplasty, extensive (e.g., Wheeler operation) . . . . .	11.0	60	3.0	<b>WAC 296-22-450 OCULAR ADNEXA—CONJUNCTIVA.</b>			
(For repair cicatricial ectropion or entropion requiring scar excision or skin graft, see also 67961 et seq.)							
<b>RECONSTRUCTIVE SURGERY, BLEPHAROPLASTY INVOLVING MORE THAN SKIN (I.E., INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA)</b>							
67930 Suture recent wound, eyelid, involving lid margin, tarsus, and/or palpebral conjunctiva) direct closure; partial thickness . . . . .	1.6	15	3.0	(For removal of foreign body, see 65205 et seq.)			
67935 full thickness . . . . .	3.4	30	3.0	<b>INCISION, DRAINAGE</b>			
67938 Removal embedded foreign body, eyelid . . . . .	BR		3.0	68020 Incision conjunctiva, drainage cyst . . . . .	0.4	15	3.0
(For repair skin of eyelid, see 12011-12018; 12051-12057; 13150-13300)				68040 Expression conjunctival follicles, e.g., for trachoma . . . . .			SV
(For repair lacrimal canaliculi, see 68700)				<b>EXCISION, DESTRUCTION</b>			
(For tarsorrhaphy, canthorrhaphy, see 67880-67882)				68100 Biopsy conjunctiva . . . . .	1.0	15	3.0
(For repair blepharoptosis and lid retraction, see 67901-67911)				68110 Excision lesion conjunctiva; up to 1 cm . . . . .	1.0	15	3.0
(For blepharoplasty for entropion, ectropion, see 67916, 67917, 67923, 67924)				68115 over 1 cm . . . . .	2.0	15	3.0
(For correction blepharochalasis (blepharorhytidectomy), see 15820-15823)				68130 with adjacent sclera . . . . .	BR		3.0
(For repair skin of eyelid, adjacent tissue transfer, see 14060, 14061; preparation for graft, see 15000; free graft, see 15120, 15121, 15260, 15261)				68135* Destruction lesion conjunctiva . . . . .	0.6	0	3.0
(For excision lesion of eyelid, see 67800 et seq.)				(For nevus, see 11440-11460)			
(For repair lacrimal canaliculi, see 68700)				<b>INJECTION</b>			
67950 Canthoplasty (reconstruction of canthus) . . . . .	BR		3.0	68200 Subconjunctival injection . . . . .	0.6	7	
67961 Excision and repair eyelid, involving lid margin, tarsus, conjunctiva, or full thickness, may include preparation for skin graft or pedicle flap with adjacent tissue transfer or rearrangement; up to one-fourth of lid margin . . . . .	12.0	60	3.0	(For injection into Tenon's capsule or retrobulbar injection, see 67500-67515)			
67966 over one-fourth of lid margin . . . . .	15.0	60	3.0	<b>CONJUNCTIVOPLASTY</b>			
(For canthoplasty, see 67950)				(For wound repair, see 65270-65273)			
(For free skin grafts, see 15120, 15121, 15260, 15261)				68320 Conjunctivoplasty; with conjunctival graft or extensive rearrangement . . . . .	12.0	30	3.0
(For tubed pedicle flap preparation, see 15515; for delay, see 15630; for attachment, see 15555)				68325 with buccal mucous membrane graft (includes obtaining graft) . . . . .	14.0	30	5.0
67971 Reconstruction eyelid full thickness by transfer of tarsoconjunctival flap from opposing eyelid; up to two-thirds of eyelid, one stage or first stage . . . . .	15.0	60	3.0	68326 Conjunctivoplasty, reconstruction cul-de-sac; with conjunctival graft or extensive rearrangement . . . . .	BR		<u>3.0</u>
67973 total eyelid, lower, one stage or first stage . . . . .	17.0	60	3.0	68328 with buccal mucous membrane graft (includes obtaining graft) . . . . .	BR		<u>5.0</u>
67974 total eyelid, upper, one stage or first stage . . . . .	20.0	60	3.0	68330 Repair symblepharon; conjunctivoplasty, without graft . . . . .	BR		<u>3.0</u>
				68335 with free graft conjunctiva or buccal mucous membrane (includes obtaining graft) . . . . .	BR		<u>5.0</u>
				68340 division symblepharon with or without insertion of conformer or contact lens . . . . .	BR		<u>3.0</u>
				<b>OTHER PROCEDURES</b>			
				68360 Conjunctival flap; bridge or partial (separate procedure) . . . . .	5.0	30	3.0
				68362 total (such as Gunderson thin flap or purse string flap) . . . . .	9.0	30	3.0
				(For conjunctival flap for perforating injury, see 65280-65285)			
				(For repair of operative wound, see 66250)			
				(For removal of conjunctival foreign body, see 65205-65210)			
				68399 Unlisted procedure, conjunctiva . . . . .	BR		<u>3.0</u>
				(For repair of symblepharon without graft, see 11400-11460, 13000-14160)			

**AMENDATORY SECTION** (Amending Order 80-25, filed 12/3/80, effective 3/1/81)

WAC 296-22-455 OCULAR ADNEXA—LACRIMAL SYSTEM.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
68400 Incision, drainage lacrimal gland . . . . .	2.4	15	3.0
68420 Incision, drainage lacrimal sac . . . . .	2.0	15	3.0
*68440 Snip incision lacrimal punctum . . . . .	*0.4	0	3.0
<b>EXCISION</b>			
68500 Excision of lacrimal gland: (dacryoadenectomy), except for tumor; total . . . . .	12.0	45	3.0
68505 partial . . . . .	12.0	45	3.0
68510 Biopsy lacrimal gland . . . . .	BR		3.0
68520 Excision of lacrimal sac (dacryocystectomy) . . . . .	12.0	45	3.0
68525 Biopsy of lacrimal sac . . . . .	BR		3.0
68530 Removal or foreign body or dacryolith, lacrimal passages . . . . .	SV		
68540 Excision of lacrimal gland tumor; frontal approach . . . . .	15.0	45	3.0
68550 involving osteotomy . . . . .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
68700 Plastic repair canaliculi . . . . . ((BR+))	BR		3.0
68705 Correction everted punctum, cautery . . . . .	1.0	60	3.0
68720 Dacryocystorhinostomy (fistulization of lacrimal sac to nasal cavity) . . . . .	14.0	60	5.0
68745 Conjunctivorhinstomy (fistulization of conjunctiva to nasal cavity); without tube . . . . .	15.0	90	5.0
68750 with insertion of tube or stent . . . . .	15.0	90	5.0
68760 Closure lacrimal punctum, thermocauterization . . . . .	1.0	15	3.0
68770 Closure lacrimal fistula (separate procedure) . . . . .	5.0	30	3.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>PROBING AND RELATED PROCEDURES</b>			
*68800 Dilation lacrimal punctum, with or without irrigation, unilateral or bilateral . . . . .	*0.4	0	3.0
*68820 Probing nasolacrimal duct, with or without irrigation, unilateral or bilateral; . . . . .	*0.6	0	3.0
68825 requiring hospitalization . . . . .	BR		3.0
(See also 92018)			
68830 with insertion of tube or stent (without general anesthesia) . . . . .	2.8	15	3.0
*68840 Probing lacrimal canaliculi, with or without irrigation . . . . .	*0.4	0	3.0
68850* Injection contrast medium for dacryocystography . . . . .	0.7	0	3.0
(For dacryocystography, see 70170, 70171)			

	Unit Value	Follow-up Days=	Basic Anes@
<b>OTHER PROCEDURES</b>			
68899 Unlisted procedure, lacrimal system . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-22-465 EXTERNAL EAR.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INCISION</b>			
*69000 Drainage external ear, abscess or hematoma; simple . . . . .	*0.4	0	3.0
69005 complicated . . . . . ((BR+))	BR		3.0
*69020 Drainage external auditory canal, abscess . . . . .	*0.4	0	3.0
69090 Ear piercing . . . . .	0.6	7	
<b>EXCISION</b>			

	Unit Value	Follow-up Days=	Basic Anes@
(For plastic closure, see 13000-15760)			
69100 Biopsy external ear . . . . .	0.6	7	3.0
69105 Biopsy external auditory canal . . . . .	0.6	7	3.0
69110 Excision external ear; partial, simple repair . . . . .	3.0	30	3.0
69120 complete amputation . . . . .	8.0	90	3.0
(For reconstruction of ear, see 15120 et seq.)			
69140 Excision exostosis(es), of external auditory canal . . . . .	12.0	90	3.0
69145 Excision soft tissue lesion, external auditory canal . . . . .	0.6	90	3.0
69150 Radical excision external auditory canal lesion; without neck dissection . . . . . ((BR+))	BR		3.0
69155 with neck dissection . . . . . ((BR+))	BR		6.0
(For resection of temporal bone, see 69535)			
(For skin grafting, see 15000-15261)			

	Unit Value	Follow-up Days=	Basic Anes@
<b>REMOVAL FOREIGN BODY</b>			
*69200 Removal foreign body from external auditory canal; without general anesthesia . . . . .	*0.4	0	
69205 with general anesthesia . . . . .	2.0	7	3.0
69210 Removal impacted cerumen (separate procedure), one or both ears . . . . .	0.5	0	3.0
69220 Debridement, mastoidectomy cavity, simple (e.g., routine cleaning; unilateral) . . . . .	BR		3.0
69221 bilateral . . . . .	BR		3.0
69222 Debridement, mastoidectomy cavity, complex (e.g., with anesthesia or more than routine cleaning); unilateral . . . . .	BR		3.0
69223 bilateral . . . . .	BR		3.0

	Unit Value	Follow-up Days=	Basic Anes@
<b>REPAIR</b>			
(For suture of wound or injury of external ear, see 12011-14300)			
69300 Otoplasty protruding ear, with or without size reduction; unilateral . . . . .	10.0	180	3.0
69301 bilateral . . . . .	16.0	180	3.0
69310 Reconstruction of external auditory canal (meatoplasty) (eg, for stenosis due to trauma, infection), separate procedure . . . . .	BR		3.0
69320 Reconstruction external auditory canal for congenital atresia, single stage . . . . .	16.0	180	3.0
(For combination with middle ear reconstruction see 69631, 69641)			
(For other reconstructive procedures with grafts (skin, cartilage, bone), see 13150-15760, 21230-21235)			

	Unit Value	Follow-up Days=	Basic Anes@
<b>OTHER PROCEDURES</b>			
(For otoscopy under general anesthesia, see 92502)			
69399 Unlisted procedure, external ear . . . . .	BR		3.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-22-470 MIDDLE EAR.

	Unit Value	Follow-up Days=	Basic Anes@
<b>INTRODUCTION</b>			
69400 Eustachian tube inflation, transnasal; with catheterization . . . . .	0.3	0	
69401 without catheterization . . . . .	0.3	0	
69405 Eustachian tube catheterization, transtympanic . . . . .	BR		
69410 Focal application of phase control substance, middle ear (baffle technique) . . . . .	BR		



	Unit Value	Follow-up Days=	Basic Anes@
<b>EXCISION</b>			
69905 Labyrinthectomy; transcranial . . . . . ((BR+))	BR		6.0
69910 with mastoidectomy . . . . .	BR		6.0
69915 Vestibular nerve section, translabyrinthine approach . . . . .	BR	180	6.0
(For transcranial approach, see 69950)			
69949 Unlisted procedure, inner ear . . . . .	BR		6.0

<b>TEMPORAL BONE, MIDDLE FOSSA APPROACH</b>			
(For external approach, see 69535)			
69950 Vestibular nerve section, transcranial approach . . . . .	BR		6.0
69955 Total facial nerve decompression and/or repair (may include graft) . . . . .	BR		6.0
69960 Decompression internal auditory canal . . . . .	BR		6.0
69965 Eustachian tuboplasty . . . . .	BR		6.0
69970 Removal of tumor . . . . .	BR		6.0

<b>OTHER PROCEDURES</b>			
69979 Unlisted procedure, temporal bone, middle fossa approach . . . . .	BR		6.0

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

WAC 296-23-01006 RADIOLOGY, RADIATION THERAPY, NUCLEAR MEDICINE AND MODIFIERS. Listed services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of the appropriate modifier code which is a two digit number placed after the usual procedure number from which it is separated by a hyphen. If more than one modifier is used, the "multiple modifiers" code placed first after the procedure code indicates that one or more additional modifier codes will follow. Modifiers commonly used in RADIOLOGY (INCLUDING NUCLEAR MEDICINE AND DIAGNOSTIC ULTRASOUND) are as follows:

- 22 UNUSUAL SERVICES: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '-22' to the usual procedure number. List modified value. A report may also be appropriate. Note: Modifier -22 may be utilized with computerized tomography numbers when additional slices are required or a more detailed examination is necessary.
- 25 DIGITAL RADIOLOGY (e.g., digital subtraction angiography, digital fluoroscopy, digital radiography): When this technique is utilized, the modifier '-25' may be appended to the appropriate five digit number of the radiologic procedure to indicate that the digital modality was applied. The modifier would be applied to both the supervision and interpretation service and complete procedure. When the supervision and interpretation service code is utilized and the injection is done by a second physician, the modifier need not be applied to the surgical injection codes.
- 26 PROFESSIONAL COMPONENT: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services,) are a combination of a physician component and a technical component. When the physician component is billed separately, the procedure may be identified by adding the modifier '-26' to the usual procedure number and value as appropriate. The total cost of procedure cannot exceed the basic unit value.
- 27 TECHNICAL COMPONENT: Certain procedures (e.g., laboratory, radiology, electrocardiogram, specific diagnostic and therapeutic services) are a combination of a physician component and a technical component. When the technical component is billed separately, the procedure may be identified by adding the modifier '-27' to the usual procedure number and value as appropriate. The total cost of procedure cannot exceed the basic unit value.

- 50 MULTIPLE OR BILATERAL PROCEDURES: When multiple or bilateral procedures are provided at the same operative session, the first major procedure may be reported as listed. The secondary or lesser procedure(s) may be identified by adding the modifier '-50' to the usual procedure number(s) and value at 50 percent of the listed values unless otherwise indicated.
- 52 REDUCED SERVICES: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '-52' signifying that the service is reduced. This provides a means of reporting reduced services at reduced charge without disturbing the identification of the basic service. Note: Modifier -52 may be utilized with computerized tomography numbers for a limited study or a follow-up study.
- 62 TWO SURGEONS: Under certain circumstances the skills of two surgeons (usually with different skills) may be required in the management of a specific surgical procedure. Under such circumstances the services of each may be identified by adding the modifier '-62' to the procedure number used by each surgeon for reporting his services.
- 66 SURGICAL TEAM: Under some circumstances, highly complex procedures (requiring the concomitant services of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and various types of complex equipment) are carried out under the 'surgical team' concept. Such circumstances may be identified by each participating physician with the addition of the modifier '-66' to the basic procedure number used for reporting services.
- 75 CONCURRENT CARE, SERVICES RENDERED BY MORE THAN ONE PHYSICIAN: When the patient's condition requires the additional services of more than one physician, each physician may identify his or her services by adding the modifier '-75' to the basic service performed.
- 76 REPEAT PROCEDURE BY SAME PHYSICIAN: The physician may need to indicate that a procedure or service was repeated subsequent to the original service. This may be reported by adding the modifier '-76' to the procedure code of the repeated service.
- 77 REPEAT PROCEDURE BY ANOTHER PHYSICIAN: The physician may need to indicate that a basic procedure performed by another physician had to be repeated. This may be reported by adding modifier '-77' to the repeated service.
- 80 ASSISTANT SURGEON: Surgical assistant services may be identified by adding the modifier '-80' to the usual procedure number(s).
- 90 REFERENCE (OUTSIDE) LABORATORY: When laboratory procedures are performed by a party other than the treating or reporting physician the procedure(s) may be identified by adding the modifier '-90' to the usual procedure number and shall be billed as charge to the physician.
- 99 MULTIPLE MODIFIERS: Under certain circumstances two or more modifiers may be necessary to completely delineate a service. In such situations modifier '-99' should be added to the basic procedure, and other applicable modifiers may be listed as a part of the description of the service. Value in accordance with appropriate modifiers.

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)**

WAC 296-23-015 HEAD AND NECK.		Unit Value	Professional Component)
70002	Pneumoencephalography, supervision and interpretation only . . . . .	16.0	((+6.0))
70003	complete, procedure . . . . .	40.0	
(For injection procedure only for pneumoencephalography, see 62286)			
70010	Myelography, posterior fossa supervision and interpretation only . . . . .		BR+

	((Profes- sional Com- Unit Value po- nent))		((Profes- sional Com- Unit Value po- nent))
70011 complete procedure . . . . .	BR		
(For injection procedure, see 61052)			
70015 Cisternography, positive contrast; super- vision and interpretation only . . . . .	BR	70333 appropriate laminographic studies); su- pervision and interpretation only . . . . .	8.4 ((8-4))
70016 complete procedure . . . . .	BR	complete procedure . . . . .	21.1
(For injection procedure only for cisternography, see 61053)		(For injection procedure only for arthrotomography, see 21116)	
70020 Ventriculography, air or positive contrast supervision and interpretation only . . . . .	8.0 ((8-0))	70350 Cephalogram (orthodontic) . . . . .	4.0 ((4-6))
70021 positive contrast, supervision and inter- pretation only . . . . .	24.0	70355 Orthopantomogram . . . . .	10.0 ((4-0))
(For injection procedures for ventriculography, see 61025, 61030, 61120)		70360 Radiologic examination, neck for soft tis- sues . . . . .	4.0 ((4-6))
70022 Stereotaxic localization . . . . .	BR+	70370 pharynx or larynx, including fluorosco- py and/or magnification technique . . . . .	8.0 ((3-2))
70030 Radiologic examination, eye, for detec- tion of foreign body . . . . .	8.8 ((3-5))	70373 Laryngography, contrast; supervision and interpretation only . . . . .	9.6 ((9-6))
70040 for localization of foreign body (does not include detection) . . . . .	14.0 ((6-4))	70374 complete procedure . . . . .	24.0
70050 for detection and localization of foreign body . . . . .	18.0 ((8-0))	(For injection procedure only for laryngography, see 31708)	
70100 Radiologic examination, mandible, less than four views . . . . .	6.0 ((2-4))	70380 Radiologic examination, salivary gland for calculus . . . . .	6.4 ((2-6))
70110 complete, minimum of four views . . . . .	10.0 ((4-0))	70390 Sialography supervision and interpreta- tion only . . . . .	3.2 ((3-2))
70120 Radiologic examination, mastoid(s), less than three views per side . . . . .	6.0 ((2-4))	70391 complete procedure . . . . .	8.0
70130 complete minimum of three views per side . . . . .	12.0 ((4-8))	(For injection procedure only for sialography, see 42550)	
70134 Radiologic examination, internal auditory meati, complete . . . . .	12.0 ((4-8))	70400 Orbitography, air or positive contrast; su- pervision and interpretation only . . . . .	BR ((BR))
70140 Radiologic examination, facial bones, less than three views . . . . .	6.0 ((2-4))	70401 complete procedure . . . . .	BR
70150 complete, minimum of three views . . . . .	10.0 ((4-0))	(For injection procedure only for orbitography, see 67510)	
70160 Radiologic examination, nasal bones complete, minimum of three views . . . . .	6.4 ((2-6))	70450 Computerized tomography, head; without contrast material . . . . .	58.0 ((23-0))
70170 Nasolacrimal duct (dacryocystography) supervision and interpretation only . . . . .	4.0 ((4-0))	70460 with contrast material . . . . .	64.0 ((25-5))
70171 complete procedure . . . . .	10.0	70470 without intravenous contrast material, followed by contrast materials and fur- ther sections . . . . .	71.0 ((28-0))
(For injection procedure for dacryocystography, see 68850)		(For coronal, sagittal, and/or oblique sections, see 76375)	
70190 Radiologic examination, optic foramina, .	6.0 ((2-4))	70480 Computerized axial tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material . . . . .	58.0 ((23-0))
70200 orbits, complete, minimum of four views . . . . .	8.0 ((3-2))	70481 with contrast material . . . . .	64.0 ((25-5))
70210 Paranasal sinuses, less than three views . .	5.0 ((2-0))	70482 without contrast material, followed by contrast material and further sections . . . . .	71.0 ((28-0))
70220 Radiologic examination, sinuses, parana- sal, complete, minimum of three views without contrast studies . . . . .	8.8 ((3-5))	(For coronal, sagittal, and/or oblique sections, see 76375)	
70230 with contrast studies, supervision and interpretation only . . . . .	10.0 ((4-0))	70486 Computerized axial tomography, maxillofacial area; without contrast ma- terial . . . . .	58.0 ((23-0))
70231 with contrast studies, complete proce- dure . . . . .	16.0 ((5-3))	70487 with contrast material(s) . . . . .	64.0 ((25-5))
70240 Radiologic examination, sella turcica . . .	5.0 ((2-0))	70488 without contrast material, followed by contrast material(s) and further sec- tions . . . . .	71.0 ((28-0))
70250 Radiologic examination, skull, limited, less than four views, with or without stereo . . . . .	6.0 ((2-4))	(For coronal, sagittal, and/or oblique sections, see 76375)	
70260 complete, minimum of four views, with or without stereo . . . . .	12.0 ((4-8))	70490 Computerized axial tomography, soft is- sue neck; without contrast material . . . . .	BR
70300 Radiologic examination, teeth, single view . . . . .	2.0 ((0-8))	70491 with contrast material(s) . . . . .	BR
70310 partial examination, less than full mouth . . . . .	4.0 ((1-6))	70492 without contrast material followed by contrast material(s) and further sec- tions . . . . .	BR
70320 complete examination, full mouth . . . . .	8.0 ((3-2))	(For coronal, sagittal, and/or oblique sections, see 76375)	
70328 Radiologic examination, temporomandi- bular joints, unilateral, open and closed mouth . . . . .	6.0 ((2-4))	(For cervical spine, see 72125, 72126)	
70330 bilateral . . . . .	8.8 ((3-5))	70550 <u>Magnetic resonance (e.g., proton) imag- ing; brain</u>	
70332 Temporomandibular joint arthrotomogra- phy (includes a contrast arthrogram and		70552 <u>brain stem</u>	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-020 CHEST.

	((Profes- sional Com- Unit Value po= ment))
<del>(71000 Chest, "minifilm" . . . . . 1.7 (0.7))</del> <del>(71000 Chest minifilm has been deleted)</del>	
71010 radiologic examination, chest, single view, ((posteroanterior)) frontal . . . . .	4.0 ((1-6))
71015 stereo, ((posteroanterior)) frontal . . . . .	5.0 ((2-8))
71020 radiologic examination, chest, two views, ((posteroanterior)) frontal and lateral; . . . . .	7.0 ((2-8))
71021 with apical lordotic procedure . . . . .	7.2 ((2-9))
71022 with oblique projections . . . . .	7.2 ((2-9))
71023 with fluoroscopy . . . . .	
71030 radiologic examination, chest, complete, minimum of four views; . . . . .	8.0 ((3-2))
71034 ((including)) with fluoroscopy . . . . .	10.0 ((4-8))
(For ((independent)) separate chest fluoroscopy, see 76000)	
71035 Radiologic examination, chest, special views, e.g., lateral decubitus, Bucky studies . . . . .	BR
71036 Fluoroscopic localization for needle biopsy of intrathoracic lesion, including follow-up films . . . . .	BR+
71038 Fluoroscopic localization for transbronchial biopsy or brushing . . . . .	BR
(For biopsy procedure, see 32420)	
71040 Bronchography, unilateral; supervision and interpretation only . . . . .	5.6 ((5-6))
71041 complete procedure . . . . .	14.0
71060 bronchography, bilateral; supervision and interpretation only . . . . .	8.8 ((8-8))
71061 complete procedure . . . . .	22.0
(For injection procedure only for bronchography, see 31715, 31710)	
71090 Insertion pacemaker, fluoroscopy and radiography, supervision and interpretation only . . . . .	BR
71100 Ribs, unilateral, minimum of two views . . . . .	7.2 ((2-9))
71101 including posteroanterior chest; minimum of three views . . . . .	11.2 ((4-5))
71110 bilateral, minimum of three views . . . . .	10.0 ((4-8))
71111 including posteroanterior chest, minimum of four views . . . . .	14.0 ((5-6))
71120 Sternum, minimum of two views . . . . .	6.0 ((2-4))
71130 Sternoclavicular joint(s), minimum of three views . . . . .	6.0 ((2-4))
71250 Computerized tomography, thorax; without contrast material . . . . .	77.0 ((22-8))
71260 with contrast material(s) . . . . .	84.0 ((22-8))
71270 without contrast material, followed by contrast material and further sections . . . . .	90.0 ((22-8))
(For coronal, sagittal, and/or oblique sections, see 76375)	
71550 <u>Magnetic resonance (e.g., proton) imaging, chest (e.g., for evaluation of hilar and mediastinal lymphadenopathy)</u>	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-025 SPINE AND PELVIS.

	((Profes- sional Com- Unit Value po= ment))
72010 Spine, entire, survey study (A-P & lateral) . . . . .	16.0 ((6-4))
72020 Radiologic examination, spine, single view, specify level . . . . .	((BR)) 4.0
72040 cervical, A-P and lateral . . . . .	6.0 ((2-4))
72050 complete, minimum of four views . . . . .	10.0 ((4-8))
72052 including oblique and flexion and extension views . . . . .	15.2 ((6-+))
72070 thoracic, A-P and lateral . . . . .	9.0 ((3-6))
72072 thoracic, A-P and lateral, including swimmer's view of the cervicothoracic junction . . . . .	12.0 ((4-8))
72074 thoracic, complete inc. obliques, minimum of four views . . . . .	16.0 ((6-4))
72080 thoraco-lumbar, A-P and lateral . . . . .	9.0 ((3-6))
72090 scoliosis study, including supine and erect studies . . . . .	6.0 ((2-4))
72100 lumbo-sacral, A-P and lateral . . . . .	9.0 ((3-6))
72110 lumbosacral, complete, with oblique views . . . . .	16.0 ((6-4))
72114 including bending views . . . . .	18.5 ((7-4))
72120 bending views only, minimum of four views . . . . .	10.0 ((4-8))
72125 Computerized axial tomography, cervical spine; without contrast material . . . . .	((BR)) 70.0
72126 with contrast material . . . . .	((BR)) 80.0
(For injection procedure, see 62284)	
72128 Computerized axial tomography, thoracic spine; without contrast material . . . . .	((BR)) 70.0
72129 with contrast material . . . . .	((BR)) 80.0
(For injection procedure, see 62284)	
72131 Computerized axial tomography, lumbar spine; without contrast material . . . . .	((BR)) 60.0
72132 with contrast material . . . . .	((BR)) 70.0
(For injection procedure, see 62284)	
(For coronal, sagittal, and/or oblique sections, see 76375)	
72140 <u>Magnetic resonance (e.g., proton) imaging; spinal cord</u> <u>(72145 has been deleted. To report, see 72125-72132)</u>	
72170 Pelvis, A-P only . . . . .	5.0 ((2-8))
72180 stereo . . . . .	6.4 ((2-6))
72190 complete, minimum of three views . . . . .	8.0 ((3-2))
(For pelvimetry, see 74710)	
72192 Computerized tomography, pelvis; without contrast material . . . . .	
72193 with contrast material(s) . . . . .	
72194 without contrast material, followed by contrast material(s) and further sections . . . . .	
(For pelvimetry, see 74710)	
72200 Sacro-iliac joints, less than three views . . . . .	5.0 ((2-8))
72202 complete, minimum of three views . . . . .	8.0 ((3-2))
72220 Sacrum and coccyx, minimum of two views . . . . .	6.4 ((2-6))
72240 Myelography, cervical supervision and interpretation only . . . . .	7.2 ((7-2))

	Unit Value	((Profes- sional Com- po- nent))
72241 complete procedure .....	18.0	
72255 thoracic supervision and interpretation only .....	<u>7.2</u>	((7-2))
72256 complete procedure .....	18.0	
72265 lumbosacral supervision and interpretation only .....	<u>7.2</u>	((7-2))
72266 complete procedure .....	18.0	
72270 entire spinal canal supervision and interpretation only .....	<u>12.0</u>	((12-0))
72271 complete procedure .....	30.0	

(For injection procedures for myelography, see 62284)

72285 Diskography, cervical supervision and interpretation only .....	<u>8.0</u>	((8-0))
72286 complete procedure .....	20.0	
72295 lumbar supervision and interpretation only .....	<u>8.0</u>	((8-0))
72296 complete procedure .....	20.0	

(For injection procedures for diskography, see 62290, 62291)

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-23-030 UPPER EXTREMITIES.

	Unit Value	((Profes- sional Com- po- nent))
73000 Clavicle .....	4.8	((1-9))
73010 Scapula .....	6.0	((2-4))
73020 Shoulder, limited, one view .....	4.0	((1-6))
73030 complete, minimum of two views .....	6.0	((2-4))
73040 arthrography supervision and interpretation only .....	<u>4.0</u>	((4-0))
73041 complete procedure .....	10.0	

(For injection procedure for arthrography, see 23350)

73050 Acromio-clavicular joints, bilateral, with or without weighted distraction .....	7.0	((2-8))
73060 Humerus, minimum of two views .....	4.8	((1-9))
73070 Elbow, limited, A-P and lateral .....	4.8	((1-9))
73080 complete, minimum of three views .....	6.0	((2-4))
73085 Radiologic examination, elbow, arthrography; supervision and interpretation only .....	<u>4.0</u>	((4-0))
73086 complete procedure .....	10.0	

(For injection procedure only for arthrography, see 24220)

73090 Forearm, including one joint, A-P and lateral .....	4.8	((1-9))
73092 upper extremity, infant, minimum of two views .....	3.6	((1-4))
73100 Wrist, limited, A-P and lateral .....	4.0	((1-6))
73110 complete, minimum of three views .....	6.0	((2-4))
73115 Radiologic examination, wrist, arthrography; supervision and interpretation only .....	<u>4.0</u>	((4-0))
73116 complete procedure .....	10.0	

(For injection procedure only for arthrography, see 25246)

73120 Hand, limited, minimum of two views .....	4.0	((1-6))
73130 complete, minimum of three views .....	6.0	((2-4))
73140 Finger(s), minimum of two views .....	3.6	((1-4))
73200 Computerized tomography, upper extremity; without contrast material .....	58.0	((13-0))
73201 with contrast material(s) .....	64.0	((13-0))

	Unit Value	((Profes- sional Com- po- nent))
73202 without contrast material, followed by contrast material(s) and further sections .....	71.0	((13-0))

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-035 LOWER EXTREMITIES.

	Unit Value	((Profes- sional Com- po- nent))
73500 Radiologic examination, hip, unilateral, one view .....	5.0	((2-0))
73510 complete, minimum of two views .....	7.0	((2-8))
73520 Radiologic examination, hips, bilateral, complete minimum of two views of each hip (including A-P of pelvis) .....	9.6	((3-8))
73525 Radiologic examination, hip, arthrography; supervision and interpretation only .....	<u>BR</u>	((BR))
73526 complete procedure .....	<u>BR</u>	((BR))

(For injection procedure only for arthrography, see 27093, 27094)

73530 Radiologic examination, hip, during operative procedure, up to four studies .....	16.0	((6-4))
73531 each additional study, over four .....	3.0	((1-2))
73540 Radiologic examination, hip and pelvis, infant or child, minimum of two views ..	6.4	((2-6))
73550 Radiologic examination, femur (thigh), A-P and lateral .....	6.0	((2-4))
73560 Radiologic examination, knee, A-P and lateral .....	4.4	((1-8))
73562 A-P and lateral, with oblique(s), minimum three views .....	6.4	((2-6))
73564 complete, including obliques, and/or tunnel, and/or patella and/or standing views .....	8.4	((3-3))
73580 Radiologic examination, knee, arthrography supervision and interpretation only .....	6.4	((6-4))
73581 complete procedure .....	16.0	

(For injection procedure for arthrography, see 27370)

73590 Radiologic examination, tibia and fibula (leg), including one joint, A-P and lateral .....	4.8	((1-9))
73592 lower extremity, infant, minimum of two views .....	4.0	((1-6))
73600 Radiologic examination, ankle, limited, A-P and lateral .....	4.4	((1-8))
73610 complete, minimum of three views .....	6.0	((2-4))
73615 Radiologic examination, ankle, arthrography; supervision and interpretation only .....	<u>4.0</u>	((4-0))
73616 complete procedure .....	10.0	

(For injection procedure only for arthrography, see 27648)

73620 Radiologic examination, foot, limited, A-P and lateral .....	4.0	((1-6))
73630 complete, minimum of three views .....	5.6	((2-2))
73650 Radiologic examination, calcaneus, minimum of two views .....	4.4	((1-8))
73660 Toe(s), minimum of two views .....	3.6	((1-4))
73700 Computerized tomography, lower extremity; without contrast material .....	58.0	((13-0))
73701 with contrast material(s) .....	64.0	((13-0))
73702 without contrast material, followed by contrast materials and further sections .....	71.0	((13-0))

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-040 ABDOMEN.

	((Profes= sionat Com= Unit Value po= ment))
74000 Abdomen, single view (KUB) A-P . . . . .	6.0 ((2-4))
74010 with additional oblique or cone view . .	8.0 ((3-2))
74020 complete, includes ducubitus and/or erect views . . . . .	11.0 ((4-4))
74022 complete acute abdomen series, including supine, erect, and/or decubitus views, upright PA chest . . . . .	BR
74150 Computerized tomography, abdomen; without contrast material . . . . .	77.0 ((22-0))
74160 with contrast material . . . . .	84.0 ((22-0))
74170 without contrast material, followed by contrast material and further sections .	90.0 ((22-0))

((Profes=  
sionat  
Com=  
Unit  
Value po=  
ment))

(For injection procedure only for pneumoperitoneum, see 49400)

74327 Postoperative biliary duct stone removal, fluoroscopic monitoring and radiography .	BR
74328 Endoscopic catheterization of the biliary ductal system, fluoroscopic monitoring and radiography . . . . .	BR
74329 Endoscopic catheterization of the pancreatic ductal system, fluoroscopic monitoring and radiography . . . . .	BR
74330 Combined endoscopic catheterization of the biliary and pancreatic ductal systems, fluoroscopic monitoring and radiography .	BR

(74331 has been deleted. For endoscopic sphincterotomy, use 43262)

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-045 GASTROINTESTINAL TRACT.

	((Profes= sionat Com= Unit Value po= ment))
74210 Pharynx and/or cervical esophagus . . . . .	8.8 ((4-8))
74220 Esophagus . . . . .	8.8 ((4-8))
74230 Pharynx and/or esophagus, by cineradiography . . . . .	12.0 ((6-6))
74235 <u>Removal of foreign body(s), esophageal, with use of Foley-type catheter under fluoroscopic guidance</u>	
74240 <u>Upper gastrointestinal tract, with or without delayed films, without KUB . . . . .</u>	14.0 ((7-7))
74241 with KUB . . . . .	15.2 ((8-0))
74245 with small bowel, includes multiple serial films . . . . .	17.6 ((8-8))
74246 Radiological exam gastrointestinal tract, upper, air contrast, with specific high density barium, effervescent agent, with or without glucagon, with or without delayed films; without KUB . . . . .	BR
74247 with KUB . . . . .	BR
74250 Small bowel, includes multiple serial films . . . . .	14.0 ((7-0))
74260 Duodenography, hypotonic . . . . .	BR
74270 Colon, barium enema . . . . .	12.0 ((6-6))
74280 Air contrast with specific high density barium with or without glucagon . . . . .	14.0 ((7-0))
74285 high kilovoltage technique for polyp study . . . . .	BR
74290 Cholecystography, oral contrast . . . . .	9.6 ((3-8))
74291 repeat examination, same study or multiple exam . . . . .	4.8 ((1-9))
74300 Cholangiography, operative . . . . .	10.0 ((4-0))
74301 operative, additional set . . . . .	3.0 ((1-2))
74305 postoperative . . . . .	12.0 ((6-0))

(For biliary duct stone extraction, percutaneous, see 47630; via basket catheter, see 74327)

74310 intravenous . . . . .	16.0 ((6-4))
74315 oral . . . . .	12.0 ((4-8))
74320 percutaneous, transhepatic supervision and interpretation only . . . . .	6.4 ((6-4))
74321 complete procedure . . . . .	16.0

(For injection procedure for percutaneous transhepatic cholangiography, see 47500)

74325 Diagnostic pneumoperitoneum; supervision and interpretation only . . . . .	BR
74326 complete procedure . . . . .	BR

74340 Introduction of long gastrointestinal tube (e.g., Miller-Abbott), with multiple fluoroscopies and films . . . . .	BR
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AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-050 URINARY TRACT.

	((Profes= sionat Com= Unit Value po= ment))
74400 Urography, (pyelography) intravenous, including kidneys, ureters, and bladder . .	15.2 ((6-1))
74405 with special hypertensive contrast concentration and/or clearance studies . .	16.0 ((5-8))
74410 <u>Urography, infusion, drip technique and/or bolus technique; . . . . .</u>	20.0 ((8-0))
74415 with nephrotomography . . . . .	26.0 ((10-4))
74420 retrograde, with or without KUB . . . .	12.0 ((4-8))
74425 Urography, antegrade, (pyelostogram, nephrostogram, loopogram); supervision and interpretation only . . . . .	BR
74426 complete procedure . . . . .	BR

(For kidney, ureter and bladder, see 74000-74020)

(For injection procedure only, see 50394, 50684, 50690)

74430 Cystography, minimum of three views, supervision and interpretation only . . . .	3.5 ((3-5))
74431 Cystography, complete procedure . . . . .	8.8

(For injection procedure for cystography, see 51600, 51605)

74440 Vasography, vesiculography, or epididymography supervision and interpretation only . . . . .	3.5 ((3-5))
74441 complete procedure . . . . .	8.8

(For injection procedure, see 52010, 52110, 55300)

74445 Corpora cavernosography; supervision and interpretation only . . . . .	BR
74446 complete procedure . . . . .	BR

(For injection procedure only, see 54230)

74450 Urethrocytography, retrograde . . . . .	3.8 ((3-8))
74451 complete procedure . . . . .	9.6
74455 voiding . . . . .	5.6 ((5-6))
74456 complete procedure . . . . .	14.0

(For injection procedure only for voiding urethrocytography, see ((5+6+0)) 51600)

74460 Retroperitoneal pneumography . . . . .	4.8 ((4-8))
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		Unit Value	(Profes- sional Com- po- nent)
74461	complete procedure . . . . .	12.0	
	(For injection procedure for retroperitoneal pneumogra- phy, see 49430)		
74470	Translumbar renal cyst study (contrast visualization) or antegrade urography . . .	4.0	((4-0))
74471	complete procedure . . . . .	10.0	
	(For injection procedure only for translumbar renal cyst study, see 50390)		
74475	Introduction of intracatheter or catheter into renal pelvis for drainage and/or in- jection, percutaneous, with fluoroscopic monitoring and radiography; supervision and interpretation only . . . . .		BR
74476	complete procedure . . . . .		BR
	(For injection procedure only, see 50392)		
74480	Introduction of ureteral catheter or stent into ureter through renal pelvis for drain- age and/or injection, percutaneous, with fluoroscopic monitoring and radiography; supervision and interpretation only . . . . .		BR
74481	complete procedure . . . . .		BR
	(For injection procedure only, see 50393)		

**AMENDATORY SECTION** (Amending Order 80-29, filed  
12/23/80, effective 3/1/81)

WAC 296-23-055 FEMALE GENITAL TRACT.

		Unit Value	(Profes- sional Com- po- nent)
	(For abdomen and pelvis, see 74000-74170, 72170-72190)		
74710	Pelvimetry with or without placental lo- calization . . . . .	10.0	((4-0))
74720	Abdomen for fetal age, fetal position and/or placental localization, single view	4.0	((1-6))
74725	multiple views . . . . .	6.0	((2-4))
74730	Placentography with contrast cystogra- phy; supervision and interpretation only .		BR
74731	complete procedure . . . . .		BR
74740	Hysterosalpingography supervision and interpretation only . . . . .	4.3	((4-3))
74741	complete procedure . . . . .	10.8	
	(For injection procedure for hysterosalpingography, see 58340)		
74760	Pelvic pneumography . . . . .	4.0	((4-0))
74761	complete procedure . . . . .	10.0	
	(For injection procedure for pelvic pneumography, see 49440)		
74770	Radiologic examination, fetal study, in- trauterine contrast visualization; supervi- sion and interpretation only . . . . .		BR
74771	complete procedure . . . . .		BR
74775	Perineogram (e.g., vaginogram, for sex determination or extent of anomalies)		

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-23-065 VASCULAR SYSTEM.

(For vascular injection procedures, see 36000-36299)

(For cardiac fluoroscopy, see 93280)

(For cardiac catheterization, see 93501-93599)

When multiple vascular radiographic procedures are performed at the same time (e.g., aortic arch study plus renal arteriogram), the total value shall be the value for the major procedure plus 50% of the value for the lesser procedure(s) unless otherwise indicated. See modifier -5. The cost of catheters, drugs and contrast media is included in the listed value for the radiographic procedure.

		Unit Value	(Profes- sional Com- po- nent)
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**HEART**

75500	Angiocardiology, by cineradiography supervision and interpretation only . . . . .	8.8	((8-8))
75501	complete procedure (including cathe- terization) . . . . .	22.0	
75505	Angiocardiology by serialography (sin- gle plane;) supervision and interpretation only . . . . .	9.2	((9-2))
75506	complete procedure (including cathe- terization) . . . . .	23.0	
75507	Angiocardiology by serialography, multi-plane; supervision and interpreta- tion only . . . . .	18.4	((18-4))
75509	complete procedure (including cathe- terization) . . . . .	46.0	
75510	Angiocardiology, CO <sub>2</sub> or positive con- trast, intravenous, for pericardial effusion or atrial wall thickness; supervision and interpretation only . . . . .	8.0	((8-0))

(75510, 75511 CO<sub>2</sub> or positive contrast angiocardiology  
has been deleted. To report, use 76499.)

75511	complete procedure . . . . .	20.0	
75519	Cardiac radiography, selective cardiac catheterization; right side, supervision and interpretation only . . . . .	17.2	((17-2))
75520	complete procedure . . . . .	43.0	
75523	left side, supervision and interpretation only . . . . .	8.6	((8-6))
75524	left side, complete procedure . . . . .	21.5	
75528	Cardiac radiography, selective cardiac catheterization, right and left side, com- plete procedure . . . . .	55.0	
75552	Magnetic resonance (e.g., proton) imag- ing, myocardium		

**AORTA AND ARTERIES**

(For injection procedure only, see 36100-36299)

(For digital radiology, use modifier -25, page 290)

**Aortography**

75600	thoracic or abdominal, without serialo- graphy supervision and interpretation only . . . . .	8.0	((8-0))
75601	complete procedure . . . . .	20.0	
75605	by serialography supervision and inter- pretation only . . . . .	11.0	((11-0))
75606	complete procedure . . . . .	30.0	
75620	Abdominal, including lower extremities, without serialography . . . . .	32.0	((11-2))
75622	Abdominal, catheter, without serialo- graphy . . . . .	32.0	((11-2))
75625	Aortography, abdominal, translumbar, by serialography; supervision and interpreta- tion only . . . . .	15.2	((15-2))
75626	complete procedure . . . . .	40.0	
75627	Aortography, abdominal, catheter, by se- rialography; supervision and interpreta- tion only . . . . .	17.0	((17-0))
75628	complete procedure . . . . .	48.0	
75630	Aortography, abdominal plus bilateral ileofemoral lower extremity, catheter, by		

	((Profes= sional Com= po= ment))		((Profes= sional Com= po= ment))
	Unit Value		Unit Value
75631 serialography; supervision and interpretation only . . . . .	BR ((BR))	75722 Angiography, renal, unilateral, selective (including flush aortogram); supervision and interpretation only . . . . .	17.2 ((+7-2))
75650 complete procedure . . . . .	BR	75723 complete procedure . . . . .	40.0
75651 Angiography, cervicocerebral, catheter, including vessel origin; supervision and interpretation only . . . . .	17.2 ((+7-2))	75724 Angiography, renal, bilateral, selective (including flush aortogram); supervision and interpretation only . . . . .	25.8 ((25-8))
75652 complete procedure . . . . .	40.0	75725 complete procedure . . . . .	60.0
75653 Angiography, cervicocerebral, selective catheter, including vessel origin; one vessel, supervision and interpretation only . . . . .	12.6 ((+2-6))	75726 Angiography, visceral; selective or supra-selective, supervision and interpretation only . . . . .	19.7 ((+9-7))
75654 one vessel, complete procedure . . . . .	36.0	75727 selective (including flush aortogram), complete procedure . . . . .	46.0 ((+9-7))
75655 two vessels, supervision and interpretation only . . . . .	13.3 ((+3-3))	75728 supraseductive, complete procedure . . . . .	48.0 ((20-6))
75656 two vessels, complete procedure . . . . .	38.0		
75657 three or four vessels, supervision and interpretation only . . . . .	17.2 ((+7-2))	(For selective angiography, additional visceral vessels studied after basic examination, see 75772, 75773)	
75658 three or four vessels, complete procedure . . . . .	40.0	75731 Angiography, adrenal, unilateral, selective; supervision and interpretation only . . . . .	19.7 ((+9-7))
75658 Angiography, brachial, retrograde; supervision and interpretation only . . . . .	17.2 ((+7-2))	75732 complete procedure . . . . .	46.0
75659 complete procedure . . . . .	40.0	75733 Angiography, adrenal, bilateral, selective; supervision and interpretation only . . . . .	20.6 ((20-6))
75660 Angiography, carotid, cerebral, unilateral, selective external; supervision and interpretation only . . . . .	17.2 ((+7-2))	75734 complete procedure . . . . .	48.0
75661 complete procedure . . . . .	40.0	75736 Angiography, pelvic; selective or supraseductive, supervision and interpretation only . . . . .	18.9 ((+8-9))
75662 Angiography, carotid, cerebral, bilateral, selective external; supervision and interpretation only . . . . .	21.5 ((21-5))	75737 selective, complete procedure . . . . .	44.0
75663 complete procedure . . . . .	50.0	75738 supraseductive, complete procedure . . . . .	46.0 ((+9-7))
75665 Angiography, carotid, cerebral, unilateral; supervision and interpretation only . . . . .	17.2 ((+7-2))	75741 Angiography, pulmonary, unilateral, selective; supervision and interpretation only . . . . .	10.5 ((+0-5))
75667 direct puncture, complete procedure . . . . .	40.0	75742 complete procedure . . . . .	30.0
75669 catheter, complete procedure . . . . .	46.0 ((+9-7))	75743 Angiography, pulmonary, bilateral, selective; supervision and interpretation only . . . . .	21.5 ((21-5))
75671 Angiography, carotid, cerebral, bilateral; supervision and interpretation only . . . . .	21.5 ((21-5))	75744 complete procedure . . . . .	50.0
75672 direct puncture, complete procedure . . . . .	50.0	75746 Angiography, pulmonary; by nonselective catheter or venous injection, supervision and interpretation only . . . . .	10.5 ((+0-5))
75673 catheter, complete procedure . . . . .	54.0 ((23-2))	75747 catheter, nonselective, complete procedure . . . . .	30.0
75676 Angiography, carotid, cervical, unilateral; supervision and interpretation only . . . . .	17.2 ((+7-2))	75748 venous injection, complete procedure . . . . .	40.0 ((+5-2))
75677 direct puncture, complete procedure . . . . .	40.0	75750 Angiography, coronary, root injection; supervision and interpretation only . . . . .	25.8 ((25-8))
75678 catheter, complete procedure . . . . .	46.0 ((+9-7))	75751 complete procedure . . . . .	60.0
75680 Angiography, carotid, cervical, bilateral; supervision and interpretation only . . . . .	21.5 ((21-5))	75752 Angiography, coronary, unilateral selective injection, including left ventricular and supravulvular angiogram and pressure recording; supervision and interpretation only . . . . .	30.1 ((30-1))
75681 direct puncture, complete procedure . . . . .	50.0	75753 complete procedure . . . . .	70.0
75682 catheter, complete procedure . . . . .	54.0 ((23-2))	75754 Angiography, coronary, bilateral selective injection, including left ventricular and supravulvular angiogram and pressure recording; supervision and interpretation only . . . . .	34.4 ((34-4))
75685 Angiography, vertebral; supervision and interpretation only . . . . .	17.2 ((+7-2))	75755 complete procedure . . . . .	80.0
75686 direct puncture, complete procedure . . . . .	40.0	75756 Angiography, internal mammary; supervision and interpretation only . . . . .	15.2 ((+5-2))
75687 catheter, complete procedure . . . . .	46.0 ((+9-7))	75757 complete procedure . . . . .	40.0
75690 Angiography, vertebral, cervical, unilateral; supervision and interpretation only . . . . .	17.2 ((+7-2))	75762 Angiography, coronary bypass, unilateral selective injection; supervision and interpretation only . . . . .	BR ((BR))
75691 direct puncture, complete procedure . . . . .	40.0	75764 complete procedure . . . . .	BR
75692 catheter, complete procedure . . . . .	46.0 ((+9-7))	75766 Angiography, coronary bypass, multiple selective injection; supervision and interpretation only . . . . .	BR ((BR))
75695 Angiography, vertebral, cervical, bilateral; supervision and interpretation only . . . . .	21.5 ((21-5))	75767 complete procedure . . . . .	BR
75696 direct puncture, complete procedure . . . . .	50.0	75772 Angiography, visceral, selective, additional vessels studied after basic examination; supervision and interpretation only . . . . .	BR
75697 catheter, complete procedure . . . . .	54.0 ((23-2))	75773 complete procedure . . . . .	BR
75705 Angiography, spinal, selective; supervision and interpretation only . . . . .	9.8 ((9-8))		
75706 complete procedure . . . . .	28.0		
75710 Angiography, extremity, unilateral, supervision and interpretation only . . . . .	10.5 ((+0-5))		
75711 without serialography, complete procedure . . . . .	30.0		
75712 by serialography, complete procedure . . . . .	32.0 ((+1-2))		
75716 Angiography, extremity, bilateral; supervision and interpretation only . . . . .	11.2 ((+1-2))		
75717 without serialography, complete procedure . . . . .	32.0		
75718 by serialography, complete procedure . . . . .	34.0 ((+1-9))		

	((Profes= sional Com= Unit po= Value nent))		((Profes= sional Com= Unit po= Value nent))
<b>VEINS AND LYMPHATICS</b>			
(For injection procedure only for venous system, see 36400-36510)			
(For injection procedure only for lymphatic system, see 38790-38794)			
75801 Lymphangiography, extremity only, unilateral; supervision and interpretation only	9.6 ((9-6))	75873 complete procedure	BR
75802 complete procedure	25.0	75880 Venography, orbital; supervision and interpretation only	13.7 ((+3-7))
75803 Lymphangiography, extremity only, bilateral; supervision and interpretation only	12.0 ((+2-0))	75881 complete procedure	36.0
75804 complete procedure	35.0	75885 Percutaneous transhepatic portography with hemodynamic evaluation; supervision and interpretation only	13.7 ((+3-7))
75805 Lymphangiography, pelvic/abdominal, unilateral; supervision and interpretation only	12.0 ((+2-0))	75886 complete procedure	36.0
75806 complete procedure	35.0	75887 Percutaneous transhepatic portography without hemodynamic evaluation; supervision and interpretation only	12.9 ((+2-9))
75807 Lymphangiography, pelvic/abdominal, bilateral; supervision and interpretation only	12.0 ((+2-0))	75888 complete procedure	34.0
75808 complete procedure	35.0	75889 Hepatic venography wedged or free, with hemodynamic evaluation; supervision and interpretation only	14.4 ((+4-4))
75810 Splenoportography; supervision and interpretation only	15.2 ((+5-2))	75890 complete procedure	38.0
75811 complete procedure	40.0	75891 Hepatic venography, wedged or free, without hemodynamic evaluation; supervision and interpretation only	12.9 ((+2-9))
(For injection procedure for splenoportography, see 38200)			
75820 Venography, extremity, unilateral supervision and interpretation only	8.0 ((8-0))	75892 complete procedure	34.0
75821 complete procedure	16.0	75893 Venous sampling thru catheter without angiography (e.g., for parathyroid hormone, renin)	5.0 ((+9-9))
75822 Venography, extremity, bilateral; supervision and interpretation only	10.0 ((+0-0))	<b>TRANSCATHETER THERAPY AND BIOPSY</b>	
75823 complete procedure	26.0	75894 Transcatheter therapy, embolization, including angiography; supervision and interpretation only	15.2 ((+5-2))
75825 caval, inferior or superior, with serialography	16.0 ((+6-0))	75895 complete procedure	40.0
75826 complete procedure	32.0	75896 Transcatheter therapy, infusion, including angiography; supervision and interpretation only	15.9 ((+5-9))
75827 Venography, caval, superior, with serialography; supervision and interpretation only	12.0 ((+2-0))	75897 complete procedure	42.0
75828 complete procedure	35.0	75898 Angiogram through existing catheter for follow-up study for transcatheter therapy, embolization or infusion	10.0 ((3-8))
75831 Venography, renal, unilateral, selective; supervision and interpretation only	15.2 ((+5-2))	75950 Transcatheter intravascular occlusion, temporary, including angiography; supervision and interpretation only	BR ((BR))
75832 complete procedure	40.0	75951 complete procedure	BR
75833 Venography, renal, bilateral, selective; supervision and interpretation only	19.5 ((+9-5))	75955 Transcatheter intravascular occlusion, permanent, including angiography; supervision and interpretation only	BR ((BR))
75834 complete procedure	45.0	75956 complete procedure	BR
75840 Venography, adrenal, unilateral, selective; supervision and interpretation only	10.8 ((+0-8))	75961 Transcatheter retrieval, percutaneous, of fractured venous or arterial catheter	BR
75841 complete procedure	30.0	75970 Transcatheter biopsy; supervision and interpretation only	BR ((BR))
75842 Venography, adrenal, bilateral, selective; supervision and interpretation only	12.2 ((+2-2))	75971 complete procedure	BR
75843 complete procedure	32.0	(For transcatheter renal and ureteral biopsy, see 52007((-52+07)))	
75845 Venography, azygos; selective or nonselective, supervision and interpretation only	10.6 ((+0-6))	(For percutaneous needle biopsy of pancreas, see 48102; of retroperitoneal lymph node or mass, see 49180)	
75846 selective, complete procedure	30.0	75972 Percutaneous transluminal angioplasty, unilateral; supervision and interpretation only	BR ((BR))
75847 nonselective, complete procedure	28.0 ((+0-6))	75973 complete procedure	BR
75850 Venography, intraosseous; supervision and interpretation only	12.2 ((+2-2))	75974 Percutaneous transluminal angioplasty, bilateral; single catheter, supervision and interpretation only	BR ((BR))
75851 complete procedure	32.0	75975 complete procedure	BR
75860 Venography, sinus or jugular, catheter; supervision and interpretation only	((30.0 — 10-8))	75976 Percutaneous transluminal angioplasty, bilateral, dual catheters; supervision and interpretation only	BR ((BR))
75861 complete procedure	12.2	75977 complete procedure	BR
75870 Venography, superior sagittal sinus; supervision and interpretation only	32.0 ((+2-2))	(For injection procedure only for percutaneous transluminal angioplasty, see 36100-36299)	
75871 complete procedure, including direct puncture	12.2 ((+2-2))		
75872 Venography, epidural; supervision and interpretation only	32.0		
	<b>BR ((BR))</b>		

	((Profes= sional Com= Unit po= Value nent))		Unit Value	((Profes= sional Com= Unit po= Value nent))
		76087	complete procedure	15.8
		76088	Mammary ductogram or galactogram, bilateral; supervision and interpretation only	10.6 ((10-6))
75980	BR ((BR))	76089	complete procedure	26.5
75981	BR		(For injection procedure only for mammary ductogram or galactogram, see 19030)	
75982		76090	Mammography, unilateral	8.8 ((3-5))
		76091	bilateral	13.2 ((5-3))
			(For xeromammography, list 76150 in addition to code for mammography)	
75983	BR ((BR))	76096	Radiologic examination, localization of breast nodule or calcification before operation, with marker and confirmation of its position with appropriate imaging	14.6 ((6-9))
		76100	Laminography (tomography, planigraphy, body section radiography) (independent procedure)	13.2 ((9-2))
75984	BR ((BR))	76101	Radiologic examination, complex motion (i.e., hypercycloidal) body section (e.g., mastoid polytomography), other than kidney; unilateral	19.3 ((7-7))
75985	BR	76102	bilateral	35.0 ((14-0))
			(For nephrotomography, see 74415)	
		76105	to complement routine examination	7.0 ((2-0))
		76120	Cineradiography (independent procedure)	13.2 ((5-3))
		76125	to complement routine examination	7.0 ((2-8))
			<u>(76127 has been deleted. The use of photographic media is not reported separately but is considered to be a component of the basic procedure)</u>	
		76130	Radiologic examination; at bedside or in operating room, not otherwise specified	2.7 ((BR))
		76135	in home	BR
		76137	after regular hours	BR
		76140	Written consultation on x-ray examination made elsewhere	BR+ ((=))
		76150	Xeroradiography	6.0
			<u>(76300 has been deleted. For thermography of the breast, use 76499)</u>	
		76350	Subtraction in conjunction with contrast studies	BR
		76360	Computerized tomography guidance for needle biopsy; supervision and interpretation only	BR ((BR))
		76361	complete procedure	BR
		76365	Computerized tomography guidance for cyst aspiration; supervision and interpretation only	BR ((BR))
		76366	complete procedure	BR
		76370	Computerized tomography guidance for placement of radiation therapy fields	BR
		76375	Computerized tomography, coronal, sagittal, and/or oblique reconstruction	23.5 ((23-5))
		76400	Magnetic resonance (eg, proton imaging, bone marrow blood supply)	BR
		76499	Unlisted diagnostic radiologic procedure	BR
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>				
WAC 296-23-079 MISCELLANEOUS.				
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<del>((76505) Echoencephalography, complete (diencephalic midline and ventricular size), A-mode . . . . . 11.4))</del>	
<u>(76505 has been deleted. To report complete A-mode echoencephalography, use 76999)</u>	
76506 Echoencephalography, B-mode (gray scale) complete (for determination of ventricular size, delineation of cerebral contents and detection of fluid, masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated. . . . .	BR
76511 <del>((Echography)) Ophthalmic, ultrasound, echography; spectral analysis with amplitude quantitation, A-mode . . . . .</del>	<del>22.9</del>
76512 contact scan B-mode . . . . .	22.9
76515 tomography, with or without A( <del>=mode and</del> ) or M-mode . . . . .	57.2
76516 <del>((Echography)) Ophthalmic ((ultrasonic)) biometry(;) by ultrasound echography; A-mode . . . . .</del>	<del>15.4</del>
76517 scan B-mode . . . . .	28.6
76529 Ophthalmic ultrasound foreign body locatization . . . . .	BR
<del>((76530) Echography thyroid, A-mode . . . . . 8.0))</del>	
<u>(76530 has been deleted. To report A-mode echography of thyroid, use 76999)</u>	
76535 <del>((scan B-mode)) . . . . .</del>	<del>11.4</del>
<u>Echography, thyroid, B-scan and/or real time with image documentation (76550, carotid imaging has been deleted. To report, use 93870)</u>	

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-07903 HEART.

	Unit Value
76601 Echography, chest; A-mode . . . . .	9.7
76604 B-scan (includes mediastinum) . . . . .	11.4
76620 Echocardiography, M-mode, complete . . . . .	15.4
76625 limited, e.g., follow-up or limited study . . . . .	7.7
76627 Echocardiography, real-time scan; complete . . . . .	11.4
76628 limited . . . . .	9.7
76629 <del>((unlisted)) Echocardiography ((procedure)) M-mode and real time with image documentation . . . . .</del>	<del>BR</del>
76632 <u>Doppler echocardiography</u>	
<u>(Procedure 76632 is often performed in combination with M-mode or 2-dimensional echocardiography)</u>	
<u>(For echocardiography as a cardiovascular procedure, see 93300-93320)</u>	
<u>(76640 has been deleted. To report A-mode echography of the breast, use 76999)</u>	

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-07904 THORAX.

	Unit Value
<del>((76640) Echography breast, A-mode . . . . . 9.7))</del>	
76645 <del>((scan B-mode)) Echography, breast, B-scan and/or real time with image documentation . . . . .</del>	<del>19.2</del>

AMENDATORY SECTION (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-07905 ABDOMEN AND RETROPERITONEUM.

	Unit Value
76700 Echography, scan B-mode, abdominal, complete . . . . .	22.9

	Unit Value
76705 limited, (e.g., follow-up or limited study) . . . . .	15.4
76770 Echography, scan B-mode, retroperitoneal (e.g., renal, aorta, nodes), complete . . . . .	22.9
76775 limited . . . . .	19.2

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-07906 OBSTETRICS, GYNECOLOGY AND PELVIS.

	Unit Value
76805 Echography, pelvic scan B-mode, (e.g., obstetrics, gynecology, or transplants); complete . . . . .	21.2
76815 fetal growth rate only . . . . .	9.7
76855 Echography, pelvic area (Doppler) . . . . .	11.4
76856 Echography, pelvic, real time . . . . .	BR

GENITALIA

76870 Echography, scrotum and contents . . . . .	BR
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EXTREMITIES

76880 Echography, extremity, B-scan and/or real time with image documentation . . . . .	BR
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AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-07907 ((PERIPHERAL)) VASCULAR ((SYSTEM)) STUDIES.

	Unit Value
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(Doppler peripheral flow studies, 76900-76920 have been deleted to report, see 93850-93950)

76925 Peripheral imaging, B-scan, Doppler or real-time scan . . . . .	BR
76930 Pericardiocentesis; supervision and interpretation . . . . .	BR
76931 complete procedure . . . . .	BR

ULTRASONIC GUIDANCE PROCEDURES

76934 Ultrasonic guidance for thoracentesis; supervision and interpretation only . . . . .	3.0
76935 complete procedure . . . . .	5.0
76938 Ultrasonic guidance for cyst or renal pelvis aspiration; supervision and interpretation only . . . . .	1.0
76939 complete procedure . . . . .	2.0
76942 Ultrasonic guidance for needle biopsy; supervision and interpretation only . . . . .	4.0
76943 complete procedure . . . . .	6.0
76946 Ultrasonic guidance for amniocentesis; supervision and interpretation only . . . . .	4.0
76947 complete procedure . . . . .	6.0
76950 Echography for placement of radiation therapy fields, B-scan . . . . .	17.1
76960 Ultrasonic guidance for placement of radiation therapy fields except for B-scan echography . . . . .	14.3

((RADIATION THERAPY)) THERAPEUTIC RADIOLOGY

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-125 DIAGNOSTIC.

	Unit Value
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ENDOCRINE SYSTEM

78000 Thyroid uptake, single determination . . . . .	6.0
78001 multiple determinations (as 6 and 24 hours, etc.) . . . . .	8.0
78003 Thyroid stimulation, suppression or discharge (not including initial uptake studies) . . . . .	9.0
78006 Thyroid imaging, with uptake; single determination . . . . .	16.0
78007 multiple determinations . . . . .	18.0

	Unit Value		Unit Value
78010	10.0	Thyroid imaging only	
78011	BR	with vascular flow	(For prolactin level (mammotropin), RIA, see 84146)
78015	20.0	Thyroid carcinoma metastases imaging; limited area (e.g., neck and chest only)	(For oxytocin level, (oxytocinase), RIA, see 83949)
78016	25.0	with additional studies (e.g., urinary recovery, etc.)	(For vasopressin level (antidiuretic hormone), RIA, see 84588)
78017	BR	multiple areas	(For estradiol, RIA, see 82670)
78018	BR	whole body	(For progesterone, RIA, see 84144)
		(For triiodothyronine true (TT-3), RIA, see 84480)	
		(For triiodothyronine, free (FT-3), RIA (unbound T-3 only), see 84481)	(For testosterone, blood, RIA, see 84403)
		(For T-4 thyroxine, CPB or resin uptake, see 84435)	(For testosterone, urine, RIA, see 84405)
		(For TT-4 thyroxine, RIA, see 84436)	(For etiocholanolone, RIA, see 82696)
		(For T-4 thyroxine, neonatal, see 84437)	(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)
		(For FT-4 thyroxine, free, RIA (unbound T-4 only), see 84439)	78099 Unlisted endocrine procedure, diagnostic nuclear medicine
		(For calcitonin, RIA, see 82308)	BR
		<del>((78070 Parathyroid imaging</del>	<u>(For chemical analysis, RIA tests, see Chemistry and Toxicology section)</u>
	BR	<del>(For parathormone (parathyroid hormone), RIA, see 83970))</del>	
		<u>(78070 has been deleted. To report parathyroid imaging, use 78099)</u>	
78075	BR	Adrenal imaging	HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC SYSTEM
		(For adrenal cortex antibodies, RIA, see 86681)	78102 Bone marrow imaging; limited area
		(For cortisol, RIA, plasma, see 82533)	BR
		(For cortisol, RIA, urine, see 82534)	78103 multiple areas
		(For aldosterone, double isotope technique, see 82087)	BR
		(For aldosterone, RIA, blood, see 82088)	78104 whole body
		(For aldosterone, RIA, urine, see 82089)	BR
		(For 17-ketosteroids, RIA, see 83588)	78110 Blood or plasma volume, radioisotope technique; single sampling
		(For 17-OH ketosteroids, RIA, see 83599)	8.0
		(For 17-hydroxycorticosteroids, RIA, see 83491)	78111 multiple sampling
		(For insulin, RIA, see 83525)	BR+
		(For insulin antibodies, RIA, see 86337)	(For dye method, see 84605, 84610)
		(For insulin factor antibodies, RIA, see 86338)	78120 Red cell mass determination, single sampling
		(For proinsulin, RIA, see 84206)	12.0
		(For glucagon, RIA, see 82943)	78121 multiple sampling
		(For adrenocorticotrophic hormone (ACTH), RIA, see 82024)	BR+
		(For human growth hormone (HGH), (somatotropin), RIA, see 83003)	78130 Red cell survival study (e.g., radiochromium)
		(For human growth hormone antibody, RIA, see 86277)	20.0
		(For thyroglobulin antibody, RIA, see 86800)	78135 plus splenic and/or hepatic sequestration
		(For thyroid microsomal antibody, RIA, see 86376)	30.0
		(For thyroid stimulating hormone (TSH), RIA, see 84443)	78140 Red cell splenic and/or hepatic sequestration
		(For thyrotropin releasing factor, RIA, see 84444)	20.0
		(For plus long-acting thyroid stimulator (LATS), see 84445)	78160 Plasma radio-iron turnover rate
		(For follicle stimulating hormone (FSH component of pituitary gonadotropin), RIA, see 83001)	16.0
		(For luteinizing hormone (LH component of pituitary gonadotropin), (LCSH), RIA, see 83002)	78162 Radio-iron oral absorption
		(For luteinizing releasing factor (LRH), RIA, see 83727)	BR
			78170 Radio-iron red cell utilization
			24.0
			<del>((78180 Radio-iron body distribution and storage pools</del>
			BR+)
			<u>(78180 has been deleted. To report radioiron body distribution and storage pools, use 78199)</u>
			(For hemosiderin, RIA, see 83071)
			(For intrinsic factor antibodies, RIA, see 86340)
			(For cyanocobalamin (vitamin B-12), RIA, see 82607)
			(For folic acid (folate) serum, RIA, see 82746)
			(For human hepatitis antigen, hepatitis associated agent (Australian antigen) (HAA), RIA, see 86287)
			(For hepatitis A antibody (HAAb), RIA, see 86296)
			(For hepatitis A virus antibody (HAVAb), see 86297)
			(For hepatitis B core antigen (HB <sub>c</sub> Ag), RIA, see 86288)
			(For hepatitis B core antibody (HB <sub>c</sub> Ab), RIA, see 86289)
			(For hepatitis B surface antigen (HB <sub>s</sub> Ag), RIA, see 86287)
			(For hepatitis B surface antibody (HB <sub>s</sub> Ab), RIA, see 86291)
			(For hepatitis Be antigen (HB <sub>e</sub> Ag), RIA, see 86293)
			(For hepatitis Be antibody (HB <sub>e</sub> Ab), RIA, see 86295)
			78185 Spleen imaging only; static
			20.0
			(If combined with liver study, use procedures 78215 and 78216)
			78186 with vascular flow
			25.0
			78191 Platelet survival
			BR
			78195 Lymphatics and lymph glands imaging
			BR

	Unit Value		Unit Value
78199 Unlisted hematopoietic, R-E and lymphatic procedure, diagnostic nuclear medicine	BR	78300 Bone, imaging limited area (e.g., spine, pelvis, or skull, etc.)	((30-0)) 25.0
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)		78305 multiple areas	((BR+)) 40.0
<b>GASTROINTESTINAL SYSTEM</b>		78306 whole body	((BR+)) 40.0
78201 Liver imaging; static	20.0	78310 vascular flow only	BR
78202 with vascular flow	25.0	78380 Joint imaging; limited area	BR
(For spleen imaging only, use 78185 and 78186)		78381 multiple areas	BR
78215 Liver and spleen imaging; static	25.0	78399 Unlisted musculoskeletal procedure, diagnostic nuclear medicine	BR
78216 with vascular flow of liver and/or spleen	30.0	<b>CARDIOVASCULAR SYSTEM</b>	
78220 Liver function study with hepatobiliary agents; with serial images	20.0	((78401 Cardiac blood pool imaging; static (e.g., pericardial effusion)	20.0))
((78221 with probe technique	25.0))	(78401 has been deleted. To report, see 78402-78415)	
(78221 has been deleted. To report liver function study with probe technique, use 78299)		78402 Cardiac blood pool imaging with vascular flow assessment (sequential imaging with or without time activity curve evaluation)	25.0
78223 Hepatobiliary ductal system imaging, including gallbladder	BR	78403 ((with determination of regional ventricular function (e.g., gated blood pool images)) Cardiac blood pool imaging by gated equilibrium blood pool techniques with determination of global or regional ventricular function (specify right, left, or both) including but not necessarily limited to ejection fraction and wall motion, at rest; . . . .	BR
78225 Liver-lung study, imaging (e.g., subphrenic abscess)	BR	78404 with exercise and/or pharmacologic intervention, including but not necessarily limited to continuous vital signs and ECG monitoring, and treadmill or bicycle exercise for cardiovascular stress at submaximal or maximal levels	
78230 Salivary gland imaging; static	14.0	78407 with determination of ventricular volume (specify right, left, or both)	
78231 with serial views	16.0	(78409 has been deleted. To report, use 78403)	
78232 Salivary gland function study	BR	((78409 with determination of ventricular ejection fraction (gated blood pool)	BR))
((78240 Pancreas imaging	20.0))	78411 ((with determination of ventricular ejection fraction (first pass determination)) Cardiac blood pool imaging by first pass technique, with determination of global or regional ventricular function (specify right, left, or both) including but not necessarily limited to ejection fraction and wall motion, at rest; . . . .	BR
(78240 has been deleted. To report pancreas imaging, use 78299)		78412 with exercise and/or pharmacologic intervention, including but not necessarily limited to continuous vital signs and ECG monitoring, and treadmill or bicycle exercise for cardiovascular stress at submaximal or maximal levels	
78261 Gastric mucosa imaging	BR	((78413 with determination of ventricular wall motion	BR))
78262 Gastroesophageal reflux study	BR	(78413 has been deleted. To report, use 78411)	
78264 Gastric emptying study	BR	(78405, 78406 Myocardium imaging has been deleted. To report, use 78418-78424)	
78270 Vitamin B-12 absorption studies (e.g., Schilling test); without intrinsic factor	10.0	78414 Determination of ventricular ejection fraction with probe technique	BR
78271 with intrinsic factor	20.0	78415 Cardiac blood pool imaging, functional imaging (eg, phase and amplitude analysis)	
78272 Vitamin B-12 absorption studies combined, with and without intrinsic factor	25.0	78418 Myocardium imaging; regional myocardial perfusion at rest	BR
78276 Gastrointestinal aspirate blood loss localization	BR	78419 regional myocardial perfusion at rest and with exercise and/or pharmacologic intervention, including but not necessarily limited to continuous vital signs and ECG monitoring, and treadmill or bicycle exercise for cardiovascular stress at submaximal or maximal levels	
78278 Acute gastrointestinal blood loss imaging	BR	78420 with quantitative evaluation (eg, pharmacokinetic temporal assessment)	
78280 Gastrointestinal blood loss study	16.0	78422 ((myocardial infarction)) for evaluation of infarction (infarct avid imaging)	BR
78282 Gastrointestinal protein loss (e.g., radiochromium albumin)	12.0	78424 regional myocardial perfusion (redistribution ((or) resting ((imaging)) or postexercise	
((78285 Gastrointestinal fat absorption study (e.g., radiiodinated triolein)	12.0		
78286 Gastrointestinal fatty acid absorption study (e.g., radiiodinated oleic acid)	10.0))		
(78285, 78286 have been deleted. To report gastrointestinal fat or fatty acid absorption studies, use 78299)			
(For gastrin, RIA, see 82941)			
(For intrinsic factor level, see 83528)			
(For carcinoembryonic antigen level (CEA), RIA, see 86151)			
78290 Bowel imaging (e.g., ectopic gastric mucosa, Meckel's localization, volvulus)	20.0		
78291 Peritoneal-venous shunt patency test (eg, for LeVeen shunt)			
78299 Unlisted gastrointestinal procedure, diagnostic nuclear medicine	BR		
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)			
<b>MUSCULOSKELETAL SYSTEM</b>			
(Bone and joint imaging can be used in the diagnosis of a variety of infectious inflammatory diseases, eg, osteomyelitis, as well as for localization of primary and/or metastatic neoplasms)			
(For positron method or other complex instrumentation, see WAC 296-20-010, Item 10)			

	Unit Value		Unit Value
study) .....	BR		
78425 Regurgitant index .....		78655 Eye tumor identification with radiophosphorus ...	BR
78428 Cardiac shunt detection .....	BR	78660 Dacryocystography (lacrimal flow study) .....	BR
78435 Cardiac flow study, imaging (i.e., angiocardio- graphy) .....	BR	78699 Unlisted nervous system procedure, diagnostic nu- clear medicine .....	BR
78445 Vascular flow study, imaging (i.e., angiography, venography) .....	BR	GENITOURINARY SYSTEM	
78455 Venous thrombosis study (e.g., radioactive fibrin- ogen) .....	BR	78700 Kidney imaging; static .....	18.0
78457 Venous thrombosis imaging (e.g., venogram); uni- lateral .....	BR	78701 with vascular flow .....	20.0
78458 bilateral .....	BR	78704 with function study (i.e., imaging renogram) ..	23.0
78470 Cardiac output .....	BR	78707 with vascular flow and function study .....	30.0
<del>((78490 Tissue clearance studies) .....</del>	<del>BR))</del>	(For introduction of radioactive substance in association with renal endoscopy, see 50558, 50559, 50578)	
<u>(78490 has been deleted. To report tissue clearance stud- ies, use 78499)</u>		78715 Kidney vascular flow .....	BR
(For digoxin, RIA, see 82643)		78720 Kidney function study (i.e., renogram) .....	15.0
(For digitoxin (digitalis), RIA, see 82640)		78725 Kidney function study, clearance .....	BR
78499 Unlisted cardiovascular procedure, diagnostic nu- clear medicine .....	BR	(For renin (angiotensin I), RIA, see 84244)	
(For chemical analysis, RIA tests, see WAC 296-23-212, chemistry and toxicology)		(For angiotensin II, RIA, see 82163)	
		(For beta-2 microglobulin, RIA, see 82231, 82232)	
		78727 Kidney transplant evaluation .....	BR
		78730 Urinary bladder residual study .....	BR
		(For introduction of radioactive substance in association with cystotomy or cystostomy, see 51020; in association with cystourethroscopy, see 52250)	
RESPIRATORY SYSTEM			
78580 Pulmonary perfusion imaging; particulate .....	26.0	78740 Ureteral reflux study (radionuclide voiding cystogram) .....	BR
78581 gaseous .....	BR	(For estradiol, RIA, see 82670)	
78582 gaseous, with ventilation, rebreathing and washout .....	BR	(For estriol, RIA, see 82677, 84680)	
78584 Pulmonary perfusion imaging, particulate, with ventilation; single breath .....	BR	(For progesterone, RIA, see 84144)	
78585 rebreathing and washout, with or without single breath .....	1.6	(For prostatic acid phosphatase, RIA, see 84066)	
78586 Pulmonary ventilation imaging, aerosol; single projection .....	BR	78760 Testicular imaging .....	BR
78587 multiple projections (e.g., anterior, posterior, lateral views) .....	BR	(For testosterone, blood, RIA, see 84403)	
78591 Pulmonary ventilation imaging, gaseous, single breath, single projection .....	BR	(For testosterone, urine, RIA, see 84405)	
78593 Pulmonary ventilation imaging, gaseous, with rebreathing and washout with or without single breath; single projection .....	22.0	(For introduction of radioactive substance in association with ureteral endoscopy, see 50958, 50959, 50978)	
78594 multiple projections (e.g., anterior, posterior, lateral views) .....	BR	<del>((78770 Placenta imaging .....</del>	
78599 Unlisted respiratory procedure, diagnostic nuclear medicine .....	BR	<del>78775 Placenta localization (e.g., radioiodinated HSA) .....</del>	
		<u>(78770, 78775 have been deleted. To report either placen- ta imaging or placenta localization, use 78799)</u>	
		(For lactogen, placental (HPL) chorionic somatomammo- tropin, RIA, see 83632)	
NERVOUS SYSTEM			
78600 Brain imaging, limited procedure; static .....	26.0	(For chorionic gonadotropin, RIA, see 82998)	
78601 with vascular flow .....	31.0	(For chorionic gonadotropin beta subunit, RIA, see 84701)	
78605 Brain imaging, complete; static .....	30.0	(For pregnanediol, RIA, see 84135)	
78606 with vascular flow .....	35.0	(For pregnantrial, RIA, see 84138)	
78610 Brain imaging, vascular flow study only .....	10.0	78799 Unlisted genitourinary procedure, diagnostic nu- clear medicine .....	BR
78630 Cerebrospinal fluid flow, imaging; cisternography (not including introduction of material) .....	35.0	(For chemical analysis, RIA tests, see WAC 296-23-212 chemistry and toxicology)	
(For injection procedure, see 61000-61070; 62270-62294)		MISCELLANEOUS STUDIES	
78635 ventriculography (not including introduction of material) .....	35.0	78800 Tumor localization (e.g., gallium, selenomethio- nine); limited area .....	BR
(For injection procedure, see 61000-61070; 62270-62294)		(For specific organ, see appropriate heading)	
78640 myelography (not including introduction of mate- rial) .....	BR	(For eye tumor identification, see 78655)	
(For injection procedure, see 61000-61070; 62270-62294)		78801 multiple areas .....	BR
78645 shunt evaluation .....	35.0	78802 whole body .....	BR
(For injection procedure, see 61000-61070; 62270-62294)		78805 Abscess localization; limited area .....	BR
78650 CSF leakage .....	32.0	78806 whole body .....	BR
(For injection procedure, see 61000-61070; 62270-62294)			
(For myelin basic protein, CSF, RIA, see 83873)			

- (For imaging bone infectious inflammatory disease, see 78300-78381)
- (For Rast, see 86421, 86422)
- (For gamma-E immunoglobulin, RIA, see 82785)
- (For gamma-G immunoglobulin, see 82784)
- (For alpha-1 antitrypsin, RIA, see 86064)
- (For alpha-1 fetoprotein, RIA, see 86244)
- (For antinuclear antibodies, RIA, see 86038)
- (For lactic dehydrogenase, RIA, see 83610)
- (For amikacin, see 82112)
- (For aminophylline, see 82137)
- (For amitriptyline, see 82138)
- (For amphetamine, chemical, quantitative, see 82145)
- (For chlordiazepoxide, see 82420, 82425)
- (For chlorpromazine, see phenothiazine, urine, 84021, 84022)
- (For clonazepam, see 82510)
- (For cocaine, quantitative, see 82520)
- (For diazepam, see 82636)
- (For dihydromorphine, quantitative, see 82649)
- (For phenytoin (diphenylhydantoin), see 84045)
- (For flucytosine, see 82741)
- (For gentamicin, see 84695)
- (For glutethimide, see 82980)
- (For lysergic acid diethylamide (LSD), RIA, see 83728)
- (For morphine (heroin), RIA, see 83862)
- (For phencyclidine (PCP), see 83992)
- (For phenobarbital, see barbiturates, 82205, 82210)
- (For tobramycin, see 84840)
- (For kanamycin, see 83578)

- 78890 Generation of automated data: Interactive process involving nuclear physician and/or allied health professional personnel; simple manipulations and interpretation, not to exceed 30 minutes . . . . . BR
- 78891 complex manipulations and interpretation, exceeding 30 minutes . . . . . BR
- (use 78890 or 78891 in addition to primary procedure)
- 78895 Bedside unit required . . . . . BR
- (use 78895 in addition to primary procedure)
- 78990 Provision of diagnostic radionuclide(s) . . . . . ((BR))10.0
- 78999 Unlisted miscellaneous procedure, diagnostic nuclear medicine . . . . . BR

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-201 UNLISTED SERVICE OR PROCEDURE. A service or procedure may be provided that is not listed in this fee schedule. When reporting such a service, the appropriate "unlisted procedure" code may be used to indicate the service, identifying it by "special report" as discussed in WAC 296-23-20101 below. The "unlisted procedures" and accompanying codes for PATHOLOGY AND LABORATORY are as follows:

- 80099 Unlisted panel
- 81099 Unlisted urinalysis procedure
- 84999 Unlisted chemistry or toxicology procedure

- Unit Value
- 85999 Unlisted hematology procedure
- 86999 Unlisted immunology procedure
- 87999 Unlisted microbiology procedure
- 88099 Unlisted necropsy (autopsy) procedure
- 88199 Unlisted cytopathology procedure
- 88299 Unlisted cytogenetic study
- 88399 Unlisted surgical pathology procedure
- 89399 Unlisted miscellaneous pathology test.

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-23-204 PANEL OR PROFILE TESTS.

The following list contains those tests that can be and are frequently done as groups and combinations ("profiles") on automated multi-channel equipment. For any combination of tests among those listed immediately below, use the appropriate number ((80003)) 80002-80019. Groups of the tests listed here are distinguished from multiple tests performed individually for immediate or "stat" reporting.

The following unit values apply when three or more of the tests listed below are performed on the same blood or urine specimen under the conditions described under item 6, page 188.

(For collection and handling of specimen, see 99000 and 99001)

- Albumin
- Albumin/globulin ratio
- Bilirubin, direct
- Bilirubin, total
- Calcium
- Carbon dioxide content
- Chloride
- Cholesterol
- Creatinine
- Globulin
- Glucose (sugar)
- Lactic dehydrogenase (LDH)
- Phosphatase, acid
- Phosphatase, alkaline
- Phosphorus
- Potassium
- Protein, total
- Sodium
- Transaminase, glutamic, oxaloacetic (SGOT)
- Transaminase, glutamic, pyruvic (SGPT)
- Urea nitrogen (BUN)
- Uric acid

	Unit Value
80002 Automated multichannel test; 1 or 2 clinical chemistry test(s) . . . . .	21.0
80003 3 clinical chemistry tests . . . . .	28.0
80004 4 tests . . . . .	32.0
80005 5 tests . . . . .	36.0
80006 6 tests . . . . .	40.0
80007 7 tests . . . . .	44.0
80008 8 tests . . . . .	48.0
80009 9 tests . . . . .	52.0
80010 10 tests . . . . .	56.0
80011 11 tests . . . . .	60.0
80012 12 tests . . . . .	64.0
80016 13-16 clinical chemistry tests, per additional test . . . . .	2.8
80018 17-18 clinical chemistry tests, per additional test . . . . .	((3-θ))2.8
80019 19 or more clinical chemistry tests (indicate instrument used and number of tests performed), per additional test . . . . .	((3-2))2.8

**THERAPEUTIC DRUG MONITORING**

(e.g., antiepilepsy drugs, cardiac drugs, antibiotics, sedatives)

80031 Therapeutic quantitative drug monitoring in blood and/or urine; measurement one drug (if drug not specified by individual code number) . . . . .	BR
80032 2 drugs measured . . . . .	BR
80033 3 drugs measured . . . . .	BR
80034 4 or more drugs measured . . . . .	BR

80040 Serum radioimmunoassay for circulating antibiotic levels . . . . . Unit Value  
BR

ORGAN OR DISEASE ORIENTED PANELS

Organ "panels" as an approach to diagnosis have been developed in response to the increased use of general screening programs that are now in use in physicians' offices, health centers, clinics, and hospitals. Also included here are profiles that combine laboratory tests together under a problem oriented classification. The lack of an expanded list of laboratory tests under each number is deliberate. Because no two laboratories utilize the same array of tests in a particular panel, each laboratory should establish its own profile and accompany each reported panel by a listing of the components of that panel performed by the laboratory.

80050 General health screen panel . . . . . ((BR))31.0  
80052 Pre-marital profile . . . . . BR  
80053 Executive profile . . . . . BR  
80055 Obstetric profile . . . . . BR  
80058 Hepatic function panel . . . . . BR  
80059 Hepatitis panel . . . . . BR  
80060 Hypertension panel . . . . . BR  
80061 Lipid profile . . . . . BR  
80062 Cardiac evaluation (including coronary risk) panel . . . . . BR  
80063 Cardiac injury panel; . . . . . BR  
80064 with creatine phosphokinase (CPK) and/or lactic dehydrogenase (LDH) isoenzyme determination . . . . . BR  
80065 Metabolic panel . . . . . BR  
80066 Malabsorption panel . . . . . BR  
80067 Pulmonary (lung function) panel . . . . . BR  
80068 Lung maturity profile . . . . . BR  
80070 Thyroid panel; . . . . . BR  
80071 with thyrotropin releasing hormone (TRH) . . . . . BR  
80072 Arthritis panel . . . . . BR  
80073 Renal panel . . . . . BR  
80075 Parathyroid panel . . . . . BR  
80080 Prostatic panel . . . . . BR  
80082 Pancreatic panel . . . . . BR  
80084 Pituitary panel . . . . . BR  
80085 Microcytic anemia panel . . . . . BR  
80086 Macrocytic anemia panel . . . . . BR  
80088 Transition panel (for management of patient with proven metastatic disease) . . . . . BR  
80089 Muscle panel . . . . . BR  
80090 Antibody panel (e.g., TORCH: Toxoplasma IFA, rubella HI, cytomegalovirus CF, herpes virus CF) . . . . . BR  
80099 Unlisted panel . . . . . BR

CONSULTATIONS (CLINICAL PATHOLOGY)

A clinical pathology consultation is a service, including a written report, rendered by the pathologist in response to a request from an attending physician in relation to a test result(s) requiring additional medical interpretive judgment. Reporting of a test result(s) without medical interpretive judgment is not considered a clinical pathology consultation.

80500 Clinical pathology consultation; limited, without review of patient's history and medical records  
80502 comprehensive, for a complex diagnostic problem, with review of patient's history and medical records

(For consultations involving the examination and evaluation of the patient, see 90600-90643)

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)  
WAC 296-23-208 URINALYSIS.  
(For specific analyses, see appropriate section)

	Unit Value
81000 Urinalysis, routine, complete . . . . .	12.0
81002 routine, without microscopy . . . . .	8.0
81004 components, single, not otherwise listed, specify . . . . .	5.0
81005 chemical, qualitative any number of constituents . . . . .	8.0
<del>((81006 urine volume measurement . . . . .))</del>	<del>5.0</del>
<u>(81006 urine volume measurement has been deleted. To report, use 81099)</u>	
81010 concentration and dilution test . . . . .	14.0
81011 water deprivation test . . . . .	BR
81012 water deprivation test with vasopressin response . . . . .	BR
81015 microscopic . . . . .	10.0
81020 two or three glass test . . . . .	10.0
81030 Quantitative sediment analysis and quantitative protein (Addis count) . . . . .	40.0
81099 Unlisted urinalysis procedure . . . . .	BR

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)  
WAC 296-23-212 CHEMISTRY AND TOXICOLOGY.

The material for examination can be from any source. Examination is quantitative unless specified. (For list of automated, multichannel tests, see 80003-80019.)

	Unit Value
82000 Acetaldehyde, blood . . . . .	40.0
82003 Acetaminophen, urine . . . . .	40.0
(Acetic anhydride, see volatiles, 84600)	
82005 Acetoacetic acid, serum . . . . .	40.0
82009 Acetone, qualitative . . . . .	12.0
82010 quantitative . . . . .	12.0
(For acetone bodies, see 82009-82010, 82635, 83947)	
82011 Acetylsalicylic acid; quantitative . . . . .	32.0
82012 qualitative . . . . .	32.0
82013 Acetylcholinesterase, . . . . .	40.0
(Acid, gastric, see gastric acid, 82926-82932)	
(Acid phosphatase, see 84060-84065)	
82015 Acidity, titratable, urine . . . . .	30.0
(ACTH, see 82024)	
(Adrenalin-Noradrenalin, see catecholamines, 82382-82384)	
82024 Adrenocorticotrophic hormone (ACTH), RIA . . . . .	120.0
82030 Adenosine; 5'-diphosphate (ADP) and 5'-monophosphate (AMP), cyclic, RIA, blood . . . . .	40.0
82035 5'-triphosphate, blood . . . . .	40.0
82040 Albumin, serum . . . . .	20.0
82042 urine, quantitative (specify method, e.g., Esbach) . . . . .	20.0
(For albumin/globulin ratio, albumin/globulin ratio by electrophoretic method, see 84155-84200)	
82055 Alcohol (ethanol), blood, chemical . . . . .	30.0
82060 by gas-liquid chromatography . . . . .	40.0
82065 urine, chemical . . . . .	30.0
82070 by gas-liquid chromatography . . . . .	40.0
82072 Alcohol (ethanol) gelation . . . . .	30.0
82075 breath . . . . .	60.0
82076 Alcohol; isopropyl . . . . .	60.0
82078 methyl . . . . .	60.0
82085 Aldolase, blood, kinetic ultraviolet method . . . . .	26.0
82086 colorimetric . . . . .	20.0
82087 Aldosterone; double isotope technique . . . . .	120.0

	Unit Value		Unit Value
82088 RIA blood .....	100.0		
82089 RIA urine .....	100.0	(For qualitative screen, see 82486, 82660, 82662, 82755, 84231)	
(Alkaline phosphatase, see 84075-84080)		82225 Barium .....	BR
82095 Alkaloids, tissue, screening .....	80.0	(Bence-Jones protein, 84185)	
82096 quantitative .....	120.0	82230 Beryllium, urine .....	80.0
82100 urine, screening .....	80.0	82231 Beta-2 microglobulin, RIA; urine .....	BR
82101 quantitative .....	120.0	82232 serum .....	BR
(See also 82486, 82600, 82662, 82755, 84231)		82235 Bicarbonate excretion, urine .....	BR
(Alpha amino acid nitrogen, see 82126)		82236 Bicarbonate loading test .....	BR
(Alpha-hydroxybutyric (HBD) dehydrogenase, see 83485, 83486)		(Bicarbonate, see 82374)	
(Alphaketoglutarate, see 83584)		82240 Bile acids, blood, fractionated .....	120.0
(Alpha tocopherol (Vitamin E), see 84446)		82245 Bile pigments, urine .....	8.0
82112 Amikacin .....	BR	°82250 Bilirubin, blood, total or direct .....	°24.0
(Amikacin serum radioimmunoassay, see 80040)		82251 blood, total AND direct .....	30.0
82126 Alpha amino acid nitrogen .....	50.0	82252 feces, qualitative .....	BR
82128 Amino acids, qualitative .....	40.0	82260 urine, quantitative .....	12.0
82130 Amino acids, urine or plasma chromatographic fractionation and quantitation .....	180.0	82265 amniotic fluid, quantitative .....	30.0
82134 Aminohippurate, para (PAH) .....	30.0	82268 Bismuth .....	80.0
(For administration, see 36410, 99070)		82270 Blood, feces, occult, screening .....	8.0
82135 Aminolevulinic acid, delta (ALA) .....	50.0	82273 duodenal, gastric contents, qualitative .....	BR
82137 Aminophylline .....	60.0	(Blood urea nitrogen (BUN), see 84520-84525, 84545)	
82138 Amitriptyline .....	60.0	(Blood volume, see 84605-84610, 78110, 78111)	
82140 Ammonia, blood .....	40.0	82280 Boric acid, blood .....	100.0
82141 urine .....	40.0	82285 urine .....	100.0
82142 Ammonium chloride loading test .....	40.0	82286 Bradykinin .....	BR
82143 Amniotic fluid scan (spectrophotometric) .....	50.0	82290 Bromides, blood .....	24.0
(For L/S ratio, see 83661)		82291 urine .....	40.0
(Amobarbital, see 82205-82210)		(For bromsulphthalein (BSP), see 84382)	
82145 Amphetamine, or methamphetamine, chemical, quantitative .....	80.0	82300 Cadmium, urine .....	100.0
82150 Amylase, serum .....	30.0	82305 Caffeine .....	60.0
82155 isoenzymes electrophoretic .....	BR+	82306 Calcifediol (25-OH Vitamin D-3), chromatographical technique .....	BR
82156 urine (diastase) .....	30.0	82307 Calciferol (Vitamin D) RIA .....	BR
82157 Androstenedione RIA .....	80.0	82308 Calcitonin, RIA .....	80.0
82159 Androsterone .....	50.0	°82310 Calcium, blood, chemical .....	°22.0
82160 RIA .....	50.0	°82315 fluorometric .....	°22.0
(See also 83593-83596)		82320 emission flame photometry .....	22.0
(Angiotensin I, see renin, 84244)		82325 atomic absorption flame photometry .....	24.0
82163 Angiotensin II, RIA .....	BR	82330 fractionated, diffusible .....	60.0
82165 Aniline .....	BR	82331 after calcium infusion test .....	24.0
(Antidiuretic hormone, RIA, see 84588)		82335 urine, qualitative (Sulkowitch) .....	11.0
82168 Antihistamines .....	BR	82340 quantitative timed specimen .....	32.0
82170 Antimony, urine .....	80.0	82345 feces, quantitative timed specimen .....	80.0
(Antimony, screen, see 83015)		82355 Calculus (stone) qualitative, chemical .....	40.0
(Antitrypsin, alpha-1-, see 86329)		82360 quantitative, chemical .....	60.0
82173 Arginine tolerance test .....	BR	82365 infrared spectroscopy .....	60.0
82175 Arsenic, blood, urine, gastric contents, hair or nails, quantitative .....	80.0	82370 X-ray diffraction .....	50.0
(For heavy metal screening, see 83015)		(Carbamates, see individual listings)	
82180 Ascorbic acid (Vitamin C) blood .....	40.0	82372 Carbamazepine, serum .....	BR
(Aspirin, see acetylsalicylic acid, 82011, 82012)		82374 Carbon dioxide, combining power or content .....	10.0
(Atherogenic index, blood, ultracentrifugation, quantitative, see 83717)		(See also 82801-82803, 82817)	
82205 Barbiturates quantitative .....	60.0	82375 Carbon monoxide, (carboxyhemoglobin); quantitative .....	48.0
82210 quantitative and identification .....	80.0	82376 qualitative .....	48.0
		(Carbon tetrachloride, see 84600)	
		(Carboxyhemoglobin, see 82375, 82376)	
		82380 Carotene, blood .....	40.0
		(Carotene plus Vitamin A, see 84595)	
		82382 Catecholamines (dopamine, norepinephrine, epinephrine); total urine .....	BR
		82383 blood .....	BR
		82384 fractionated .....	BR
		(For urine metabolites, see 83835, 84585)	

	Unit Value		Unit Value
82390 Ceruloplasmin, <u>chemical</u> (copper oxidase), blood . . . . .	40.0	82550 Creatine phosphokinase (CPK), blood, timed kinetic ultraviolet method . . . . .	26.0
(For gel diffusion technique, see 86331; immunodiffusion technique, see 86329)		82552 isoenzymes . . . . .	30.0
82400 Chloral hydrate, blood . . . . .	60.0	82555 colorimetric . . . . .	20.0
82405 urine . . . . .	40.0	°82565 Creatinine, blood . . . . .	°20.0
82415 Chloramphenicol, blood . . . . .	40.0	°82570 urine . . . . .	°20.0
82418 Chlorazepate dipotassium . . . . .	40.0	°82575 clearance . . . . .	°40.0
82420 Chlordiazepoxide, blood . . . . .	60.0	82585 Cryofibrinogen, blood . . . . .	40.0
82425 urine . . . . .	60.0	82595 Cryoglobulin, blood . . . . .	40.0
°82435 Chlorides, blood, (specify chemical or electrometric) . . . . .	°20.0	(Crystals, pyrophosphate vs. urate, see 84208)	
82436 urine, (specify chemical, electrometric or Fantus test) . . . . .	20.0	82600 Cyanide, blood . . . . .	80.0
82437 sweat (without iontophoresis) . . . . .	20.0	82601 tissue . . . . .	80.0
(For iontophoresis, see 89360)		82606 Cyanocobalamin (Vitamin B-12); bioassay . . . . .	70.0
82438 spinal fluid . . . . .	20.0	82607 RIA . . . . .	45.0
82441 Chlorinated hydrocarbons, screen . . . . .	20.0	82608 unsaturated binding capacity . . . . .	60.0
82443 Chlorothiazide-hydrochlorothiazide . . . . .	60.0	(Cyclic AMP, see 82030)	
(Chlorpromazine, see 84021, 84022)		(Cyclic GMP, see 83008)	
°82465 Cholesterol, serum; total . . . . .	°22.0	82614 Cystine, blood, qualitative . . . . .	BR
82470 total and esters . . . . .	30.0	82615 Cystine, and homocystine, urine, qualitative . . . . .	30.0
82480 Cholinesterase, serum . . . . .	40.0	82620 quantitative . . . . .	40.0
82482 RBC . . . . .	60.0	82624 Cystine aminopeptidase . . . . .	BR
82484 serum and RBC . . . . .	80.0	(D hemoglobin, see 83053)	
82485 Chondroitin B sulfate, quantitative . . . . .	BR	(Delta-aminolevulinic acid (ALA), see 82135)	
(Chorionic gonadotropin, see gonadotropin, 82996-83002)		82626 Dehydroepiandrosterone, RIA . . . . .	BR
82486 Chromatography; gas-liquid, compound and method not elsewhere specified . . . . .	BR	(See also 83593-83596)	
82487 paper, 1-dimensional, compound and method not elsewhere specified . . . . .	BR	(Deoxycortisol, 11- (compound S), RIA, see 82634)	
82488 paper, 2-dimensional, not elsewhere specified . . . . .	BR	82628 Desipramine . . . . .	BR
82489 thin layer, not elsewhere specified . . . . .	BR	82633 Desoxycorticosterone, 11-RIA . . . . .	BR
82490 Chromium, blood . . . . .	100.0	(See also 83593-83596)	
82495 urine . . . . .	100.0	82634 Desoxycortisol, 11-(compound S), RIA . . . . .	80.0
82505 Chymotrypsin, duodenal contents . . . . .	30.0	(See also 83492)	
82507 Citric acid . . . . .	80.0	82635 Diacetic acid . . . . .	18.0
82512 Clonazepam . . . . .	BR	(Diagnex blue, tubeless gastric, see 82939)	
82520 Cocaine, quantitative . . . . .	60.0	(Diastase, urine, see 82156)	
(Cocaine, screen, see 82486, 82660, 82662, 82755, 84231)		82636 Diazepam . . . . .	50.0
(Codeine, quantitative, see 82096, 82101)		82638 Dibucaine number . . . . .	34.0
(Complement, see 86159-86162)		82639 Dicumarol . . . . .	BR
(Compound S, see 82634)		(Dichloroethane, see 84600)	
82525 Copper, blood . . . . .	60.0	(Dichloromethane, see 84600)	
82526 urine . . . . .	60.0	(Diethylether, see 84600)	
(Coprobilinogen, feces, 84575)		82640 Digitoxin digitalis, blood RIA . . . . .	BR+
(Coprotophyrins, see 84118-84121)		82641 urine . . . . .	BR+
(Corticosteroids, see 83492-83496)		82643 Digoxin, RIA . . . . .	36.0
82528 Corticosterone, RIA . . . . .	BR	82646 Dihydrocodinone . . . . .	BR
(See also 83593-83597)		(Dihydrocodinone screen, see 82486-82489, 82662, 82755, 84231)	
82529 Cortisol; fluorometric, plasma . . . . .	36.0	82649 Dihydromorphinone, quantitative . . . . .	75.0
82531 CPB, plasma . . . . .	75.0	(Dihydromorphinone screen, see 82486, 82489, 82662, 82755, 84231)	
82532 CPB, urine . . . . .	75.0	82651 Dihydrotestosterone (DHT) . . . . .	BR
82533 RIA, plasma . . . . .	90.0	82654 Dimethadione . . . . .	BR
82534 RIA, urine . . . . .	90.0	(Diphenylhydantoin, see 84045)	
82536 after adrenocorticotrophic hormone (ACTH) Administration . . . . .	BR	(Dopamine, see 82382-82384)	
82537 48 hours after continuous ACTH infusion . . . . .	BR	82656 Doxepin . . . . .	BR
82538 after metyrapone tartrate administration . . . . .	BR	82660 Drug screen (amphetamines, barbiturates, alkaloids) . . . . .	(80.0) 65.0
82539 dexamethasone suppression test, plasma and/or urine . . . . .	BR		
82540 Creatine, blood . . . . .	24.0		
82545 urine . . . . .	40.0		
82546 Creatine and creatinine . . . . .	50.0		

	Unit Value		Unit Value
(See also 82486-82489, 82662, 82755, 84231)		(For TLC screen, see 84375)	
(Duodenal contents, see individual enzymes; for intubation and collection, see 89100)		82776	screen ..... 18.0
82662	Enzyme immunoassay technique for drugs, EMIT . 30.0	82780	Gallium ..... BR
82664	Electrophoretic technique, not elsewhere specified . 45.0	82784	Gammaglobulin, A, D, G, M nephelometric, each . 12.0
82666	Epiandrosterone ..... BR	82785	Gammaglobulin, E, RIA ..... 75.0
(See also 83593, 83596)		82786	Gammaglobulin, salt precipitation method ..... 21.0
(Epinephrine, see 82382-82384)		(Gammaglobulin by gel (immuno) diffusion, see 86329)	
82668	Erythropoietin, bioassay ..... BR	(Gamma-glutamyl transpeptidase (GGT), see 82977)	
(For HI method, see 86280)		82790	Gases, blood, oxygen saturation; by calculation from pO <sub>2</sub> ..... 40.0
82670	Estradiol, RIA (placental) ..... 90.0	82791	by manometry ..... 40.0
82671	Estrogens; fractionated ..... 85.0	82792	by oximetry ..... 20.0
82672	total ..... 60.0	82793	by spectrophotometry ..... 40.0
82673	Estriol(,-placental); fluorometric ..... 54.0	82795	by calculation from pCO <sub>2</sub> ..... 6.0
82674	GLC ..... 45.0	82800	Gases, blood, pH, only ..... 20.0
82676	((Estriol, nonpregnancy;) Chemical ..... 75.0	82801	pCO <sub>2</sub> ..... 24.0
82677	RIA ..... 105.0	82802	pH, pCO <sub>2</sub> by electrode ..... 42.0
(Estrogen receptor assay, see 84233)		82803	pH, pCO <sub>2</sub> , pO <sub>2</sub> simultaneous ..... 54.0
82678	Estrone; chemical ..... 75.0	82804	pO <sub>2</sub> by electrode ..... 40.0
82679	RIA ..... 90.0	82812	pO <sub>2</sub> by manometry ..... 24.0
(Ethanol, see 82055-82075)		82817	pH, pCO <sub>2</sub> by tonometry ..... 24.0
82690	Ethchlorvynol (Placidyl), blood ..... 60.0	(For arterial puncture, see 36600)	
82691	urine ..... 60.0	(For blood gas studies as a part of pulmonary function studies, see 94700-94710)	
82692	Ethosuximide ..... BR	82926	Gastric acid, free and total; single specimen ..... 11.2
(Ethyl alcohol, see 82055-82075)		82927	each additional specimen ..... 9.0
82694	Etiocholanolone ..... BR	82928	Gastric acid, free or total; single specimen ..... 9.0
(See also 83593, 83596)		82929	each additional specimen ..... 7.5
(Evans blue, see blood volume, 84605-84610)		82931	Gastric acid, pH titration; single specimen ..... 24.0
82696	Etiocholanolone, RIA ..... 50.0	82932	each additional specimen ..... 18.0
82705	Fat or lipids, feces, screening ..... 10.0	82939	Gastric analysis, tubeless (Diagnex blue) ..... BR
82710	quantitative, 24 or 72 hour specimen ..... 100.0	(Gastric analysis, with stimulation, see 89140, 89141)	
82715	Fat differential, feces, quantitative ..... BR	(Gastric analysis, pepsin, see 83974)	
82720	Fatty acids, blood, esterified ..... 40.0	(For gastric intubation, see 89130, 74340)	
82725	nonesterified ..... 40.0	(For aspiration of specimens with insulin administration (Hollander test), see 91075)	
82727	Ferric chloride, urine ..... BR	82941	Gastrin, RIA ..... 48.0
82728	Ferritin, specify method (e.g., RIA, immunoradiometric assay) ..... BR	(GGT, see 82977)	
(Fetal hemoglobin, see hemoglobin 83020, 83033, and 85460)		(GLC, gas liquid chromatography, see 82486)	
(Fetoprotein, alpha-1, see 86329)		82942	Globulin, serum ..... 10.5
82730	Fibrinogen, quantitative ..... 21.0	(See also 82784, 82786, 84155-84200, 86329)	
(See also 85371, 85377)		82943	Glucagon, RIA ..... BR
82735	Fluoride, blood ..... 100.0	82944	Glucosamine ..... 6.0
82740	urine ..... 100.0	82947	Glucose; except urine (e.g., blood, spinal fluid, joint fluid) ..... 10.5
82741	Flucytosine (5-fluorocytosine) ..... BR	82948	blood, stick test ..... 8.2
82742	Flurazepam ..... BR	82949	fermentation ..... 22.5
82745	Folic acid, (folate), blood bioassay ..... BR +	82950	post glucose dose (includes glucose) ..... 13.5
82746	RIA ..... 45.0	82951	tolerance test (GTT), three specimens (includes glucose) ..... 37.5
(Follicle stimulating hormone (FSH), see 83000, 83001)		82952	tolerance test, each additional beyond three specimens ..... 10.5
82750	Formimino-glutamic acid (FIGLU), urine ..... 100.0	(For intravenous glucose tolerance test, see 82961)	
82755	Free radical assay technique for drugs (FRAT) ..... BR	82953	tolbutamide tolerance test ..... 15.0
82756	Free thyroxine index (T-7) ..... BR	(For insulin tolerance test, see 82937)	
82757	Fructose, semen ..... BR	(For leucine tolerance test, see 83681)	
(Fructose, TLC screen, see 84375)		82954	urine ..... 20.0
82759	Galactokinase, RBC ..... BR	(For intubation, see 89130, 79340)	
82760	Galactose, blood ..... 40.0	82955	Glucose-6-phosphate dehydrogenase, erythrocyte . 60.0
82763	tolerance test ..... 75.0	82960	screen ..... 56.0
82765	urine ..... 40.0		
82775	Galactose-1-phosphate uridyl transferase ..... 60.0		

	Unit Value		Unit Value
82961		83087	BR
Glucose tolerance test, intravenous	BR	urine, qualitative	
(For glucose tolerance test with medication use 90784 in addition)		83088	100.0
82963	BR	Histamine	
82965	40.0	(Hollander test, see 91075)	
Glucosidase, beta		(Homocystine, qualitative, see 82615)	
Glutamate dehydrogenase, blood		(Homocystine, quantitative, see 82620)	
(Glutamic oxaloacetic transaminase (SGOT), see 84450-84455)		83093	BR
(Glutamic pyruvic transaminase (SGPT), see 84460-84465)		Homogentisic acid; blood, qualitative	
82975	80.0	83094	20.0
Glutamine (glutamic acid amide), spinal fluid		Homogentisic acid, urine, qualitative	
82977	BR	83095	40.0
Glutamyl transpeptidase, gamma (GGT)		quantitative	
82978	BR	(Hormones, see individual alphabetic listings in chemistry section)	
Glutathione		83150	80.0
82979	BR	homo-vanillic acid (HVA), urine	
82980	56.2	83485	22.0
Glutethimide		Hydroxybutyric dehydrogenase, alpha (HBD), blood; kinetic ultraviolet method	
(Glycohemoglobin, see 83036)		83486	20.0
82985	60.0	colorimetric method	
Glycoprotein electrophoresis		83491	64.1
82995	100.0	Hydroxycorticosteroids, 17- (17-OHCS); RIA	
Gold, blood		83492	82.0
82996	30.0	Hydroxycorticosteroids, 17- (17-OHCS); gas liquid chromatography (GLC)	
Gonadotropin, chorionic, bioassay; qualitative		83493	45.0
82997	30.0	blood, Porter-Silber type	
quantitative		83494	38.0
82998	(BR) 38.0	blood, fluorometric	
Gonadotropin, chorionic, RIA		83495	52.0
(Gonadotropin, chorionic, beta subunit, RIA, see 84701)		urine, Porter-Silber type	
(For immunoassay, qualitative, see 86006, 86007)		83496	52.0
(For quantitative titer, see 86008, 86009)		urine, fluorometric	
83000	90.0	(See also 82531-82534, 82634, 84409)	
Gonadotropin, pituitary FSH; bioassay		83497	60.0
83001	90.0	Hydroxyindolacetic acid, 5-(HIAA), urine	
83002	90.0	(For HIAA, blood, see 84260)	
(LH)(ICSH)RIA		83498	105.0
83003	48.0	Hydroxyprogesterone, 17-d, RIA	
Growth hormone (HGH), (somatotropin) RIA		83499	BR
83004	48.0	Hydroxyprogesterone, 20-	
after glucose tolerance test		83500	100.0
(For growth hormone secretion after arginine tolerance test, see 82173)		Hydroxy-proline, urine, free only	
(For human growth hormone antibody, RIA, see 86277)		83505	100.0
83005	40.0	total only	
Guanase, blood		83510	180.0
83008	BR	free and total	
Guanosine monophosphate (GMP) cyclic, RIA		83523	67.0
83010	60.0	Imipramine	
Haptoglobin, chemical		(Immunglobulines, see 82784, 82785, 82786, 86329, 86335)	
83011	30.0	83524	35.0
quantitative, electrophoresis		Indican, urine	
83012	60.0	83525	40.0
phenotypes, electrophoresis		Insulin, RIA	
83015	30.0	83526	80.0
Heavy metal screen (arsenic, bismuth, mercury, antimony); chemical (e.g., Reinsch, Gutzeit)		Insulin tolerance	
83018	BR	(For proinsulin, see 84206)	
chromatography, DEAE column		83528	BR
83020	80.0	Intrinsic factor level	
Hemoglobin, electrophoresis (includes A <sub>2</sub> , S, C, etc.)		(For intrinsic factor antibodies, RIA, see 86340)	
(Hemoglobin, carboxyhemoglobin (CO), see 82375, 82376; colorimetric, see 85018, 85031)		83530	40.0
83030	40.0	Insulin clearance	
F (fetal), chemical		(For administration, see 36410, 99070)	
83033	56.0	<del>((83533) Iodine, protein bound (PBI) . . . . . 45.0</del>	
F(fetal), qualitative (APT) test, fecal		<del>83534 total . . . . . 60.0))</del>	
83036	60.0	<u>(83533, 83534 Protein bound iodine have been deleted. To report, use 84999)</u>	
glycosylated (Alc)		(For thyroxine, see ((84444)) 84435-84439)	
83040	80.0	(For triiodothyronine (true T-3), RIA, see 84480)	
methemoglobin, electrophoretic separation		(For T-3 or T-4 radioactive resin uptake, see RT3U, 84250; for RT3U+thyroxine, see 84251)	
83045	20.0	83540	20.0
qualitative		Iron, serum, chemical	
83050	40.0	83545	12.0
quantitative		automated	
83051	40.0	83546	30.0
plasma		radioactive uptake method	
83052	34.0	83550	20.0
sickle, turbidimetric		binding capacity, serum chemical	
83053	40.0	83555	12.0
solubility, S-D, etc.		automated	
83055	20.0	83565	30.0
sulfhemoglobin, qualitative		radioactive uptake method	
83060	40.0	83570	26.0
quantitative		Isocitric dehydrogenase (IDH), blood, kinetic ultraviolet	
83065	BR	83571	20.0
thermolabile		colorimetric	
83068	BR	(Isopropyl alcohol, see alcohol 82076)	
unstable, screen		83576	105.0
83069	BR	Isonicotinic acid hydrazide (INH)	
urine		83578	49.0
83070	12.0	Kanamycin	
Hemosiderin, urine			
83071	25.6		
Hemosiderin, RIA			
(Heroin, screening, see 82660, 82486, 82662, 82755, 84231; quantitative, see 82096, 82101)			
(HIAA, see 83497)			
83086	BR		
Histidine; blood, qualitative			

	Unit Value		Unit Value
83582		Ketogenic steroids, urine; 17-(17-KGS) . . . . .	45.0
83583		11-desoxy: 11-oxy ratio . . . . .	75.0
83584		Ketoglutarate, alpha . . . . .	40.0
		(Ketone bodies, see 82005-82010; urine, see 81000-81005)	
83586		Ketosteroids, 17-(17-KS), blood; total . . . . .	38.0
83587		fractionation, alpha/beta . . . . .	75.0
83588		RIA . . . . .	54.0
83589		Ketosteroids, 17-(17-KS), urine; total . . . . .	36.0
83590		fractionation, alpha/beta . . . . .	60.0
83593		chromatographic fractionation . . . . .	75.0
<del>(83596</del>		<del>D/A/E ratio . . . . .</del>	<del>BR)</del>
		<u>(83596 D/A/E ratio has been deleted.)</u>	
83597		11-desoxy: 11-oxy ratio . . . . .	75.0
		(See also 82528, 82632, 82633, 82666, 82694)	
83599		Ketosteroids, 17-OH, RIA . . . . .	64.1
83600		Kynurenic acid . . . . .	90.0
83605		Lactate, lactic acid . . . . .	40.0
83610		Lactic dehydrogenase (LDH), RIA . . . . .	33.7
83615		Lactic dehydrogenase (LDH), blood, kinetic ultra-violet method . . . . .	26.0
83620		colorimetric or fluorometric . . . . .	20.0
83624		heat or urea inhibition (total not included) . . . . .	24.0
83625		isozymes, electrophoretic separation and quantitation . . . . .	60.0
83626		chemical separation . . . . .	20.0
83628		Lactic dehydrogenase, liver (LLDH) . . . . .	20.0
83629		Lactic dehydrogenase (LDH), urine . . . . .	20.0
83631		Lactic dehydrogenase (LDH), CSF . . . . .	20.0
		(For hydroxybutyric dehydrogenase (HBD), see 83485)	
83632		Lactogen, human placental (HPL) chorionic somatomammotropin, RIA . . . . .	30.0
83633		Lactose, urine; qualitative . . . . .	20.0
83634		quantitative . . . . .	20.0
		(For tolerance, see 82951-82952)	
		(For TLC screen, see 84375)	
83645		Lead, screening, blood . . . . .	20.0
83650		urine . . . . .	20.0
83655		quantitative, blood . . . . .	60.0
83660		urine . . . . .	60.0
83661		Lecithin-sphingomyelin ratio (L/S ratio), amniotic fluid . . . . .	75.0
83670		Leucine amino-peptidase (LAP), blood, kinetic ultraviolet method . . . . .	26.0
83675		colorimetric . . . . .	20.0
83680		urine . . . . .	26.0
83681		Leucine tolerance test . . . . .	26.0
83685		Lidocaine . . . . .	20.0
83690		Lipase, blood . . . . .	30.0
83700		Lipids, blood, total . . . . .	30.0
83705		fractionated (cholesterol, triglycerides, phospholipids) . . . . .	60.0
		(For feces, see 82705-82715)	
83715		Lipoprotein, blood; electrophoretic separation and quantitation phenotyping . . . . .	60.0
83717		analytic ultracentrifugation separation and quantitation (atherogenic index) . . . . .	100.0
83718		Lipoprotein high density cholesterol (HDL cholesterol) by precipitation method) . . . . .	BR
83719		Lipoprotein very low density cholesterol (VLDL cholesterol) by ultracentrifugation . . . . .	BR
83720		Lipoprotein cholesterol fractionation calculation by formula . . . . .	BR
83725		Lithium, blood, quantitative . . . . .	60.0
		(Luteinizing hormone (LH), see 83002)	
83727		Luteinizing releasing factor (LRH), RIA . . . . .	60.0
83728		Lysergic acid diethylamide (LSD) RIA . . . . .	BR
83730		(Macroglobulins (sia test) . . . . .	30.0
83735		Magnesium, blood, chemical . . . . .	20.0
83740		fluorometric . . . . .	20.0
83750		atomic absorption . . . . .	40.0
83755		urine, chemical . . . . .	40.0
83760		fluorometric . . . . .	40.0
83765		atomic absorption . . . . .	40.0
83775		Malate dehydrogenase, kinetic ultraviolet method . . . . .	30.0
		(Maltose tolerance, see 82951, 82952)	
		(Mammotropin, see 84146)	
83785		Manganese, blood or urine . . . . .	60.0
83790		Mannitol clearance . . . . .	BR
		(Marijuana, see tetrahydrocannabinol THC, 84408)	
83795		Melanin, urine, quantitative . . . . .	60.0
83799		Meperidine, quantitative . . . . .	54.0
		(For screen, see 82486, 82489, 82662, 82755, 84231)	
83805		Meprobamate, blood or urine . . . . .	60.0
		(For screen, see 82486, 82489, 84231)	
83825		Mercury quantitative, blood . . . . .	70.0
83830		urine . . . . .	70.0
		(Mercury screen, see 83015)	
83835		Metanephrines, urine . . . . .	52.0
		(For catecholamines, see 82382-82384)	
83840		Methadone . . . . .	60.0
		(Methamphetamine, see 82145)	
		(Methanol, see 82078)	
83842		Methapyrilene . . . . .	50.0
83845		Methaqualone . . . . .	90.0
		(For metals, heavy, screening (Reinsch test), see 82177)	
83857		Methemalbumin . . . . .	32.0
		(Methemoglobin, see hemoglobin 83045-83050)	
83858		Methsuximide, serum . . . . .	90.0
		(Methyl alcohol, see 82078)	
83859		Methypylon . . . . .	90.0
83860		Morphine, screening . . . . .	80.0
83861		quantitative . . . . .	120.0
83862		RIA . . . . .	82.0
83864		Mucopolysaccharides, acid, blood . . . . .	60.0
83865		Mucopolysaccharides, acid, urine quantitative . . . . .	60.0
83866		screen . . . . .	21.0
83870		Mucoprotein, blood (seromuroid) . . . . .	40.0
83872		Mucin, synovial fluid (rope test) . . . . .	21.0
83873		Myeline basic protein, CSF, RIA . . . . .	BR
		(For oligoclonal bands, see 83916)	
83874		Myoglobin, electrophoresis . . . . .	30.0
83875		Myoglobin, urine . . . . .	40.0
83880		Nalorphine . . . . .	60.0
83885		Nickel, urine . . . . .	100.0
83887		Nicotine . . . . .	75.0
83895		Nitrogen, urine, total, 24 hour specimen . . . . .	60.0
83900		feces, 24 hour specimen . . . . .	100.0
83910		Nonprotein nitrogen, blood . . . . .	20.0
		(Norepinephrine, see 82382-82384)	
83915		Nucleotidase 5'- . . . . .	25.0
83916		Oligoclonal immune globulin (Ig), CSF, by electrophoresis . . . . .	BR
		(For myelin basic protein, CSF, see 83873)	
83917		Organic acids; screen, qualitative . . . . .	30.0

	Unit Value		Unit Value
83918	30.0	84085	18.0
83920	24.0	84087	30.0
83930	20.0	84090	30.0
83935	20.0		
83938	BR		
83945	40.0		
		(See also 83705)	
(For alpha oxoglutarate, see 82120)		(For lecithin/sphingomyelin ratio, see 83661)	
83946	40.0	(*)84100	*24.0
83947	40.0	(*)84105	*24.0
83948	52.0		
(Oxygen, see gases, blood, 82790-82817)		(Pituitary gonadotropins, see 83000-83002)	
83949	52.0	(PKU, see 81005, 84030, 84031)	
(Para-aminohippuric acid, see 82134)		84106	20.0
83965	60.0	84110	20.0
83970	165.0	84118	30.0
(PBI, see 83533)		84119	24.0
83971	50.0	84120	64.0
83972	60.0	84121	80.0
83973	13.5		
(For TLC screen, see 84375)		(For porphyrin precursors, see 82630)	
83974	23.0	84126	100.0
83975	40.0	84128	82.0
83985	BR+		
(Pesticide, chlorinated hydrocarbons, see 82441)		(For protoporphyrin, RBC, see 84202, 84203)	
83986	BR	84132	*24.0
(For blood, see 82800, 82802, 82803, 82817)		84133	*24.0
83992	38.0	84135	BR
83995	60.0	84136	BR
84005	20.0	84138	BR
(For injection procedure, see 36410 for provision of materials, see 99070)		84139	BR
84021	100.0	84141	60.0
(See also 82486 et seq.)		84142	60.0
84022	BR	84144	105.0
(For also individual drugs)			
84030	12.0	(For proinsulin, RIA, see 84206)	
(Phenylalanine-tyrosine ratio, see 84030, 84510)		84146	225.0
84031	12.0	84147	60.0
84033	20.0		
84035	20.0	(For screen, see 82486 et seq.)	
84037	20.0	84149	BR
84038	20.0	84150	BR
84039	20.0	84155	*20.0
84040	20.0	84160	12.0
(For qualitative chemical tests, urine, see 81005)		84165	60.0
84045	(80.0)	84170	*40.0
	61.0		
(*)84060	*24.0	(For serum albumin, see 82040, for serum globulin, 82942)	
84065	40.0	84175	24.0
84066	60.0	84176	BR
*84075	*24.0		
84078	16.0	84180	24.0
84080	BR+	84185	12.0
84081	60.0	84190	80.0
84082	60.0	84195	20.0
(Phosphates, inorganic, see 84100-84105)		84200	80.0
(Phosphates, organic, see 82480-82484)			
84083	60.0	(For protein bound iodine (PBI), see 83533)	
		84201	BR
		84202	30.0
		84203	20.0
		84205	68.0
		84206	60.0
		84207	BR
		84208	12.0
		84210	30.0
		84220	30.0
		84228	30.0
		84230	40.0
		84231	BR

	Unit Value		Unit Value
(Reinsch test, see 83015)		84410	Thallium, blood or urine . . . . . 100.0
84232 Releasing factor . . . . .	BR	84420	Theophylline, blood or saliva . . . . . 60.0
84233 Receptor assay; estrogen (estradiol) . . . . .	BR	84425	Thiamine (Vitamin B-1) . . . . . BR
84234 progesterone . . . . .	BR	84430	Thiocyanate, blood . . . . . 30.0
84235 endocrine, other than estrogen or progesterone (specify hormone) . . . . .	BR	84434	Thioridazine . . . . . 40.0
84236 progesterone and estrogen . . . . .	BR		(Thyrotropin releasing hormone (TRH) test, see 84201)
84238 nonendocrine (eg, acetylcholine) (specify recep- tor) . . . . .		84435	Thyroxine, (T-4), CPB or resin uptake . . . . . 33.0
84244 Renin (Angiotensin I): (RIA) . . . . .	60.0	84436	Thyroxine, true (TT-4), RIA . . . . . 21.0
(See also 82163, angiotensin II)		84437	Thyroxine (T-4), neonatal . . . . . 20.0
84246 furosemide test . . . . .	BR	84439	Thyroxine, free (FT-4), RIA (unbound T-4 only) . . . . . 45.0
(84250, 84251 Resine uptake have been deleted. To report, use 84479, 84435)			(84441 Thyroxine (T-4) method unspecified has been de- leted. To report, use 84435-84439)
84252 Riboflavin (Vitamin B-2) . . . . .	BR	84441	Thyroxine (T-4), specify method (e.g., CPB, RIA) . . . . . 40.0
(Salicylates, see 82011, 82012)		84442	Thyroxine binding globulin (TBG) . . . . . 52.0
(Saline infusion test, see 82091)			(Thyroxine, free thyroxine index, T-7, see 82756)
(Secretin test, see 99070, 89100 and appropriate analyses)			(Thyroid hormones, PBI, thyroxine, etc., see 84480, 84441, 84250)
84255 Selenium, blood, urine or tissue . . . . .	100.0	84443	Thyroid stimulating hormone (TSH), RIA . . . . . 60.0
84260 Serotonin, blood . . . . .	120.0	84444	Thyrotropin releasing factor (TRF), RIA; . . . . . BR
(For urine metabolites, see 83497)		84445	plus long acting (LATS) . . . . . BR
84275 Sialic acid, blood . . . . .	50.0	84446	Tocopherol alpha (Vitamin E) . . . . . 38.0
(Sickle hemoglobin, see 83020, 83052, 83053, 85660)			(Tolbutamide tolerance, see 82951-82952)
84285 Silica, blood, urine or tissue . . . . .	100.0	84447	Toxicology, screen; general . . . . . BR
( <sup>24</sup> )84295 Sodium, blood . . . . .	<sup>24</sup> 24.0	84448	sedative (acid and neutral drugs, volatiles) . . . . . 45.0
( <sup>24</sup> )84300 urine . . . . .	<sup>24</sup> 24.0	84450	Transaminase, blood, glutamic oxaloacetic (SGOT), timed kinetic ultraviolet method . . . . . 24.0
(Somatomammotropin, see 83632)		<sup>24</sup> 84455	colorimetric or fluorometric . . . . . <sup>24</sup> 20.0
(Somatotropin, see 83003; chorionic, see 83632)		84460	glutamic pyruvic (SGPT), blood timed kinetic ultraviolet . . . . . 24.0
84310 Sorbitol dehydrogenase, serum . . . . .	26.0	<sup>24</sup> 84465	colorimetric or fluorometric . . . . . <sup>24</sup> 20.0
84315 specific gravity (except urine) . . . . .	8.0		(Transferrin, see 86329)
84317 Starch, feces, screening . . . . .	8.0	84472	Trichloroethanol . . . . . 60.0
84318 Stercobilin, qualitative, feces . . . . .	BR	84474	Trichloroacetic acid . . . . . 36.0
(For stone analysis see 82355-82370)			(Trichloroacetaldehyde, see 82400-82405)
84324 Strychnine . . . . .	75.0	84476	Trifluoperazine . . . . . 36.0
(Sugar, see under glucose)		84478	Triglycerides, blood . . . . . 30.0
84375 sugars chromatographic separation . . . . .	80.0		(See also 83705)
(Sulfhemoglobin, see hemoglobin, 83055-83060)		84479	Triiodothyronine (T-3), resin uptake . . . . .
<del>((84382 Sulfobromophthalcin (BSP) . . . . . 32.0))</del>		84480	Triiodothyronine, true (TT-3), RIA . . . . . 36.0
<del>(84382 has been deleted)</del>		84481	Triiodothyronine, free (FT-3), RIA (unbound T-3 only) . . . . . BR
(For injection, see 36410, 99070)		84483	Trimethadione . . . . . 36.0
84395 Sulfonamide, blood chemical . . . . .	20.0	84485	Trypsin, duodenal fluid . . . . . 30.0
<del>((84397 crystals, qualitative . . . . . 20.0))</del>		84488	Trypsin, feces, quantitative, 24 hour specimen . . . . . 30.0
<del>(84397 has been deleted.)</del>		84490	quantitative . . . . . 30.0
(T-3, see 84479-84481)			(Tubular reabsorption of phosphate, blood and urine, see 84082)
(T-4, see 84435-84439)		84510	Tyrosin, blood . . . . . 40.0
<del>((84401 Testosterone, blood, double isotope . . . . . BR))</del>			(Ultracentrifugation, lipoprotein, see 82190)
<del>(84401 has been deleted.)</del>			(Urate vs. pyrophosphate crystals, see 84208)
84403 Testosterone, blood, RIA . . . . .	105.0	( <sup>24</sup> )84520	Urea nitrogen, blood (BUN); quantitative . . . . . <sup>24</sup> 22.0
<del>((84404 Testosterone, urine, double isotope . . . . . BR))</del>		84525	stick test . . . . . 8.0
84405 Testosterone, urine, RIA . . . . .	120.0	( <sup>24</sup> )84540	urine . . . . . <sup>24</sup> 20.0
84406 Testosterone, binding protein . . . . .	BR	( <sup>24</sup> )84545	clearance . . . . . <sup>24</sup> 40.0
84407 Tetracaine . . . . .	BR	( <sup>24</sup> )84550	Uric acid, blood, chemical . . . . . <sup>24</sup> 20.0
84408 Tetrahydrocannabinol THC (marijuana) . . . . .	BR	84555	uricase, ultraviolet method . . . . . 26.0
84409 Tetrahydrocortisone or tetrahydrocortisol . . . . .	105.0	84560	urine . . . . . 20.0
(See also 83492-83497)		84565	Urobilin, urine, qualitative . . . . . 12.0
		84570	quantitative, timed specimen . . . . . 24.0
		84575	feces, quantitative . . . . . 60.0
		84577	Urobilinogen, feces, quantitative . . . . . 30.0
		84578	Urobilinogen, urine, qualitative . . . . . 24.0
		84580	quantitative, timed specimen . . . . . 24.0

	Unit Value		Unit Value
84583	20.0		
84584	24.0	(Antiprotease, see 85311)	
		(Antithrombin III, see 85300)	
		(Basophil count, see 85005)	
84585	24.0	85000	10.0
84588	BR	85002	24.0
84589	10.0	<del>((85003) Adelson-Crosby immersion method)</del>	<del>20.0</del>
84590	40.0	<u>(85003 Adelson-Crosby immersion method has been de-</u>	
84595	60.0	<u>leted. To report, use 85999)</u>	
		(Blood cell morphology only, see 85548)	
		85005	10.0
(Vitamin B-1, see 84425)		85007	7.5
(Vitamin B-2, see 84252)			
(Vitamin B-6, see 84207)		(See also 85548, 85585)	
(Vitamin B-12, blood, see 82606, 82607)		(For other fluids, e.g., CSF, see 89051, 89190)	
(Vitamin B-12, absorption (Schilling), see 78270, 78271)		85009	12.0
(Vitamin C, see 82180)		85012	10.0
(Vitamin E, see 84446)			
84597	BR	(For nasal smear, see 89180)	
		85014	8.0
(VMA, see 84585)		85018	8.0
84600	45.0		
		(For other hemoglobin determination, see 83020-83068)	
(For acetaldehyde, see 82000)		85021	10.5
84605	30.0	85022	15.0
84610	50.0	85027	12.0
		85028	17.0
(Volume, blood, RISA or Cr-51, see 78110, 78111)			
84613	BR	(For additional laboratory testing utilizing automated he-	
84615	BR	<u>mogram techniques, use Modifier -22, Unusual Services)</u>	
84620	40.0	85031	16.5
84630	100.0	85041	8.0
84635	100.0		
84645	20.0	(See also 85021-85031, 89050)	
<del>((84680) Estriol, placental, RIA)</del>	<del>38.7</del>	85044	12.0
<u>(84680 has been deleted. To report use 82677)</u>		85048	8.0
84695	38.5		
84701	66.7	(See also 85021-85034)	
84800	60.0	85060	45.0
84810	BR		
84999	BR	<u>85095 Bone marrow(±) smear and/or cell block; aspira-</u>	
		<u>tion only</u>	45.0
NOTE:		<u>(85096 has been deleted. For interpretation of smear, use</u>	
Gas-liquid chromatography, paper chromatography, electrophoresis,		<u>85097 smear interpretation only</u>	
nuclear medicine, enzyme immunoassay and radioimmunoassay tech-		85100	140.0
niques are being extended constantly for the analysis of many drugs,			
hormones and other substances. Where these methodologies are not		(For special stains, see 85535, 85540, 85560, 88312-	
specifically listed under the compound in question, such tests should be		<u>88313)</u>	
coded under the listing for the specific general methodology. (For		85101	75.0
immunodiffusion, immunoprecipitin, and counter-		85102	75.0
immuno-electrophoretic methods other than enzyme and			
radioimmunoassay techniques, see immunology section.)		(For trocar, see 20220)	
<b>AMENDATORY SECTION</b> (Amending Order 81-28, filed		85103	60.0
11/30/81, effective 1/1/82)		85105	100.0
WAC 296-23-216 HEMATOLOGY.		85109	30.0
		<del>((85120) Bone marrow transplant)</del>	<del>50.0</del>
(Includes blood clotting (coagulation) procedures. For		<u>(85120 Bone marrow transplant has been deleted. To re-</u>	
blood banking procedures, see under Immunology.)		<u>port see 38230-38240)</u>	
(Agglutinins, see Immunology)		85150	40.0
(Antifactor (specific coagulation factors), see 85300-		85160	40.0
85341)			
(Antiplasmin, see 85410)			

	Unit Value		Unit Value
85165	20.0	85410	BR+
85170	8.0	85420	BR+
85171	45.0		
85172	BR	<u>85421</u>	<u>plasminogen, antigenic assay</u>
85175	40.0		(For plasminogen activator, see 85665)
			(Fragility, red blood cell, see 85547, 85555-85557)
		85441	9.0
(Clotting factor I (fibrinogen), see 82730, 85371-85377)		85445	19.5
85210	40.0		(For hematocrit (pcv), see 85014, 85021-85031)
			(For hemoglobin, see 83020-83060, 85050)
(See also 85610-85618)		85460	26.0
85220	40.0		(See also 83030, 83033)
85230	40.0		(Hemogram, see 85021-85031)
85240	40.0		(Hemolysins, see 86006, 86281, 86282)
85242	40.0	85520	60.0
85250	40.0	85530	60.0
85260	40.0	85535	18.0
85270	40.0		(Ivy bleeding time, see 85002)
85280	40.0	85538	30.0
85290	40.0	85540	20.0
85291	40.0	85544	20.0
85292	40.0		(Lysozyme, see 85549)
<u>85293</u>	<u>40.0</u>	85547	30.0
<u>high molecular weight kinninogen assay</u>		85548	9.0
<u>(Fitzgerald factor assay)</u>		85549	52.0
85300	40.0	85550	36.0
Clotting inhibitors or anti-coagulants, anti-thrombin		85555	15.0
<u>85301</u>	<u>40.0</u>	85556	18.0
<u>antithrombin III, antigen assay</u>		85557	60.0
<u>85302</u>	<u>40.0</u>		(Packed cell volume, see 85014)
<u>protein C assay</u>			(Partial thromboplastin time, see 85730-85732)
85310	40.0		(Parasites, blood, e.g., malaria smears, see 87207)
85311	40.0	85560	15.0
85320	40.0		(Plasmin, see 85400)
85330	40.0		(Plasminogen, see 85420)
85340	40.0		(Plasminogen activator, see 85665)
85341	BR	85575	45.0
85345	30.0	<u>85576</u>	<u>aggregation (in vitro), any agent</u>
85347	20.0	<u>85577</u>	<u>((aggregation (+))glass bead((-))retention (in vitro), glass bead</u>
85348	BR	85580	14.0
		85585	10.0
			(See also 85007)
(Complete blood count, see 85021-85031)		85590	20.0
(Differential count, see 85007 et seq.)		85595	20.0
(Drug inhibition, clot retraction, see 85172)		85610	16.0
(Duke bleeding time, see 85000)			(See also 85618)
(Eosinophil count, direct, see 85012)		85612	36.0
(Eosinophils, microscopic examination for, in various body fluids, see 89180)		85614	30.0
(Ethanol gel, see 85363)		85615	40.0
85360	40.0	85618	18.0
Euglobulin lysis			(Red blood cell count, see 85021-85031)
(Fetal hemoglobin, see 83030-83033, 85460)		85630	40.0
85362	12.0	85632	30.0
Fibrin degradation (split) products (FDP)(FSP); agglutination, slide		85635	33.0
85363	10.0		(Reticulocyte count, see 85044)
85364	36.0		(Rumpel-Leede test, see 85165)
85365	BR		
85367	18.0		
85368	BR		
85369	12.0		
(Fibrinogen, quantitative, see 82730)			
85371	40.0		
85372	22.5		
85376	24.0		
85377	36.0		
85390	20.0		
85392	BR		
85395	30.0		
85396	105.0		
85398	45.0		
85400	BR+		

	Unit Value		Unit Value
85640 Reticulocyte count .....	14.0		
85650 Sedimentation rate (esr) Wintrobe type .....	14.0		
85651 Westergren type .....	10.5		
85660 Sickling of red blood cells reduction slide method ..	14.0		
(Sickling, electrophoresis, see 83020)			
(Sickling, solubility, S-D, see 83053)			
(Sickling, turbidimetric (Sickledex dithionate), see 83052)			
(Siderocytes, see 85535)			
(Smears for parasites, malaria, etc., see 87207)			
(Staphylococcal clumping test, see 85369)			
85665 Streptokinase titer (plasminogen activator) .....	BR		
85670 Thrombin time, plasma .....	20.0		
85675 titer .....	12.0		
85680 Thrombo test .....	20.0		
85700 Thromboplastin generation test, screening (Hicks-Pitney) .....	40.0		
85710 definitive, with platelet substitute .....	45.0		
85711 with patient's platelets .....	45.0		
85720 all factors .....	BR+		
(For individual clotting factors, see 85210 et seq.)			
85730 Thromboplastin time, partial (PTT) plasma or whole blood .....	30.0		
85732 substitution plasma .....	30.0		
(For thromboplastin inhibition test, see 85341)			
(For tourniquet test, see 85165)			
85810 Viscosity, blood .....	40.0		
85820 serum or plasma .....	40.0		
(WBC count, see 85021-85031, 85048, 89050)			
85999 Unlisted hematology procedure .....	BR		
<b>AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)</b>			
<b>WAC 296-23-221 IMMUNOLOGY.</b>			
	Unit Value		
(Includes serology, immuno-hematology and blood banking)			
(Acid hemolysins, see 86281)			
(Actinomycosis, see 86000-86009, 86450)			
86000 Agglutinins febrile, each .....	14.0		
86002 panel (typhoid O & H, paratyphoid A & B, brucella and Proteus OX-19) .....	45.0		
86004 warm .....	36.0		
(Agglutinins and autohemolysins, see 86004, 86011-86013, 86281-86283, 86006-86009)			
(Agglutinins, auto, see 86282-86283, 86011, 86013)			
(Agglutinins, cold, see 86006, 86013, 86282, 86283)			
(Alpha-1 antitrypsin, see 86329)			
(Alpha-1 fetoprotein, see 86329)			
(Amebiasis, see 86171, 86280)			
86006 Antibody, qualitative, not otherwise specified; first antigen, slide or tube .....	12.0		
86007 each additional antigen .....	7.5		
86008 Antibody, quantitative titer, not otherwise specified; first antigen .....	18.0		
86009 each additional antigen .....	12.0		
86011 Antibody, detection, leukocyte antibody .....	44.0		
86012 Antibody absorption, cold auto absorption; per serum .....	30.0		
		(For elution, see 86019)	
		86013 differential .....	45.0
		86014 Antibody, platelet antibodies (agglutinins) .....	45.0
		86016 Antibodies, RBC, saline; high protein and antihuman globulin technique .....	30.0
		(See also 86032)	
		86017 with ABO + Rh(D) typing (for holding blood instead of complete crossmatch) .....	24.0
		86018 enzyme technique including antihuman globulin ..	17.0
		86019 elution, any method .....	45.0
		86021 Antibody identification; leukocyte antibodies .....	60.0
		86022 platelet antibodies .....	75.0
		86024 RBC antibodies (8-10 cell panel) standard techniques .....	38.0
		86026 RBC antibodies (8-10 cell panel), with enzyme technique including antihuman globulin .....	52.0
		(For absorption and elution, see 86012-86013, 86019)	
		86028 saline or high protein, each (Rh, AB, etc.) .....	12.0
		(Anti-DNA, see 86225)	
		(Anti-deoxyribonuclease titer, see 86215)	
		86031 Antihuman globulin test; direct (Coombs) 1-3 dilutions .....	12.0
		86032 indirect, qualitative (broad, gamma or nongamma, each) .....	15.0
		86033 indirect, titer (broad, gamma or nongamma each) .....	12.0
		86034 enzyme technique, qualitative .....	30.0
		86035 drug sensitization, identification (e.g., penicillin) ..	75.0
		(For antibody detection (screening), see 86016, 86017)	
		(Antihyaluronidase titer, see 86315)	
		86038 Antinuclear antibodies (ANA), RIA .....	55.0
		(Antinuclear antibodies, fluorescent technique, see 86255, 86256)	
		86045 Antistreptococcal carbohydrate, anti-A CHO .....	40.0
		(Antistreptococcal antibody, anti-DNAse, see 86215)	
		(Antistreptokinase titer, see 86590)	
		86060 Anti-streptolysin O titre .....	20.0
		86063 screen .....	10.0
		86064 Antitrypsin, alpha-1; RIA .....	20.0
		86066 Pi (Protease inhibitor) typing .....	20.0
		86067 other method (specify) .....	20.0
		(Autoagglutinins, see 86282, 86283)	
		(Autoantibodies, see specific antigens)	
		(Blastomycosis, see 86006-86009, 86460)	
		86068 Blood, cross match, complete standard technique, includes typing and antibody screening of recipient and donor; first unit .....	60.0
		86069 each additional unit .....	45.0
		86072 Blood crossmatch; enzyme technique .....	10.5
		86073 screening for compatible unit saline and/or high protein .....	26.0
		86074 antiglobulin technique .....	15.0
		(For enzyme technique, see 86018)	
		86075 Blood crossmatch, minor only (plasma, Rh immune globulin), includes recipient and donor typing and antibody screening; first unit .....	44.0
		86076 each additional unit .....	27.0
		<u>86077 Blood bank physician services; difficult cross match and/or evaluation of irregular antibody(s), interpretation and written report</u>	

	Unit Value	Unit Value
<u>86078</u> investigation of transfusion reaction including sus- picion of transmissible disease, interpretation and written report		<del>86202 — with thawing and pooling, each unit . . . . . 1.5))</del>
<u>86079</u> authorization for deviation from standard blood banking procedures (e.g., use of outdated blood, transfusion of RH incompatible units), with writ- ten report		<del>(86201 and 86202 have been deleted)</del>
(For incompatibility problems, see 86004, 86011-86014, 86016-86026, 86031-86035, 86068-86076)		<del>(Cryptococcosis, see 86008, 86009, 86255, 86256)</del>
(For typing, antibody screening and blood in lieu of crossmatch, see 86017)		<del>(Cysticercosis, see 86280)</del>
(For blood transfusion, see 36430-36460, 36510, 36660)		86209 Cytotoxic testing . . . . . BR
86080 Blood typing; ABO only . . . . . 12.0		86215 Deoxyribonuclease, antibody . . . . . 36.0
86082 ABO and Rho(D) . . . . . 18.0		86225 Deoxyribonucleic acid (DNA) antibody . . . . . 36.0
86090 M N . . . . . 20.0		(Diphtheria, see 86280)
86095 Blood typing, RBC antigens other than ABO or Rho(D); antiglobulin technique, each antigen . . . . . 10.5		(Direct antiglobulin test (Coombs), see 86031)
86096 direct, slide or tube, including Rh subtypes, each antigen . . . . . 10.5		(Donath-Landsteiner screen, see 86008, 86009)
86100 Blood typing; Rho(D) only . . . . . 12.0		(Drug sensitization, RBC, see 86035)
86105 Rh genotyping, complete . . . . . 45.0		(Echinococcosis, see 86171, 86280, 86500)
(For Rho variant Du, see 86095)		(Eosinophils, microscopic examination for, in various body fluids, see 89180)
86115 anti-Rh immuno-globulin testing (Rhogam type) . . . . . 68.0		86235 Extractable nuclear antigen (ENA), antibody . . . . . 30.0
86120 special (Kell, Duffy, etc.) . . . . . BR+		<del>((86240 — Factor VIII, concentrate, lyophilized unit, 100 units . . . . . BR</del>
86128 Blood autotransfusion, including collection, process- ing and storage . . . . . 45.0		<del>86241 — dilution, each bottle . . . . . 3.0))</del>
(For ((nondonor) therapeutic phlebotomy, see ((96450) 99195)		<del>(86240 and 86241 have been deleted)</del>
<del>((86129 — Blood component processing not otherwise speci- fied . . . . . 30.0</del>		<del>(For cryoprecipitate, see 86201, 86202)</del>
<del>86131 — Blood unit for direct transfusion, up to 50 ml. . . . . BR</del>		86243 Fc receptor assay, specify method . . . . . BR
<del>86134 — Blood unit for transfusion; processing by blood bank; includes collection . . . . . BR</del>		86244 Feto-protein, alpha-1, RIA . . . . . 57.0
<del>86138 — replacement . . . . . BR</del>		(Feto-protein, immunodiffusion method, alpha-1, see 86329)
<del>86139 — splitting, open or closed, system, each . . . . . BR))</del>		<del>((86245 — Fibrinogen, unit . . . . . 82.0))</del>
<del>(86129, 86131, 86134, 86138, and 86139 have been deleted)</del>		<del>(86245 has been deleted)</del>
<del>(Bovine milk antibody, see 86008, 86009)</del>		<del>(Filariasis, see 86280)</del>
<del>(Brucellosis, see 86000-86002, 86470)</del>		86255 Fluorescent antibody; screen . . . . . 24.0
86140 C-reactive protein . . . . . 20.0		86256 titer . . . . . 36.0
(Candidiasis, see 86008)		(Fluorescent technique for antigen identification in tissue, see 88345)
86149 Carcinoembryonic antigen; gel diffusion . . . . . 60.0		(Frei test, see 86530)
86151 RIA . . . . . 60.0		86265 Frozen blood, preparation for freezing, each unit in- cluding processing and collection; . . . . . BR
(Cat scratch disease, see 86171, 86480)		86266 with thawing . . . . . BR
86155 Chemotaxis assay, specify method . . . . . BR		86267 with freezing and thawing . . . . . BR
(Coccidioidomycosis, see 86006-86009, 86171, 86490)		(FTA, see 86650)
(Cold agglutinin or hemolysin, see 86006-86013, 86282, 86283)		(Gc grouping, see 86335)
86158 Complement; C'1 esterase . . . . . 52.0		(Gel (agar) diffusion tests, see 86331)
86159 C'2 esterase . . . . . 52.0		(Gm grouping, see 86335)
86162 total (CH 50) . . . . . 70.0		(Gonadotropins, chorionic, see 82996-82998)
(For complement fractions, quantitative, see 86329)		<del>((86272 — Globulin, gamma 1 ml . . . . . BR</del>
86171 Complement fixation tests, each (e.g., cat scratch fe- ver, coccidioidomycosis, histoplasmosis, (( <u>heptospi- rosis</u> ;) psittacosis, rubella, streptococcus MG, syphilis) - specify test . . . . . 40.0		<del>86273 — Globulin Rh immune, 1 ml . . . . . 60.0</del>
(Coombs test, see 86031-86035)		<del>86274 — Globulin vaccinia, immune, 1 ml . . . . . BR))</del>
86185 Counterelectrophoresis, each antigen . . . . . 24.0		<del>(86272 and 86273 have been deleted)</del>
(For HAA, see 86285, 86286)		<del>(86274 has been deleted. For passive immunization with specific hyperimmune serum, see 90742)</del>
(Crossmatch, see 86068-86076)		(Gm grouping, see 86335)
<del>((86201 — Cryoprecipitate, preparation, each unit . . . . . 30.0</del>		(Gonadotropins, chorionic, see 82996-82998)
		86277 Growth hormone, human (HGH), antibody, RIA . . . . . BR
		(Ham test, see 86281)
		86280 Hemagglutination inhibition tests (HAI), each (e.g., amebiasis, rubella, viral) . . . . . 60.0
		86281 Hemolysins, acid (for paroxysmal hemoglobinuria) (Ham test) . . . . . 24.0
		86282 Hemolysins and agglutinins, auto, screen, each; . . . . . 30.0
		86283 incubated with glucose (e.g., ATP) . . . . . 75.0

	Unit Value		Unit Value
(Cold, see 86006-86009, warm 86004, acid 86281)		86346 Leukocyte poor blood, invert spin preparation, in- cluding collection and processing	67.5
86285 Hepatitis B surface antigen (HB <sub>s</sub> Ag) (Australian antigen, HAA); counterelectrophoresis method	18.0	<del>86347 not including collection and processing</del>	<del>9.0)</del>
86286 counterelectrophoresis with concentration of se- rum	24.0	<u>(86345, 86346, and 86347 have been deleted)</u>	
86287 RIA method	36.0	86349 Leukocyte transfusion (leukapheresis)	BR
(For gel diffusion technique, see 86331; CF, see 86171; HAI, see 86280)		(Lymphocyte culture, see 86353)	
86288 Hepatitis B core antigen (HB <sub>c</sub> Ag), RIA	BR	<del>((86351 Lymphocyte storage, liquid nitrogen, including preparation</del>	<del>BR))</del>
86289 Hepatitis B core antibody (HB <sub>c</sub> Ab), RIA	BR	<u>(86351 has been deleted)</u>	
86291 Hepatitis B surface antibody (HB <sub>s</sub> Ab), RIA	BR	86353 Lymphocyte transformation, PHA or other	120.0
86293 Hepatitis Be antigen (HB <sub>e</sub> Ag), RIA	BR	86357 Lymphocytes; T & B differentiation	165.0
86295 Hepatitis Be antibody (HB <sub>e</sub> Ab), RIA	BR	86358 B-cell evaluation	BR
86296 Hepatitis A antibody (HAAb), RIA	BR	(Malaria, see ((86171, 86280;)) 87207)	
<del>((86297 Hepatitis A virus antibody (HAVAb), RIA</del>	<del>BR))</del>	<del>((86365 Mast cell degranulation test (MDT)</del>	<del>BR))</del>
<u>(86297 Hepatitis A virus antibody has been deleted. To report, use 86296)</u>		<u>(86365 has been deleted)</u>	
86298 IgG antibody		(Melioidosis, see 86280)	
86299 IgM antibody		86376 Microsomal antibody (thyroid); RIA	BR
86300 Heterophile antibodies, screening (includes mono- type test) slide or tube	20.0	86377 other method (specify)	30.0
86305 quantitative titer	30.0	86378 Migration inhibitory factor test (MIF)	BR
86310 plus titers after absorption, beef cells and guinea pig kidney	30.0	(Milk antibody, anti-bovine, see 86008-86009)	
(Histoplasmosis, see 86006-86009, 86171)		(Mitochondrial antibody, liver, see 86255)	
(HLA typing, see 86597)		(Mononucleosis screening slide, see 86006-86007)	
(For hormones, see individual alphabetic listing in chemis- try section)		86382 Neutralization test, viral	BR
<del>((86315 Hyaluronidase, antibody</del>	<del>30.0))</del>	86384 Nitroblue tetrazolium dye test (NTD)	BR
<u>(Human Growth Hormone Antibody, RIA, see 86277)</u>		(Ouchterlony diffusion, see 86331)	
<u>(86315 has been deleted)</u>		(Parietal cell antibody, see 86255, 86256)	
86320 Immuno-electrophoresis, serum, each specimen (plate)	100.0	86385 Paternity testing, ABO + Rh factors + MN (per individual);	37.5
86325 other fluids (e.g., urine) with concentration, each specimen	100.0	86386 each additional antigen system	15.0
86329 Immunodiffusion; quantitative, each IgA, ((IgD;)) IgG, IgM, ceruloplasmin, transferrin, ((alpha-1 feto protein;)) alpha-2, macroglobulin, complement frac- tions, alpha-1 antitrypsin, or other (specify)	30.0	(Penicillin antibody RBC, see 86035)	
86331 gel diffusion, qualitative (Ouchterlony)	30.0	<del>((86388 Plasma, single donor, fresh frozen</del>	<del>BR</del>
(For ceruloplasmin by chemical method, see 83290)		<del>86389 Plasmapheresis, each unit</del>	<del>75.0</del>
(IgE, RIA, see 82785; RIST, see ((86358)) 86423)		<del>86391 Plasma protein fraction unit</del>	<del>BR))</del>
86335 Immunoglobulin typing (Gc, Gm, Inv), each	BR	<u>(86388, 86389, and 86391 have been deleted)</u>	
(Insulin antibody, see 86016)		(Platelet antibodies (agglutinins), see 86014)	
86337 Insulin antibodies, RIA	BR	<del>((86392 Platelet concentrate, preparation</del>	<del>45.0</del>
86338 Insulin factor antibodies, RIA	32.0	<del>86393 mix and pool, each unit</del>	<del>1.5</del>
86340 Intrinsic factor antibodies, RIA	32.0	<del>86398 Platelet rich plasma, preparation</del>	<del>36.0))</del>
(Intrinsic factor, antibody (fluorescent), see 86255, 86256)		<u>(86392, 86393, and 86398 have been deleted)</u>	
(Inv grouping, see 86335)		86402 Precipitin determination, gel diffusion, in aspergil- losis, bagassosis, farmer lung, pigeon breeder dis- ease, silo filler disease, other alveolitis (specify)	BR
(Kveim test, see 86565)		86405 Precipitin test for blood (species identification)	BR
(Latex fixation, see individual antigen or antibody; also 86006, 86007)		(Pregnancy test, see 82996, 82997, 86006-86009)	
(LE cell preparation, see 85544)		<del>((86415 Prothrombin complex, dilute and pretest</del>	<del>7.5</del>
(LE factor, see 86006, 86007, 86255, 86256)		<del>86416 lyophilized, unit</del>	<del>120.0))</del>
(Leishmaniasis, see 86280)		<u>(86415 and 86416 have been deleted)</u>	
(Leptospirosis, see 86006-86009, 86171)		(Psittacosis, CF, see 86171)	
(Leukoagglutinins, see 86013, 86021)		86421 Radioallergosorbent test (RAST); up to 5 antigens	BR
86343 Leukocyte histamine release test (LHR)	BR	86422 6 or more antigens	BR
86344 Leukocyte phagocytosis	BR	86423 Radioimmunosorbent test (RIST) IgE, quantitative	BR
<del>((86345 Leukocyte poor blood, nylon filter preparation, in- cluding collection and processing</del>	<del>82.5</del>	(Rapid plasma reagin test (RPR), see 86592)	
		<del>((86424 Rat mast cell technique (RMCT)</del>	<del>BR</del>
		<del>86425 Red blood cells, packed, preparation gravity method; unit in addition to collection and processing</del>	<del>6.0</del>
		<del>86426 centrifuge method in addition to collection and processing</del>	<del>9.0</del>
		<del>86427 processing by blood bank, includes collection</del>	<del>60.0))</del>
		<u>(86424, 86425, 86426, and 86427 have been deleted)</u>	
		(Rh immune globulin, see 86273)	

	Unit Value		Unit Value
86430 (Rheumatoid factor) .....	12.0	(Trichinosis, see 86006-86009)	
(RIST, see 86423)		(Trypanosomiasis, see 86171, 86280)	
(RMCT, see 86423)		(Tuberculosis, see 86580, 86585, 87116-87118, 87190)	
(RPR, see 86592)		(Vaccinia immune globulin, see 86274)	
(Rubella, CF, see 86171; HAI, see 86280)		(VDRL, see 86592, 86593)	
(Schistosomiasis agglutination, see 86006-86009)		(Viral antibodies, see 86171, 86280, 86382)	
(Serologic test for syphilis (STS), see 86171, 86592, 86593)		(Visceral larval migrans, see 86280)	
<del>((86450 Skin test, actinomycosis .....</del>	<del>20.0</del>	(Warm agglutinins, see 86004)	
<del>86460 blastomycosis .....</del>	<del>20.0</del>	<del>((86670 Washed red blood cells for transfusion, prepara-</del>	<del>75.0)</del>
<del>86470 brucellosis .....</del>	<del>20.0</del>	<del>tion not including unit collection and processing .....</del>	
<del>86480 cat scratch fever .....</del>	<del>20.0)</del>	<del>(86670 has been deleted)</del>	
<del>86455 Skin test; anergy testing, one or more antigens</del>		86681 Adrenal cortex antibodies, RIA .....	31.0
<del>86490 coccidioidomycosis .....</del>	<del>20.0</del>	86685 Anti-AChR (acetylcholine receptor) antibody titer	
<del>((86495 diphtheria (Schick) .....</del>	<del>20.0</del>	86800 Thyroglobulin antibody, RIA .....	31.0
<del>86500 echinococcosis .....</del>	<del>20.0)</del>	86999 Unlisted immunology procedure .....	BR
86510 histoplasmosis .....	20.0		
<del>((86520 leptospirosis .....</del>	<del>20.0</del>	<b>AMENDATORY SECTION</b> (Amending Order 81-28, filed	
<del>86530 lymphogranuloma venereum (Frci test) .....</del>	<del>20.0)</del>	11/30/81, effective 1/1/82)	
86540 mumps .....	20.0	WAC 296-23-224 MICROBIOLOGY.	
<del>((86550 psittacosis .....</del>	<del>20.0</del>		
<del>86565 sarcoidosis Kveim test, includes skin test only .....</del>	<del>20.0)</del>		Unit Value
(For biopsy see 11100, for microscopic study, see 88304, 88313)		(Includes bacteriology, mycology, parasitology and virology)	
<del>((86570 trichinosis .....</del>	<del>20.0)</del>	87001 Animal inoculation, small animal; with observation .	36.0
86580 tuberculosis ( <del>patch or</del> ), intradermal .....	20.0	87003 with observation and dissection .....	45.0
86585 tuberculosis, tine test .....	12.0	87015 concentration (any type) for parasites, ova or tubercle bacillus (T.B. AFB) .....	20.0
(Skin tests 86450, 86460, 86470, 86480, 86495, 86500, 86520, 86530, 86550, 86565, and 86570 have been deleted)		87040 Culture, bacterial, definitive aerobic; blood (may include anaerobic screen) .....	48.0
(For skin tests for allergy testing, see 95005-95199, medicine section)		87045 stool .....	25.0
(Smooth muscle antibody, see 86255, 86256)		87060 throat or nose .....	20.0
(Sporotrichosis, see 86006-86009)		87070 any other source .....	16.0
(Streptococcus MG, see 86171)		(For urine, see 87086-87088)	
86590 Streptokinase, antibody .....	27.0	87072 Culture, presumptive, pathogenic organisms, by commercial kit, any source except urine (For urine, see 87087) .....	BR
(Streptolysin O antibody, see anti-streptolysin O, 86060-86061)		87075 Culture, bacterial, any source; anaerobic (isolation)	36.0
(Streptobacillus, see 86008, 86009)		87076 definitive identification, including gas chromatography in addition to anaerobic culture .....	60.0
86592 Syphilis, precipitation or flocculation tests, qualitative VDRL, RPR, DRT .....	9.0	87081 Culture, bacterial, screening only, for single organisms .....	15.0
(See also 89006, 89007)		87082 Culture, presumptive, pathogenic organisms, screening only, by commercial kit (specify type); for single organisms .....	BR
86593 Syphilis, precipitation or flocculation tests, quantitative .....	15.0	87083 multiple organisms .....	BR
(Syphilis serology, see also 86171)		87084 with colony estimation from density chart (includes throat cultures) .....	BR
(Tetanus, see 86280)		87085 with colony count .....	BR
(Thyroglobulin antibody, see 86006-86009, 86171)		(For urine colony count, see 87086)	
86594 Thyroid autoantibodies .....	BR	87086 Culture, bacterial, urine; quantitative, colony count .	15.0
86595 Tissue; culture .....	BR	87087 commercial kit .....	12.0
<del>((86597 typing .....</del>	<del>BR))</del>	87088 identification, in addition to quantitative or commercial kit .....	12.0
<del>(86597 Tissue typing has been deleted. To report, use 86810-86822)</del>		87101 Culture, fungi, isolation; skin .....	15.0
86600 Toxoplasmosis dye test .....	80.0	87102 other source .....	18.0
(For CF, see 86171; IFA, see 86255, 86256)		87106 definitive identification, by culture, per organism, in addition to skin or other source .....	30.0
86630 Transfer factor test (TFT) .....	BR	87109 Culture, mycoplasma, any source .....	75.0
86650 Treponema antibodies, fluorescent, absorbed (FTA-abs) .....	30.0	87116 Culture, tubercle or other acid-fast bacilli (e.g., TB, AFB, mycobacteria); any source, isolation only . . . .	18.0
86660 Treponema pallidum immobilization (TPI) .....	80.0	87117 concentration plus isolation .....	30.0
86662 Treponema pallidum test, other, specify (e.g., TPIA, TPA, TPMB, TPCF, RPCF) .....	BR	87118 definitive identification, per organism, (does not include isolation and/or concentration) .....	30.0
		87140 culture, typing fluorescent method each antiserum . .	20.0





	Unit Value	
appropriate test procedure . . . . .	40.0	
89105 collection of multiple fractional specimens, with pancreatic or gallbladder stimulation, single or double lumen tube ((pancreatic=zymase secretion test), with or without cytology preparation) . . . . .		BR+
(For chemical analyses, see Chemistry and Toxicology)		
(For electrocardiogram, see 93000-93279)		
(For radiological localization, see 74340)		
(Esophagus acid perfusion test (Bernstein), see 91030)		
89125 Fat stain, feces, urine, sputum . . . . .	15.0	
89130 Gastric intubation and aspiration diagnostic, each specimen, for chemical analyses or cytopathology; . . . . .	20.0	
89132 after stimulation . . . . .	45.0	
89135 Gastric intubation, aspiration, and fractional collections; for one hour (e.g., gastric secretory study) . . . . .	60.0	
89136 two hours . . . . .	90.0	
89140 two hours including gastric stimulation (e.g., histalog, pentagastrin) . . . . .	105.0	
89141 three hours, including gastric stimulation . . . . .	120.0	
(For gastric lavage, therapeutic, see 96150)		
(For radiologic localization of gastric tube, see 74340)		
(For chemical analyses, see 82926-((82939))82932)		
(For joint fluid chemistry, see Chemistry and Toxicology, this section)		
89160 Meat fibers, feces . . . . .	12.0	
((89180 Microscopic examination for eosinophils, nasal secretions, sputum, bronchoscopic aspiration, mucus of stools, others (specify) . . . . .	12.0))	
(89180 has been deleted. To report, use 89190)		
89190 Nasal smear for eosinophils		
89205 Occult blood, any source except feces . . . . .	10.5	
(Occult blood, feces, see 82270)		
(Paternity tests, see 86385, 86386)		
((89210 Pharmacokinetic analysis, specify individual drug and fluid/tissue . . . . .	BR))	
(89210 has been deleted)		
89300 Semen analysis, presence and/or sperm motility including Huhner test . . . . .	12.0	
89310 motility and count . . . . .	40.0	
89320 complete (volume, count, motility and differential) . . . . .	80.0	
(For skin test, see ((86450))86455-86585 and 95005-95199)		
89323 Sperm immobilization . . . . .	BR	
89325 Sperm agglutination, with antibody titer . . . . .	BR	
(For medicolegal identification of sperm, see 88125)		
(For complete spinal fluid examination, see 89070)		
((89345 Sputum examination for hemosiderin or foreign material . . . . .	BR))	
(89345 has been deleted)		
89350 Sputum, obtaining specimen, aerosol induced technique (separate procedure) . . . . .	20.0	
89355 Starch granules, feces . . . . .	10.5	
89360 Sweat test by iontophoresis . . . . .	50.0	
(For chloride and sodium analysis, see 82437, 84295)		
(Tissue culture, see 86595)		
(Tissue typing, see ((86597)) 86810-86822)		
89365 Water load test . . . . .	BR	
89399 Unlisted miscellaneous pathology test . . . . .	BR	

AMENDATORY SECTION (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-23-301 RATES FOR DAILY AND ANCILLARY SERVICES. The department or self-insurer will pay ((rates)) for daily and ancillary services ((as)) by multiplying allowed charges times the ratio of total rate setting revenue minus bad debt to total rate setting revenue for each hospital based upon the latest available budget approved by the Washington state hospital commission. Doctor services (other than professional component are not included in WSHC rates and should be billed using appropriate fee schedule procedure codes.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-421 DIAGNOSTIC SERVICES.

00100 CLINICAL ORAL EXAMINATIONS

- 00110 Initial oral examination
- 00120 Periodic oral examination
- 00130 Emergency oral examination

00200 RADIOGRAPHS

- 00210 Intraoral—complete series (including bite-wings)
- 00220 Intraoral periapical—single, first film
- 00230 Intraoral periapical—each additional film
- 00240 Intraoral—occlusal, film
- 00250 Extraoral—single, first film
- 00260 Extraoral—each additional film
- 00270 Bitewing—single film
- 00272 Bite(=)wing—two films
- 00273 Bitewings—three films
- 00274 Bite(=)wing—four films
- 00290 Posteroanterior and lateral skull and facial bone survey film

00310 Sialography

- 00321 Temporomandibular joint, film
- 00330 Panoramic—maxilla and mandible film
- 00340 Cephalometric film
- ((00470 Diagnostic casts))

00400 TESTS AND LABORATORY EXAMINATIONS

- 00410 Bacteriologic cultures for determination of pathologic agents
- 00420 Caries susceptibility tests
- 00450 Histopathologic examination
- 00470 Diagnostic casts
- 00471 Diagnostic photographs.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-430 PREVENTIVE SERVICES.

01100 DENTAL PROPHYLAXIS

- 01110 Adults
- 01120 Children

01200 FLUORIDE TREATMENTS

- 01201 Topical application of fluoride (including prophylaxis)—children
- 01210 Topical application of sodium fluoride—4 treatments excluding prophylaxis
- 01211 Topical application of sodium fluoride—4 treatments including prophylaxis
- 01220 Topical application of stannous fluoride—1 treatment excluding prophylaxis
- 01221 Topical application of stannous fluoride—1 treatment including prophylaxis
- 01230 Topical application of acid fluoride phosphate—1 treatment excluding prophylaxis
- 01231 Topical application of acid fluoride phosphate—1 treatment including prophylaxis

01300 OTHER PREVENTIVE SERVICES

- 01310 Dietary planning for the control of dental caries
- 01330 Oral hygiene instruction
- 01340 Training in preventive dental care

01350 Topical application of sealants—per quadrant

01500 SPACE MANAGEMENT THERAPY

01510 Fixed—unilateral type.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-440 RESTORATIVE SERVICES.

02100 AMALGAM RESTORATIONS (INCLUDING POLISHING)

02110 Amalgam—one surface, deciduous

02120 Amalgam—two surfaces, deciduous

02130 Amalgam—three surfaces, deciduous

02131 Amalgam—four surfaces, deciduous

02140 Amalgam—one surface, permanent

02150 Amalgam—two surfaces, permanent

02160 Amalgam—three surfaces, permanent

02161 Amalgam—four or more surfaces, permanent

02190 Pin retention—exclusive of amalgam

02200 SILICATE RESTORATIONS

02210 Silicate cement per restoration

02300 ACRYLIC OR PLASTIC OR COMPOSITE RESTORATIONS

02310 Acrylic or plastic or composite resin

02330 Composite resin—one surface

02331 Composite resin—two surfaces

02332 Composite resin—three surfaces

02333 Composite resin—four surfaces

02334 Pin retention—exclusive of composite resin

02335 Acrylic or plastic or composite resin (involving incisal angle)

02340 Acid etch for restorations

02400 GOLD FOIL RESTORATIONS

02410 Gold foil—one surface

02500 GOLD INLAY RESTORATIONS

02510 Inlay—gold, one surface

02520 Inlay—gold, two surfaces

02530 Inlay—gold, three surfaces

02540 Onlya—per tooth (in addition to foregoing)

02600 PORCELAIN RESTORATIONS

02610 Inlay—porcelain

02700-02899 CROWNS—SINGLE RESTORATIONS ONLY

02710 Crown plastic (acrylic)

02711 Crown plastic—prefabricated

02720 Plastic with gold

02721 Crown plastic with nonprecious metal

02722 Crown plastic with semi-precious metal

02740 Porcelain

02750 Porcelain with gold

02751 Crown porcelain with nonprecious metal

02752 Crown porcelain with semi-precious metal

02790 Gold (full cast)

02791 Crown nonprecious metal (full cast)

02792 Semi-precious metal (full cast)

02810 Gold (3/4 cast)

02830 Prefabricated stainless steel—primary

02840 Crown—temporary (fractured tooth)

02891 Cast post and core in addition to crown

02892 Prefabricated post and core in addition to crown

02900 OTHER RESTORATIVE SERVICES

02910 Recement inlays

02920 Recement crowns

02940 Fillings (sedative)

02950 Crown buildup, pin retained.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-450 ENDODONTICS.

03100 PULP CAPPING

03110 Pulp cap—direct (excluding final restoration)

03120 Pulp cap—indirect (excluding final restoration)

03200 PULPOTOMY (EXCLUDING FINAL RESTORATION)

03220 Vital pulpotomy

03300 ROOT CANAL THERAPY (INCLUDES TREATMENT PLAN, CLINICAL PROCEDURES, AND FOLLOW-UP CARE)

03310 Anterior (excludes final restoration)

03320 Bicuspid (excludes final restoration)

03330 Molar (excludes final restoration)

03350 Apexification (treatment may extend over period of 6 to 18 months)

03400 PERIAPICAL SERVICES

03410 Apicoectomy—performed as separate surgical procedure (per root)

03420 Apicoectomy—performed in conjunction with endodontic procedure (per root)

03430 Retrograde filling

03440 Apical curettage

03450 Root resection

03460 Endodontic implants

03900 OTHER ENDODONTIC PROCEDURES

03910 Surgical procedure for isolation of tooth with rubber dam

03920 Hemisection

03940 Recalcification of perforations

03950 Canal preparation and fitting of preformed dowel or post

03960 Bleaching of nonvital discolored tooth.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-460 PERIODONTICS.

Includes all necessary diagnostic, surgical and adjunctive services:

1 All necessary diagnostic procedures

2 Training in personal preventive dental care

3 Mouth preparation procedures

4 Routine finishing procedures

5 Post-treatment evaluation

6 Occlusal adjustment (if necessary)

7 Surgical procedures including curettage, gingivectomy, flap entry, osseous procedures and complex techniques

04200 SURGICAL SERVICES (INCLUDING THE USUAL POST-OPERATIVE SERVICES)

04210 Gingivectomy or gingivoplasty—per quadrant

04220 Gingival curettage—per quadrant

04240 Gingival flap procedure

04250 Mucogingival surgery—per quadrant

04260 Osseous surgery (including flap entry and closure)—per quadrant

04261 Osseous graft—single site (including flap entry, closure, and donor site)

04262 Osseous graft—multiple sites (including flap entry, closure, and donor site)

04270 Pedicle soft tissue grafts

04271 Free soft tissue grafts (including donor site)

04272 Vestibuloplasty

04280 Periodontal pulpal procedures

04300 ADJUNCTIVE PERIODONTAL SERVICES (IN CONJUNCTION WITH TOTAL PERIODONTAL TREATMENT)

04320 Provisional splinting—intracoronary

04321 Provisional splinting extracoronary

04330 Occlusal adjustment (limited)

04331 Occlusal adjustment (complete)

04340 Periodontal scaling and root planing (entire mouth)

04341 Periodontal scaling and root planing—per quadrant (fewer than 12 teeth)

04350 Tooth movement for periodontal purposes (by report)

04360 Special periodontal appliances (including occlusal guards) (by report)

04370 Case pattern modifiers (by report)

- 04500 Gingivitis—diagnosis and/or treatment of  
04600 Early periodontitis—diagnosis and/or treatment of  
04700 Moderate periodontitis—diagnosis and/or treatment of  
04800 Advanced periodontitis—diagnosis and/or treatment of  
04900 OTHER PERIODONTIC SERVICES  
04910 Preventive periodontal procedures (periodontal prophylaxis)  
04920 Unscheduled dressing change (by other than treating dentist).

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-470 PROSTHODONTICS, REMOVABLE—INCLUDING ROUTINE POSTDELIVERY CARE.

- 05100 COMPLETE DENTURES—INCLUDING SIX MONTHS POSTDELIVERY  
05110 Complete upper  
05120 Complete lower  
05130 Immediate upper  
05140 Immediate lower  
05200 PARTIAL DENTURES—INCLUDING ROUTINE POSTDELIVERY CARE  
05211 Upper, excluding clasps, acrylic base  
05212 Lower, excluding clasps, acrylic base  
05213 Upper—cast chrome base, with acrylic saddles, excluding clasps  
05214 Lower—cast chrome base, with acrylic saddles, excluding clasps  
05215 Partial upper denture—with two gold clasps with rests, acrylic base  
05216 Partial upper denture—with two chrome clasps with rests, acrylic base  
05217 Partial lower denture—with two gold clasps with rests, acrylic base  
05218 Partial lower denture—with chrome clasps with rests, acrylic base  
05230 Partial lower denture—with gold lingual bar and two clasps, acrylic base  
05231 Partial lower denture—with chrome lingual bar and two clasps, acrylic base  
05240 Partial lower denture—with gold lingual bar and two clasps, cast base  
05241 Partial lower denture—with chrome lingual bar and two clasps, cast base  
05250 Partial upper denture—with gold bar and two clasps, acrylic base  
05251 Partial upper denture—with chrome palatal bar and two clasps, acrylic base  
05260 Partial upper denture—with gold palatal bar and two clasps, cast base  
05261 Partial upper denture—with chrome palatal bar and two clasps, cast base  
05280 Removable unilateral partial denture—one piece gold casting, clasp attachments, per unit including pontics  
05281 Removable unilateral partial denture—one piece chrome casting, clasp attachments, per unit including pontics  
05291 Full cast upper partial—with two gold clasps  
05292 Full cast upper partial—with two chrome clasps  
05293 Full cast lower partial—with two gold clasps  
05294 Full cast lower partial—with two chrome clasps  
05300 ADDITIONAL UNITS FOR PARTIAL DENTURES  
05310 Each clasp with rest  
05320 Each tooth  
05400 ADJUSTMENT TO DENTURES  
05410 Adjustment to complete denture  
05421 Adjustment to upper partial denture  
05422 Adjustment to lower partial denture  
05600 REPAIRS TO DENTURES  
05610 Repair broken complete or partial denture—no teeth damaged

- 05620 Repair broken complete or partial denture—replace one broken tooth  
05630 Replace additional teeth—each tooth  
05640 Replace broken tooth on denture—no other repairs  
05650 Adding tooth to partial denture to replace extracted tooth—each tooth (not involving clasp or abutment tooth)  
05660 Adding tooth to partial denture to replace extracted tooth—each tooth (involving clasp or abutment tooth)  
05670 Reattaching damaged clasp on denture  
05680 Replacing broken clasp with new clasp on denture  
05690 Replacing each additional cast with rest  
05700 DENTURE DUPLICATION  
05710 Duplicate upper or lower complete denture  
05720 Duplicate upper or lower partial denture  
DENTURE RELINING  
05730 Relining upper or lower complete dentures (office reline)  
05740 Relining upper or lower partial denture (in office)  
05750 Relining upper or lower complete denture (laboratory)  
05760 Relining upper or lower partial denture (in laboratory)  
05800 OTHER PROSTHETIC SERVICES  
05810 Temporary upper denture (complete)  
05811 Temporary lower denture (complete)  
05820 Temporary upper denture (partial stayplate)  
05821 Temporary lower denture (partial stayplate)  
05830 Obturator for surgically excised palatal tissue  
05840 Obturator for deficient velopharyngeal function (cleft palate)  
05850 Tissue conditioning  
05860 Overdenture complete (by report)  
05861 Overdenture partial (by report).

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-480 PROSTHODONTICS, FIXED.

- 06200 BRIDGE PONTICS  
06210 Cast gold  
06211 Bridge pontic, cast nonprecious  
06212 Bridge pontic, cast semi-precious  
06220 Slotted facing  
06230 Slotted pontic  
06235 Pin facing  
06240 Porcelain fused to gold  
06241 Porcelain fused to nonprecious metal  
06242 Porcelain fused to semi-precious metal  
06250 Plastic processed to gold  
06251 Plastic processed to nonprecious metal  
06252 Plastic processed to semi-precious metal  
06500 RETAINERS  
06520 Retainer—gold inlay—two surfaces  
06530 Retainer—gold inlay—three or more surfaces  
06540 Retainer—gold inlay (onlaying cusps)  
06600 REPAIRS  
06610 Replace broken pin facing with slotted or other facing  
06620 Replace broken facing where post is intact  
06630 Replace broken facing where post backing is broken  
06640 Replace broken facing with acrylic  
06650 Replace broken pontic  
06700 CROWNS  
06720 Plastic processed to gold  
06721 Plastic processed to nonprecious metal  
06722 Plastic processed to semiprecious metal  
06740 Porcelain  
06750 Porcelain fused to gold  
06751 Porcelain to nonprecious metal crown/bridge  
06752 Porcelain fused to semiprecious metal  
06760 Reverse pin facing and metal  
06780 Gold (3/4 cast)  
06790 Gold (full cast)  
06791 Nonprecious metal (full cast)

06792 Semiprecious metal (full cast)06900 OTHER PROSTHETIC SERVICES

06930 Recement bridge.

**NEW SECTION****WAC 296-23-485 ORTHODONTICS.****PREVENTIVE TREATMENT PROCEDURES**

08100 MINOR TREATMENT FOR TOOTH GUIDANCE

08110 Removable appliance therapy

08120 Fixed or cemented appliance therapy

08200 MINOR TREATMENT TO CONTROL HARMFUL HABITS

08210 Removable appliance therapy

08220 Fixed or cemented appliance therapy

08350 INTERCEPTIVE ORTHODONTIC TREATMENT

08360 Removable appliance therapy

08370 Fixed appliance therapy

**COMPREHENSIVE ORTHODONTIC TREATMENT**

08450 TREATMENT OF THE TRANSITIONAL DENTITION

08460 Class I malocclusion

08470 Class II malocclusion

08480 Class III malocclusion

08550 TREATMENT OF THE PERMANENT DENTITION

08560 Class I malocclusion

08570 Class II malocclusion

08580 Class III malocclusion

08650 Treatment of the atypical or extended skeletal case

08750 Post-treatment stabilization.

**AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)****WAC 296-23-490 ORAL SURGERY.**07100 EXTRACTIONS—INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE

07110 Single tooth

07120 Each additional tooth

07200 SURGICAL EXTRACTIONS—INCLUDES LOCAL ANESTHESIA AND ROUTINE POSTOPERATIVE CARE

07210 Surgical removal of erupted tooth, requires elevation of mucoperiosteal flap and removal of bone and/or section of tooth

07220 Impaction that requires incision of overlying soft tissue and the removal of the tooth

07230 Impaction that requires incision of overlying soft tissue, elevation of a flap, and either removal of bone and tooth or sectioning and removal of the tooth

07240 Impaction that requires incision of overlying soft tissue, elevation of a flap, removal of bone, and sectioning of the tooth for removal

07241 Impaction requiring incision of overlying soft tissue, elevation of a flap, removal of bone, sectioning of tooth for removal and/or presents unusual difficulties and circumstances

07250 Root recovery (surgical removal of residual root)

07260 Oral antral fistula closure and/or antral root recovery

**OTHER SURGICAL PROCEDURES**

07270 Tooth replantation

07271 Tooth implantation

07272 Tooth transplantation

07280 Surgical exposure of impacted or unerupted tooth for orthodontic reasons—including wire attachment when indicated07281 Surgical exposure of impacted or unerupted tooth to aid eruption

07285 Biopsy of oral tissue (hard)

07286 Biopsy of oral tissue (soft)

07290 Surgical repositioning of teeth07300 ALVEOLOPLASTY (SURGICAL PREPARATION OF RIDGE FOR DENTURES)07310 Per quadrant—in conjunction with extractions  
(~~Anesthesia~~)~~09220 General~~)07320 Per quadrant—not in conjunction with extractionsSTOMATOPLASTY—including revision of soft tissue on ridges, muscle reattachment, tongue, palate, and other oral soft tissues07340 Stomatoplasty per arch—uncomplicated07350 Stomatoplasty per arch—complicated07400 SURGICAL EXCISION—reactive inflammatory lesions (scar tissue or localized congenital lesions)07410 Radical excision—scar or lesion up to 1.25 cm07420 Radical excision—scar or lesion over 1.25 cm07425 Excision pericoronal gingiva**EXCISION OF TUMORS**07430 Excision of benign tumor—lesion diameter up to 1.25 cm07431 Excision of benign tumor—lesion diameter over 1.25 cm07440 Excision of malignant tumor—lesion diameter up to 1.25 cm07441 Excision of malignant tumor—lesion diameter over 1.25 cm**REMOVAL OF CYSTS AND NEOPLASMS**07450 Removal of odontogenic cyst or tumor—up to 1.25 cm in diameter07451 Removal of odontogenic cyst or tumor—over 1.25 cm in diameter07460 Removal of nonodontogenic cyst or tumor—up to 1.25 cm in diameter07461 Removal of nonodontogenic cyst or tumor—over 1.25 cm in diameter07465 Destruction of lesions by physical methods: electro-surgery, chemotherapy, cryotherapy**EXCISION OF BONE TISSUE**07470 Removal of exostosis—maxilla or mandible07480 Partial osteotomy (guttering or saucerization)07490 Radical resection of mandible with bone graft**07500 SURGICAL INCISION**07510 Incision and drainage of abscess—intraoral07520 Incision and drainage of abscess—extraoral07530 Removal of foreign body, skin or subcutaneous areolar tissue07540 Removal of reaction—producing foreign bodies musculoskeletal system07550 Sequestrectomy for osteomyelitis07560 Maxillary sinusotomy for removal of tooth fragment or foreign body**07600 TREATMENT OF FRACTURES—simple**07610 Maxilla—open reduction—teeth immobilized (if present)07620 Maxilla—closed reduction—teeth immobilized (if present)07630 Mandible—open reduction—teeth immobilized (if present)07640 Mandible—closed reduction—teeth immobilized (if present)07650 Malar and/or zygomatic arch—open reduction07660 Malar and/or zygomatic arch—closed reduction07670 Alveolus—stabilization of teeth—open reduction splinting07680 Facial bones—complicated reduction with fixation and multiple surgical approaches**07700 TREATMENT OF FRACTURES—compound**07710 Maxilla—open reduction

- 07720 Maxilla—closed reduction
- 07730 Mandible—open reduction
- 07740 Mandible—closed reduction
- 07750 Malar and/or zygomatic arch—open reduction
- 07760 Malar and/or zygomatic arch—closed reduction
- 07770 Alveolus—stabilization of teeth—open reduction splinting
- 07780 Facial bones—complicated reduction with fixation and multiple surgical approaches
- 07800 REDUCTION OF DISLOCATION AND MANAGEMENT OF OTHER TEMPOROMANDIBULAR JOINT DYSFUNCTIONS
- 07810 Open reduction of dislocation—temporomandibular joint
- 07820 Closed reduction of dislocation—temporomandibular joint
- 07830 Manipulation under anesthesia—temporomandibular joint
- 07840 Condylectomy—temporomandibular joint
- 07850 Meniscectomy—temporomandibular joint
- 07860 Arthrotomy—temporomandibular joint
- 07870 Arthrocentesis—temporomandibular joint
- 07900 OTHER ORAL SURGERY
  - REPAIR OF TRAUMATIC WOUNDS
  - 07910 Suture of recent small wounds up to 5 cm
    - COMPLICATED SUTURING
    - 07911 Up to 5 cm
    - 07912 Over 5 cm
    - 07920 Skin grafts (identify defect covered, location and type of graft)
      - OTHER REPAIR PROCEDURES
      - 07930 Injection of trigeminal nerve branches for destruction
      - 07931 Avulsion of trigeminal nerve branches
      - 07940 Osteoplasty (that is, for orthognathic deformities)
      - 07950 Osscous, osteoperiosteal, periosteal, or cartilage graft of the mandible—autogenous or nonautogenous
      - 07955 Repair of maxillofacial soft and hard tissue defects
      - 07960 Frenulectomy—separate procedure (frenectomy or frenotomy)
      - 07970 Excision of hyperplastic tissue—per arch
      - 07980 Sialolithotomy
      - 07981 Excision of salivary gland
      - 07982 Sialodochoplasty
      - 07983 Closure of salivary fistula
      - 07990 Emergency tracheotomy.

AMENDATORY SECTION (Amending Order 83-23, filed 8/2/83)

WAC 296-23-495 ADJUNCTIVE GENERAL SERVICES, ANESTHESIA AND PROFESSIONAL CONSULTATION.

- UNCLASSIFIED TREATMENT
- 09110 Palliative (emergency) treatment of dental pain, minor procedures
- 09200 ANESTHESIA
- 09210 Local (not in conjunction with operative or surgical procedures)
- 09211 Regional block anesthesia
- 09212 Trigeminal division block
- 09220 General anesthesia
- 09230 Analgesia
- 09300 PROFESSIONAL CONSULTATION—DIAGNOSTIC SERVICE PROVIDED BY PHYSICIAN OR DENTIST OTHER THAN PRACTITIONER PROVIDING TREATMENT
- 09310 Consultation—per session
- 09400 PROFESSIONAL VISITS
- 09410 House calls
- 09420 Hospital calls
- 09430 Office visit—during regularly scheduled office hours (no operative service performed)

- 09440 Office visit—after regularly scheduled office hours (no operative service performed)
- 09600 DRUGS
- 09610 Therapeutic drug injection (by report)
- 09630 Other drugs and/or medicaments (by report)
- 09900 MISCELLANEOUS SERVICES
- 09910 Application of desensitizing medicaments
- 09930 Complications (post-surgical—unusual circumstances) (by report)
- 09950 Occlusion analysis (mounted case)
- 09960 Completion of claim form
- 09999 Unspecified (by report to be described by statement of attending dentist).

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50001 NURSING SERVICES AND ATTENDANT CARE. See WAC 296-20-091 for qualifications. Specify skill level and hours of service.

- M 0855 Professional nurse services
- M 0856 Nonprofessional attendant care
- M 0877 Home health office call
- M 0878 Home health aide care
- M 0879 Visiting nurse call
- M 1200 Home health—nurse visit, agency based
- M 1201 Home health—physical therapy, agency based
- M 1202 Home health—occupational therapy, agency based
- M 1203 Home health—speech therapy, agency based
- M 1204 Home health—aide visit, agency based
- M 1210 Home health—nurse visit, free standing
- M 1211 Home health—physical therapy, free standing
- M 1212 Home health—occupational therapy, free standing
- M 1213 Home health—speech therapy, free standing
- M 1214 Home health—aide visit, free standing
- M 3333 Visiting nurse—Physical therapy
- M 4444 Visiting nurse—Occupational therapy
- M 5555 Visiting nurse—Speech therapy
- M 8900 Special duty nurse—RN—First shift
- M 8901 Special duty nurse—RN—Second shift
- M 8902 Special duty nurse—RN—Third shift
- M 8903 Special duty nurse—RN—Partial shift
- M 8904 Special duty nurse—LPN—First shift
- M 8905 Special duty nurse—LPN—Second shift
- M 8906 Special duty nurse—LPN—Third shift
- M 8907 Special duty nurse—LPN—Partial shift
- M 8908 Special duty nurse—RN—Holiday
- M 8909 Special duty nurse—LPN—Holiday
- M 8999 Unlisted nursing or attendant service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50002 TRANSPORTATION SERVICES. Specify place of departure, destination, purpose of trip and mileage as applicable.

- M 0001 Base rate - Ground or air
- M 0002 Ambulance - Each additional patient
- M 0003 Ambulance—one-way mileage - Per mile
- M 0004 Ambulance—return pickup - Same patient, same day
- M 0005 Ambulance—return pickup one-way mileage - Per mile
- M 0006 Ambulance—return pickup - Additional patient
- M 0007 Ambulance - night call
- M 0008 Ambulance - Oxygen administration
- M 0009 Ambulance—waiting time - Per minute
- M 0010 Bridge and ferry tolls
- M 0011 Chartered air transportation
- M 0012 Advanced life support - Ground or air
- M 0023 Ambulance - Extra attendant
- M 0024 Ambulance - Monitoring
- M 0025 Cabulance - One-way mileage - Per mile
- M 0026 Cabulance - Waiting time - Per minute
- M 0027 Cabulance - Base rate
- M 0028 Private transportation - 18¢ Per mile
- M 0029 Commercial transportation

M 0030 Taxi – One-way time or mileage ((=Per-mile))  
 M 0036 Licensed air ambulance – One-way mileage  
 M 0060 Ambulance – Suction catheter  
 M 0061 Ambulance – Oxygen mask  
 M 0062 Ambulance – Oxygen cannula  
 M 0063 Ambulance – Airway  
 M 0064 Ambulance – Cardboard splint  
 M 0065 Ambulance – Disposable cervical collar  
 M 0066 Ambulance – Dressing  
 M 0067 Ambulance – Triangular bandage  
 M 0069 Ambulance – Ice packs  
 M 0070 Ambulance – Trauma pads  
 M 0071 Ambulance – Burn kit  
 M 0072 Ambulance – Mast trouser  
 M 0073 Ambulance – Heart/lung resuscitation  
 M 0074 Ambulance – IV administration – Per IV  
 M 0075 Lodging – Receipt required  
 M 0076 Breakfast – Receipt required \$5.00  
 M 0077 Lunch – Receipt required \$5.00  
 M 0078 Dinner – Receipt required \$10.00  
 M 0079 Per diem lodging/meals \$50.00  
 M 0080 Parking  
 M 0081 Interpreter  
 M 0099 Unlisted transportation item or service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50003 HEARING AIDS AND MASKING DEVICES. See WAC 296-20-1101 for qualifications. Specify manufacturer and model number.

M 3500 Hearing aid  
 M 3505 Tinnitus masker  
 M 3539 Hearing aid casing  
 M 3559 Hearing aid earmold  
 M 3579 Hearing aid repairs  
 M 3599 Unlisted hearing device.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50004 EYEGASSES AND CONTACT LENSES. See WAC 296-20-100 for qualifications.

M 3200 Eyeglass left lens  
 M 3201 Eyeglass right lens  
 M 3202 Frames – Repair  
 M 3203 Frames – Purchase  
 M 3204 Contact lens – left  
 M 3205 Contact lens – right  
 M 3206 Artificial eye, Left – optical supplier  
 M 3207 Artificial eye, Right – optical supplier  
 M 3210 Refraction  
 M 3299 Unlisted optical item.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50005 ORTHOTICS AND PROSTHETICS. See WAC 296-20-1102 for qualifications. Specify type, manufacturer, and model number when applicable.

M 1000 Prosthetic – Other  
 M 1400 Orthotic – Other  
 M 1600 Orthotic – Podiatry  
 M 1602 Podiatry impression casting  
 M 6401 Prosthetic – Upper extremity  
 M 6402 Prosthetic – Lower extremity  
 M 6403 Prosthetic – Accessories/supplies  
 M 6407 Prosthetic repair, including labor  
 M 6431 Orthotic – Upper extremity  
 M 6432 Orthotic – Lower extremity  
 M 6435 Brace – Upper extremity  
 M 6436 Brace – Lower extremity  
 M 6440 Orthotic accessories/supplies  
 M 6442 Orthotic fitting fee  
 M 6444 Orthotic repair, including labor  
 M 6445 SACRO ease seat  
 M 6450 Braces to neck/spine/trunk

M 6451 Collars/casts/splints  
 M 6452 Brace accessories/supplies  
 M 6453 Brace repairs, including labor  
 M 6458 Pressure garments  
 M 6459 Support hose  
 M 6460 Orthopedic shoes without brace  
 M 6461 Orthopedic shoes with brace  
 M 6462 Shoe repairs  
 M 6463 Heel lift  
 M 6764 Prosthetic fitting fee  
 M 6799 Unlisted orthotic – Prosthetic item or service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50006 MEDICAL SUPPLIES. Specify type, manufacturer, and model when applicable.

M 6411 Urinary collection systems supplies – Itemize  
 M 6466 Colostomy bags  
 M 6467 Colostomy accessories/supplies – Itemize  
 M 6769 Other small appliances/supplies – Itemize  
 M 6999 Unlisted equipment – Equipment repair  
 M 7444 Sterile distilled water  
 M 7447 Twill tape – Per roll  
 M 7448 Nonlisted disposable supplies  
 M 7499 Unlisted medical supplies.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50008 HOSPITAL BEDS AND ACCESSORIES. See WAC 296-20-1102 for qualifications. Specify type, manufacturer and model when applicable.

M 6408 Hospital bed – Rental  
 M 6430 Trapeze bars – Rental  
 M 6439 Commode chair – Rental  
 M 6503 Hospital bed – Purchase  
 M 6510 Hospital bed accessories  
 M 6539 Commode chair – Purchase  
 M 6540 Commode chair accessories  
 M 6541 Bed pans/urinals  
 M 6630 Trapeze bars – Purchase  
 M 6631 Trapeze bars accessories  
 M 6699 Unlisted hospital bed or accessories.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50009 TRACTION EQUIPMENT. See WAC 296-20-1102 for qualifications. Specify type, manufacturer and model when applicable.

M 6427 Traction equipment – Rental  
 M 6626 Traction equipment – Accessories  
 M 6627 Traction equipment – Purchase  
 M 6628 Unlisted traction equipment or service.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50012 WALKERS. See WAC 296-20-1102 For qualifications. Specify type, manufacturer and model when applicable.

M 6475 Walk-aid/walker – Rental  
 M 6655 Walk-aid/walker – Purchase  
 M 6656 Walk-aid/walker – Accessories  
 M 6657 Unlisted walker or walker accessory.

AMENDATORY SECTION (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50013 WHEELCHAIRS. See WAC 296-20-1102 for qualifications. Specify type, manufacturer, and model when applicable.

M 6465 Wheelchair – Rental  
 M 6558 Wheelchair – Purchase  
 M 6666 Wheelchair accessories  
 M 6667 Wheelchair repair

- M 6668 Powered mobility unit
- M 7428 12V GELI cell battery
- M 7429 12V Deep cycle battery
- M 7430 Battery charger.

**AMENDATORY SECTION** (Amending Order 83-35, filed 11/30/83, effective 1/1/84)

WAC 296-23-50014 STIMULATORS. See WAC 296-20-1102 for qualifications. One-month trial rental is usually required to purchase stimulators. Specify type, manufacturer, and model when applicable.

- M 6418 Electromagnetic field bone stimulator for fractures and fusions - Rental
- M 6419 Pulsed galvanic muscle stimulator - Rental
- M 6420 Transcutaneous nerve stimulator - Rental
- M 6421 Transcutaneous nerve stimulator - Purchase
- M 6422 Transcutaneous nerve stimulator - Supplies
- M 7175 Permanent electrodes for TNS unit
- M 7176 24-Inch lead wires for TNS unit
- M 7179 Power pack with batteries for TNS unit
- M 7199 Unlisted stimulator service or accessory.

**NEW SECTION**

WAC 296-23-50016 DRUG AND ALCOHOL REHABILITATION SERVICES. Authorization requirements for these services may be found in WAC 296-20-03001 and 296-20-055.

- M 9100 Intake evaluation
- M 9101 Physical examination
- M 9102 Individual therapy, routine visit
- M 9103 Individual therapy, brief visit
- M 9108 Group therapy
- M 9113 Chemotherapy
- M 9115 Medication adjustment
- M 9126 Detoxification facility (room & board).

**AMENDATORY SECTION** (Amending Order 81-28, filed 11/30/81, effective 1/1/82)

WAC 296-23-710 PHYSICAL THERAPY RULES. Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of injured workers. See WAC 296-20-125 for billing instructions.

Physical therapy treatment will be permitted only when given by a licensed registered physical therapist or a physical therapist assistant serving under the direction of a licensed registered physical therapist upon (~~written prescription by a doctor~~) the basis of test findings after consultation with and periodic review by an authorized health care practitioner. Doctor's rendering physical therapy should refer to WAC 296-21-095.

Use of diaphane or similar machine on injured workers is not authorized. See WAC 296-20-03002 for further information.

A physical therapy progress report must be submitted to the attending doctor and the department or the self-insurer following 12 treatment visits or one month, whichever occurs first. Such report must be attached to the billing for services. Physical therapy treatment beyond initial 12 treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e.: Range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Upon justification and subsequent authorization by the department, or self-insurer, physical therapy treatment to separate noncontiguous areas (i.e., low back, knee) requiring individual treatment or special procedures will be allowed at full rate for each area with a maximum of two areas allowed.

Physical therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient physical therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Physical therapy treatments exceeding once per day must be justified by attending doctor.

Biofeedback treatment may be rendered on doctor's orders only, by those R.P.T.'s and L.P.T.'s working under the supervision of a R.P.T. The extent of biofeedback treatment is limited to those procedures allowed within the scope of practice of the R.P.T. or L.P.T. See WAC 296-21-0501 for rules pertaining to conditions authorized and report requirements.

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-23-720 PROCEDURES. (Therapist is required to be in constant attendance.)

	Unit Value
(97100 has been deleted. To report, use 97110-97139)	
(97101 has been deleted. To report, use 97145)	
P97110 Physical medicine treatment to one area, initial 30 minutes; therapeutic exercises	16.0
P97112 neuromuscular reeducation	16.0
P97114 functional activities	16.0
P97116 gait training	16.0
P97118 electrical stimulation (manual)	16.0
P97122 traction, manual	16.0
P97124 massage	16.0
P97126 contrast baths	16.0
P97128 ultrasound	16.0
P97139 unlisted procedure (specify)	16.0
P97145 Physical medicine treatment to one area, each additional 15 minutes	5.0
P97200 Combination of any modality(s) and procedure(s), initial 30 minutes	16.0
P97201 Each additional 15 minutes	5.0
P97220 Hubbard tank, initial 30 minutes	24.0
P97221 Each additional 15 minutes (maximum allowance, one hour)	5.0
P97240 Pool therapy or hubbard tank with therapeutic exercises, initial 30 minutes	30.0
P97241 Each additional 15 minutes (maximum allowance, one hour)	6.0
P97250 Sterile technique (severe burn cases and open draining areas requiring sterile bandages and dressings)	6.0
P97500 Orthotics training (dynamic bracing, splinting, etc.) upper extremities, initial 30 minutes	24.0
P97501 each additional 15 minutes	12.0
P97520 Prosthetic training, initial 30 minutes	24.0
P97521 each additional 15 minutes	12.0
P97530 <u>Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremities or trunk); initial 30 minutes, each visit</u>	
P97531 each additional 15 minutes	
P97540 Activities of daily living (ADL) and diversional activities, initial 30 minutes, each visit	24.0
P97541 each additional 15 minutes	12.0

**AMENDATORY SECTION** (Amending Order 83-23, filed 8/2/83)

WAC 296-23-725 TESTS AND MEASUREMENTS.

	Unit Value
P97700 <u>Office visit, including one of the following tests or measurements with report, initial 30 minutes.</u>	24.0
(a) Orthotic "check-out"	
(b) Prosthetic "check-out"	
(c) Activities of daily living "check-out"	
(d) Biofeedback evaluation	
(e) Physical capacities evaluation	
P97701 Each additional 15 minutes	12.0
P97720 Extremity testing for strength, dexterity or stamina, initial 30 minutes	24.0
P97721 Each additional 15 minutes	12.0
<del>(P97740 Kinetic activities to increase coordination, strength and/or range of motion, one area (i.e., any two extremities or trunk), initial 30 minutes</del>	<del>24.0</del>

	Unit Value
P97741 Each additional 15 minutes . . . . .	12.0))
(P97740, P97741 have been deleted. To report, see P97530, P97531)	
P97752 Muscle testing, torque curves during isometric and isokinetic exercise (e.g., by use of Cybex machine)	24.0
P99070 Supplies and materials provided by the therapist over and above those usually included with office visit or other services rendered. List item provided.	
Bill at cost . . . . .	BR

**AMENDATORY SECTION** (Amending Order 80-29, filed 12/23/80, effective 3/1/81)

WAC 296-23-910 MAXIMUM VALUES ARE ESTABLISHED FOR SERVICES RENDERED BY NURSE PRACTITIONERS. The following maximum values are established for services rendered by nurse practitioners.

Other services rendered by nurse practitioners may be billed using the appropriate procedure number preceded by N- and valued at 80% of the unit value listed. Services are limited to the scope of practice defined in WAC 296-23-900(4).

	Unit Value
N90000 Initial office visit, to include history, initiation of treatment and preparation of Report of Accident for supervising physician's signature . . . . .	14.0
N90010 Initial limited visit (routine involving single region or organ system) . . . . .	24.0
N90050 Follow-up limited office visit . . . . .	7.0
N90060 Follow-up visit, intermediate exam	
N90900 Biofeedback training by electro myogram (one-half hour) . . . . .	24.0
N12000 Suture of minor lacerations . . . . .	20.5
N68000 Removal of foreign bodies from the eye . . . . .	14.0
N99054 Office visit, Sunday, Holidays or at night. To be paid in addition to fees listed above . . . . .	7.0
N99082 Accompanying an ambulance to the site of the injury and/or the hospital. (First half hour or fraction thereof) . . . . .	14.0
N99083 Each additional fifteen minutes or fraction thereof . . . . .	7.0

**NEW SECTION**

WAC 296-23-950 MASSAGE THERAPY RULES. Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of injured workers. See WAC 296-20-125 for billing instructions.

Massage therapy treatment will be permitted when given by a licensed massage practitioner only upon written orders from the worker's attending doctor.

A progress report must be submitted to the attending doctor and the department or the self-insurer following six treatment visits or one month, whichever comes first. Massage therapy treatment beyond the initial six treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modalities, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Massage therapy in the home and/or places other than the practitioners usual and customary business facilities will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient massage therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Massage therapy treatments exceeding once per day must be justified by attending doctor.

**NEW SECTION**

WAC 296-23-960 MASSAGE—MODALITIES. Therapist is required to be in constant attendance.

CODE	DESCRIPTION	RUV
9 97010	Hot and Cold Packs	12.0
9 97124	Massage One-Half Hour	16.0
9 97125	Additional 15 Minutes	8.0
9 97200	Combination One-Half Hour	16.0
9 97201	Additional 15 Minutes	8.0

**NEW SECTION**

WAC 296-23-970 OCCUPATIONAL THERAPY RULES. Practitioners should refer to WAC 296-20-010 through 296-20-125 for general information and rules pertaining to the care of injured workers. See WAC 296-20-125 for billing instructions.

Occupational therapy treatment will be permitted when given by a licensed occupational therapist or an occupational therapist assistant serving under the direction of a licensed occupational therapist only upon written orders of a doctor. Vocational counselors assigned to injured workers by the department or self-insurer may request occupational therapy evaluation. However, occupational therapy treatment must be ordered by a doctor.

An occupational therapy progress report must be submitted to the attending doctor and the department or self-insurer following twelve treatment visits or one month, whichever occurs first. Occupational therapy treatment beyond the initial twelve treatments will be authorized only upon substantiation of improvement in the worker's condition in terms of functional modality, i.e., range of motion; sitting and standing tolerance; reduction in medication; etc. In addition, an outline of the proposed treatment program, the expected restoration goals, and the expected length of treatment will be required.

Upon justification and subsequent authorization by the department or self-insurer, occupational therapy treatment to separate noncontiguous areas (i.e., low back, knee) requiring individual treatment or special procedures will be allowed at full rate for each area with a maximum of two areas allowed.

Occupational therapy in the injured worker's home and/or places other than the practitioner's usual and customary business facility will be allowed only upon prior justification and authorization by the department or self-insurer.

No inpatient occupational therapy treatment will be allowed when such treatment constitutes the only or major treatment received by the worker. See WAC 296-20-030 for further information.

Occupational therapy treatments exceeding once per day must be justified by the attending doctor.

**NEW SECTION**

WAC 296-23-980 OCCUPATIONAL THERAPY SERVICES.

	Unit Value
97010 Physical medicine treatment to one area, hot or cold packs . . . . .	16.0
97016 vasopneumatic devices . . . . .	16.0
97018 paraffin bath . . . . .	16.0
97110 therapeutic exercises . . . . .	16.0
97112 neuromuscular reeducation . . . . .	16.0
97114 functional activities . . . . .	16.0
97145 Physical medicine treatment to one area, each additional 15 minutes . . . . .	5.0
97200 Combination of any modality(s) and procedure(s), initial 30 minutes . . . . .	16.0
97201 Each additional 15 minutes . . . . .	5.0
97500 Orthotics training (dynamic bracing, splinting, etc.) upper extremities, initial 30 minutes . . . . .	24.0
97501 each additional 15 minutes . . . . .	12.0
97520 Prosthetic training, initial 30 minutes . . . . .	24.0
97521 each additional 15 minutes . . . . .	12.0
97530 Kinetic activities to increase coordination, strength and/or range of motion, one area (any two extremi- ties or trunk), initial 30 minutes . . . . .	24.0
97531 each additional 15 minutes . . . . .	12.0
97540 Activities of daily living (ADL) and diversional ac- tivities, initial 30 minutes . . . . .	24.0
97541 each additional 15 minutes . . . . .	12.0

	Unit Value
97700 One of the following tests or measurements with report, initial 30 minutes	24.0
(a) Orthotic "check-out"	
(b) Prosthetic "check-out"	
(c) Activities of daily living "check-out"	
(d) Biofeedback evaluation	
(e) Physical capacities evaluation	
97701 each additional 15 minutes	12.0
97720 Extremity testing for strength, dexterity or stamina, initial 30 minutes	24.0
97721 each additional 15 minutes	12.0
97799 Unlisted physical medicine service or procedure	BR
99030 Mileage, one way, each mile beyond 7 mile radius of point of origin (office or home), per mile	2.0
99070 Supplies and materials provided by the therapist over and above those usually included with office visit or other services rendered. List item provided. Bill at cost.	BR

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

- WAC 296-23-940 VOCATIONAL SERVICE PROVIDERS.
- WAC 296-23-9401 REASONS FOR HOLDING PROVIDER INELIGIBLE FOR REFERRAL.
- WAC 296-23-9402 TIME LINES.
- WAC 296-23-9403 SERVICES REQUIRING AUTHORIZATION.
- WAC 296-23-9409 VOCATIONAL SERVICES.
- WAC 296-23-9410 RETRAINING SERVICE.

**WSR 85-22-082**

**PROPOSED RULES**

**COMMUNITY COLLEGE DISTRICT TWELVE**

[Filed November 6, 1985]

Notice is hereby given in accordance with the provisions of RCW 28B.19.030, that the Community College District 12 board of trustees intends to adopt, amend, or repeal rules concerning the amending of chapter 132L-136 WAC, use of district facilities, including rules and procedures concerning the repeal of WAC 132L-136-010 definition; the amendment of WAC 132L-136-030 administrative control; 132L-136-050 scheduling; and 132L-136-080 fees;

that the institution will at 7:00 p.m., Thursday, December 19, 1985, in the South Puget Sound Community College, Board Room, 2011 Mottman Road S.W., Olympia, WA, conduct a public hearing on the proposed rules.

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

The authority under which these rules are proposed is chapters 28B.19 and 28B.50 RCW.

The specific statute these rules are intended to implement is RCW 28B.50.140.

Interested persons may submit data, views, or arguments to this institution in writing to be received by this institution before December 18, 1985.

Dated: October 28, 1985

By: Dale A. Miller

District President, Community College District 12 and Secretary, Board of Trustees

**STATEMENT OF PURPOSE**

Rule: Amending chapter 132L-136 WAC, Use of district facilities, and in particular repeal WAC 132L-136-010 Definitions; amend WAC 132L-136-030 Administrative control; 132L-136-050 Scheduling; and 132L-136-080 Fees.

Statutory Authority: Chapters 28B.19 and 28B.50 RCW and specifically RCW 28B.50.140.

Purpose of the Rule(s): The amending of chapter 132L-136 WAC, Use of district facilities, will allow Community College District Twelve to update its facility usage procedures to reflect changes in RCW, board policy, and organizational structure.

Summary of the New Rule(s) and/or Amendment(s): Repeal of WAC 132L-136-010 [132L-136-010 Definitions; amend WAC 132L-136-030] Administrative control; 132L-136-050 Scheduling; and 132L-136-080 Fees.

Reasons Which Support the Proposed Action(s): Repeal of WAC 132L-136-010 Definition, necessary because it has been superseded by Revised Code of Washington (RCW). Amendment of WAC 132L-136-030 Administrative control, necessary due to a revision in the board of trustees delegation of authority policy. Amendment of WAC 132L-136-050 Scheduling, requires revision based on a new organizational structure. Amendment of WAC 132L-136-080 Fees, needs revision due to a change in applicability.

Person or Organization Proposing the Rule(s): Board of Trustees, Community College District 12, government.

Agency Personnel Responsible for Drafting: John A. Hurley, Jr., District Personnel Office, Centralia College, phone (206) 736-9391, ext. 213; Implementation and Enforcement: Dale A. Miller, District President's Office, Centralia College, phone (206) 736-9391, ext. 200.

The rule(s) is not necessary as the result of federal law, federal court action, or state court action.

Agency Comments, if any, Regarding Statutory Language, Implementation, Enforcement, and Fiscal Matter Pertaining to the Rule(s): None.

((SMOKING POLICY))

AMENDATORY SECTION (Amending Order 74-18, filed 3/19/74)

WAC 132L-136-030 ADMINISTRATIVE CONTROL. The board of trustees delegates to the district president authority to establish procedures for proper review and approval of the use of the district's facilities; and to establish, within the framework of these policies, regulations governing such use (~~(; and to establish and revise fee schedules consistent with WAC 132L-136-080)~~).

AMENDATORY SECTION (Amending Order 74-18, filed 3/19/74)

WAC 132L-136-050 SCHEDULING. The administrative regulations and procedures, schedule of fees, and application forms for use may be obtained at the ~~((office of the dean of administration on the Centralia college campus and at the office of the assistant director for administration on the Olympia Vocational Technical Institute))~~ buildings and grounds office on each campus. The scheduling of facilities by groups or organizations will be through these offices for the specific campus.

AMENDATORY SECTION (Amending Order 74-18, filed 3/19/74)

WAC 132L-136-060 **USERS.** In order to assure appropriate scheduling of Community College District #12 facilities, the following priorities will serve as guidelines:

- ((+)) (1) Community College District #12 scheduled programs and activities.
- ((2)) (2) Community College District #12 related activities, recognized college organizations, and those public or private agencies, whose purpose relate to the advancement of District #12 programs, and/or sponsored activities.
- ((3)) (3) Nonprofit organizations that are nonsectarian, nonpolitical, and noncommercial:

  - ((a)) (a) Public education groups that would be engaging in activities serving public education goals and objectives, and
  - ((b)) (b) Other than public education groups or organizations,

- ((++)) (i) That would be engaging in activities that serve governmentally supported objectives, or
- ((2)) (ii) That would be engaging in activities related to community improvement objectives, or
- ((3)) (iii) That would be engaging in activities related to the organization's goals and objectives.
- ((4)) (4) Private organizations and those organizations of a religious or sectarian, political or commercial nature requesting facilities on an emergency basis.
- ((5)) (5) Other organizations or groups.

AMENDATORY SECTION (Amending Order 74-18, filed 3/19/74)

WAC 132L-136-070 **LIMITATIONS OF USE.** ((+)) (1) District facilities may not be used in ways which interfere with or are detrimental to the district's own instructional and educational programs.

- ((2)) (2) District facilities may not be used for commercial sales, advertising, or promotional activities except when such activities serve educational purposes of the district and are conducted under the sponsorship of a district department of office.
- ((3)) (3) Each group or organization which uses district facilities must abide by the regulations and procedure of use as determined by the board of trustees and/or the district president and shall be subject to revocation of their privilege to use the facilities for failing to do so.
- ((4)) (4) The administration reserves the right to deny or cancel the use of facilities when such use or meeting may in any way be prejudicial to the best interests of the district.

AMENDATORY SECTION (Amending Order 74-18, filed 3/19/74)

WAC 132L-136-080 **FEEs.** Fees, ~~((when applicable,))~~ for users identified in WAC 132L-136-060(3) will be determined by the following categories and assessed accordingly:

- ((+)) (1) Direct charges: Will include charges for utilities (heat, light, etc.) and custodial services.
- ((2)) (2) Special charges: Will include charges for use of audio-visual or television equipment and operator; for law enforcement services, and/or any other similar kind of expenses incurred.
- ((3)) (3) Rental charges: Will include charges (depreciation, overhead costs, amortization, etc.) for use of facilities.
- ((4)) (4) Damage charges: Will include charges to defray any expense for the repair or replacement of damaged property or equipment incurred as a result of a rental agreement.

REPEALER

The following section of the Washington Administrative Code is repealed:

WAC 132L-136-010 **DEFINITION.**

**WSR 85-22-083**

**ADOPTED RULES**

**DEPARTMENT OF REVENUE**

[Order PT 85-4—Filed November 6, 1985—Eff. January 1, 1986]

I, Matthew J. Coyle, acting director of the Department of Revenue, do promulgate and adopt at Olympia,

Washington, the annexed rules relating to assessment and taxation of motor vehicles, travel trailers, campers, motor homes and watercraft:

- New WAC 458-17-100 Ships and vessels—Apportionment of value.
- Rep WAC 458-12-250 Listing of property—Ships and vessels—Definition.
- Rep WAC 458-12-255 Listing of property—Ships and vessels—Taxable situs in Washington.
- Rep WAC 458-12-260 Listing of property—Ships and vessels—Vessels under construction.
- Rep WAC 458-12-265 Listing of property—Ships and vessels—Partial exemption.

This action is taken pursuant to Notice No. WSR 85-18-022 filed with the code reviser on August 27, 1985. These rules shall take effect at a later date, such date being January 1, 1986.

This rule is promulgated pursuant to RCW 84.08.070 which directs that the Department of Revenue has authority to implement the provisions of chapter 84.08 RCW.

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

APPROVED AND ADOPTED November 6, 1985.

By Trevor W. Thompson  
Assistant Director

Chapter 458-17 WAC  
**ASSESSMENT AND TAXATION OF MOTOR VEHICLES, TRAVEL TRAILERS, CAMPERS, MOTOR HOMES, AND WATERCRAFT**

WAC  
458-17-100 Ships and vessels—Apportionment of value.

NEW SECTION

WAC 458-17-100 **SHIPS AND VESSELS—APPORTIONMENT OF VALUE.** Ships and vessels which are subject to assessment by the department of revenue under RCW 84.08.200 and do not meet the definition of a "steamboat company" under RCW 84.12.200(13) shall have their value apportioned to the state of Washington based upon the following rules:

(1) Vessels engaged exclusively in foreign commerce shall not have their value apportioned to this state if their presence within the limits of the state is solely for the purpose of taking on or discharging cargo, passengers, or supplies and the length of stay for such activity is reasonable. If the stay of a vessel is indefinite, or is maintained within the limits of the state to suit the convenience of the owner or is subjected to local use, the value shall be apportioned to this state based upon the number of days or fraction thereof that the vessel is within the limits of the state during the preceding calendar year.

(2) Vessels engaged exclusively in interstate commerce shall have their value apportioned to this state based upon the number of days or fraction thereof that the vessel is within the limits of the state during the

preceding calendar year: PROVIDED, That if the total number of days the vessel is within the limits of the state does not exceed sixty for the preceding calendar year, no value shall be apportioned.

(3) Vessels engaged in fishing, tendering, harvesting, and/or processing seafood products, on the high seas or waters under the jurisdiction of other states shall have their value apportioned to this state based upon the number of days or fraction thereof that the vessel is within the limits of the state during the preceding calendar year: PROVIDED, That if the total number of days the vessel is within the limits of the state does not exceed sixty for the preceding calendar year, no value shall be apportioned.

(4) Vessels engaged in intrastate commerce or fishing and seldom leave the limits of the state or leave the limits of the state while navigating the high seas in order to travel between ports of this state and do not acquire taxable situs elsewhere shall have their total value apportioned to this state.

(5) Vessels which are in this state solely for the purpose of undergoing repair or alteration shall not be subject to assessment.

(6) "Limits of the state" shall mean Washington state's normal boundaries abutting Canada, Oregon, and Idaho and three miles to the west of Washington's coast line.

**REPEALER**

The following sections of the Washington Administrative Code are repealed:

WAC 458-12-250 LISTING OR PROPERTY—SHIPS AND VESSELS—DEFINITION.

WAC 458-12-255 LISTING OF PROPERTY—SHIPS AND VESSELS—TAXABLE SITUS IN WASHINGTON.

WAC 458-12-260 LISTING OF PROPERTY—SHIPS AND VESSELS—VESSELS UNDER CONSTRUCTION.

WAC 458-12-265 LISTING OF PROPERTY—SHIPS AND VESSELS—PARTIAL EXEMPTION.

January 10, 1986. The record of the hearings and a report on the hearings will be prepared by the department for the legislature no later than February 15, 1986. The four hearings will be conducted at the following times and locations:

<u>City</u>	<u>Date</u>	<u>Time</u>	<u>Location</u>
Anacortes	December 12, 1985	7:00 p.m.	Council Chambers Municipal Building 6th and Q. Avenue
Bremerton	December 16, 1985	7:00 p.m.	Great Northwest Bank Building, Community Room 500 Pacific Avenue
Seattle	December 17, 1985	7:00 p.m.	Port of Seattle Auditorium Pier 66, 2201 Alaskan Way
Tacoma	December 18, 1985	7:00 p.m.	Tacoma-Pierce County Health Department Auditorium 3629 South D. Street

**WSR 85-22-084**

**NOTICE OF PUBLIC MEETINGS  
DEPARTMENT OF ECOLOGY**

[Memorandum—November 6, 1985]

The Washington Department of Ecology will be conducting four public hearings in December 1985 concerning the adequacy of current state enforcement activities related to Puget Sound water quality. The hearings are being conducted pursuant to a specific legislative directive in chapter 316, Laws of 1985.

Information regarding the department's enforcement activities will be presented by the department at the hearings. Formal testimony and informal comments or questions will be accepted from any interested person. Additional written comments on the department's Puget Sound enforcement activities will be accepted through

## Table of WAC Sections Affected

### KEY TO TABLE

**Symbols:**

- AMD = Amendment of existing section
- NEW = New section not previously codified
- OBJEC = Notice of objection by Joint Administrative Rules Review Committee
- RE-AD = Readoption of existing section
- REP = Repeal of existing section
- REAFF = Order assuming and reaffirming rules
- REMOV = Removal of rule pursuant to RCW 34.04.050(5)
- RESCIND = Rescind previous emergency rule
- REVIEW = Review of previously adopted rule
- STMT = Statement regarding previously adopted rule

**Suffixes:**

- P = Proposed action
- C = Continuance of previous proposal
- E = Emergency action
- W = Withdrawal of proposed action
- No suffix means permanent action

This table covers the current calendar year through this issue of the Register and should be used to locate rules amended, adopted, or repealed subsequent to the publication date of the latest WAC or Supplement.

WAC # shows the section number under which an agency rule is or will be codified in the Washington Administrative Code.

WSR # shows the issue of the Washington State Register where the document may be found; the last three digits show the sequence of the document within the issue.

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4-25-040	AMD-P	85-02-066	16-42-02001	REP-P	85-09-061	16-230	AMD-C	85-17-043
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4-25-040	AMD-C	85-06-054	16-42-02001	REP	85-15-024	16-230-190	AMD-C	85-10-057
4-25-040	AMD-E	85-17-032	16-42-022	NEW-P	85-09-061	16-230-190	AMD-C	85-11-052
4-25-040	AMD-E	85-17-074	16-42-022	NEW-W	85-10-020	16-230-190	AMD	85-12-012
4-25-040	AMD-P	85-19-091	16-42-022	NEW	85-15-024	16-230-190	AMD-P	85-14-092
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4-25-140	AMD-C	85-06-008	16-42-025	AMD-W	85-10-020	16-230-190	AMD	85-17-066
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4-25-260	REP-P	85-02-066	16-42-03001	REP-W	85-10-020	16-231-413	NEW	85-07-029
4-25-260	REP-C	85-06-008	16-42-03001	REP	85-15-024	16-231-613	NEW-P	85-03-101
4-25-260	REP-C	85-06-054	16-42-035	AMD-P	85-09-061	16-231-613	NEW	85-07-029
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10-04-020	AMD	85-22-032	16-42-04001	REP	85-15-024	16-316-0601	AMD-P	85-06-052
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10-08-040	AMD-C	85-20-053	16-42-05001	REP-P	85-09-061	16-316-230	AMD-P	85-06-052
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10-08-150	NEW-P	85-13-003	16-42-05001	REP	85-15-024	16-316-270	AMD-P	85-06-052
10-08-150	NEW-C	85-14-013	16-42-060	NEW-P	85-09-061	16-316-270	AMD	85-11-004
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16-42-017	NEW-W	85-10-020	16-228-285	REP-P	85-13-052	16-316-921	AMD-P	85-07-058
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16-316-945	NEW-P	85-07-058	16-354-090	NEW	85-15-046	16-470-320	NEW-P	85-15-054
16-316-945	NEW	85-11-002	16-354-100	NEW-P	85-11-079	16-470-320	NEW	85-20-043
16-316-950	NEW-P	85-07-058	16-354-100	NEW	85-15-046	16-470-330	NEW-P	85-11-085
16-316-950	NEW	85-11-002	16-400-007	NEW-P	85-03-089	16-470-330	NEW-W	85-14-072
16-316-955	NEW-P	85-07-058	16-400-007	NEW	85-06-029	16-470-330	NEW-P	85-15-054
16-316-955	NEW	85-11-002	16-400-020	REP-P	85-03-089	16-470-330	NEW	85-20-043
16-316-960	NEW-P	85-07-058	16-400-020	REP	85-06-029	16-470-340	NEW-P	85-11-085
16-316-960	NEW	85-11-002	16-409-015	AMD-P	85-03-090	16-470-340	NEW-W	85-14-072
16-322-010	AMD-P	85-11-082	16-409-015	AMD	85-07-028	16-470-340	NEW-P	85-15-054
16-322-010	AMD	85-15-017	16-409-020	AMD-P	85-03-090	16-470-340	NEW	85-20-043
16-322-012	AMD-P	85-11-082	16-409-020	AMD	85-07-028	16-470-400	NEW-P	85-17-019
16-322-012	AMD	85-15-017	16-409-030	AMD-P	85-03-090	16-470-400	NEW	85-21-003
16-322-015	AMD-P	85-11-082	16-409-030	AMD	85-07-028	16-470-410	NEW-P	85-17-019
16-322-015	AMD	85-15-017	16-409-035	AMD-P	85-03-090	16-470-410	NEW	85-21-003
16-322-020	REP-P	85-11-082	16-409-035	AMD	85-07-028	16-470-420	NEW-P	85-17-019
16-322-020	REP	85-15-017	16-409-060	AMD-P	85-03-090	16-470-420	NEW	85-21-003
16-322-025	AMD-P	85-11-082	16-409-060	AMD	85-07-028	16-470-430	NEW-P	85-17-019
16-322-025	AMD	85-15-017	16-409-065	AMD-P	85-03-090	16-470-430	NEW	85-21-003
16-322-035	AMD-P	85-11-082	16-409-065	AMD	85-07-028	16-470-440	NEW-P	85-17-019
16-322-035	AMD	85-15-017	16-409-070	AMD-P	85-03-090	16-470-440	NEW	85-21-003
16-322-040	AMD-P	85-11-082	16-409-070	AMD	85-07-028	16-514-010	NEW-P	85-14-103
16-322-040	AMD	85-15-017	16-409-075	AMD-P	85-03-090	16-514-010	NEW	85-20-042
16-322-045	AMD-P	85-11-082	16-409-075	AMD	85-07-028	16-514-020	NEW-P	85-14-103
16-322-045	AMD	85-15-017	16-409-085	AMD-P	85-03-090	16-514-020	NEW	85-20-042
16-332A-001	REP-P	85-19-073	16-409-085	AMD	85-07-028	16-514-030	NEW-P	85-14-103
16-332A-001	REP	85-22-053	16-409-120	REP-P	85-03-090	16-514-030	NEW	85-20-042
16-332A-010	REP-P	85-19-073	16-409-120	REP	85-07-028	16-514-040	NEW-P	85-14-103
16-332A-010	REP	85-22-053	16-426-001	REP-P	85-11-080	16-514-040	NEW	85-20-042
16-332A-020	REP-P	85-19-073	16-426-001	REP	85-15-047	16-514-041	NEW-P	85-14-103
16-332A-020	REP	85-22-053	16-426-005	REP-P	85-11-080	16-514-041	NEW	85-20-042
16-332A-030	REP-P	85-19-073	16-426-005	REP	85-15-047	16-514-050	NEW-P	85-14-103
16-332A-030	REP	85-22-053	16-426-010	REP-P	85-11-080	16-514-050	NEW	85-20-042
16-332A-040	REP-P	85-19-073	16-426-010	REP	85-15-047	16-514-060	NEW-P	85-14-103
16-332A-040	REP	85-22-053	16-426-015	REP-P	85-11-080	16-514-060	NEW	85-20-042
16-332A-050	REP-P	85-19-073	16-426-015	REP	85-15-047	16-514-070	NEW-P	85-14-103
16-332A-050	REP	85-22-053	16-426-020	REP-P	85-11-080	16-514-070	NEW	85-20-042
16-332A-060	REP-P	85-19-073	16-426-020	REP	85-15-047	16-514-080	NEW-P	85-14-103
16-332A-060	REP	85-22-053	16-426-025	REP-P	85-19-073	16-514-080	NEW	85-20-042
16-332A-070	REP-P	85-19-073	16-426-025	REP	85-22-053	16-529-030	AMD	85-10-015
16-332A-070	REP	85-22-053	16-470	AMD-C	85-19-002	16-530-010	NEW	85-11-089
16-332A-080	REP-P	85-19-073	16-470-010	AMD-P	85-11-086	16-530-020	NEW	85-11-089
16-332A-080	REP	85-22-053	16-470-010	AMD-E	85-11-087	16-530-030	NEW	85-11-089
16-333-010	NEW-P	85-19-073	16-470-010	AMD	85-15-006	16-530-040	NEW	85-11-089
16-333-010	NEW	85-22-053	16-470-015	AMD-P	85-11-084	16-530-050	NEW	85-11-089
16-333-020	NEW-P	85-19-073	16-470-015	AMD-E	85-11-087	16-530-060	NEW	85-11-089
16-333-020	NEW	85-22-053	16-470-015	AMD	85-15-007	16-555-010	NEW-P	85-05-038
16-333-030	NEW-P	85-19-073	16-470-100	AMD-P	85-11-084	16-555-010	NEW	85-11-030
16-333-030	NEW	85-22-053	16-470-100	AMD-E	85-11-087	16-555-020	NEW-P	85-05-038
16-333-040	NEW-P	85-19-073	16-470-100	AMD	85-15-007	16-555-020	NEW	85-11-030
16-333-040	NEW	85-22-053	16-470-110	AMD-P	85-11-084	16-555-030	NEW-P	85-05-038
16-333-050	NEW-P	85-19-073	16-470-110	AMD-E	85-11-087	16-555-030	NEW	85-11-030
16-333-050	NEW	85-22-053	16-470-110	AMD	85-15-007	16-555-040	NEW-P	85-05-038
16-333-060	NEW-P	85-19-073	16-470-120	AMD-P	85-11-084	16-555-040	NEW	85-11-030
16-333-060	NEW	85-22-053	16-470-120	AMD-E	85-11-087	16-555-041	NEW-P	85-05-038
16-333-070	NEW-P	85-19-073	16-470-120	AMD	85-15-007	16-555-041	NEW	85-11-030
16-333-070	NEW	85-22-053	16-470-200	NEW-P	85-11-083	16-555-050	NEW-P	85-05-038
16-333-080	NEW-P	85-19-073	16-470-200	NEW-E	85-11-088	16-555-050	NEW	85-11-030
16-333-080	NEW	85-22-053	16-470-200	NEW	85-15-008	16-555-060	NEW-P	85-05-038
16-333-090	NEW-P	85-19-073	16-470-210	NEW-P	85-11-083	16-555-060	NEW	85-11-030
16-333-090	NEW	85-22-053	16-470-210	NEW-E	85-11-088	16-555-070	NEW-P	85-05-038
16-354-005	AMD-P	85-11-079	16-470-210	NEW	85-15-008	16-555-070	NEW	85-11-030
16-354-005	AMD	85-15-046	16-470-220	NEW-P	85-11-083	16-555-080	NEW-P	85-05-038
16-354-010	AMD-P	85-11-079	16-470-220	NEW-E	85-11-088	16-555-080	NEW	85-11-030
16-354-010	AMD	85-15-046	16-470-220	NEW	85-15-008	16-560-06001	AMD-P	85-02-054
16-354-020	AMD-P	85-11-079	16-470-230	NEW-P	85-11-083	16-560-06001	AMD	85-10-005
16-354-020	AMD	85-15-046	16-470-230	NEW-E	85-11-088	16-565-010	AMD-P	85-11-078
16-354-030	AMD-P	85-11-079	16-470-230	NEW	85-15-008	16-565-010	AMD	85-15-018
16-354-030	AMD	85-15-046	16-470-300	NEW-P	85-11-085	16-565-020	AMD-P	85-11-078
16-354-040	AMD-P	85-11-079	16-470-300	NEW-W	85-14-072	16-565-020	AMD	85-15-018
16-354-040	AMD	85-15-046	16-470-300	NEW-P	85-15-054	16-620-110	NEW-E	85-20-092
16-354-050	AMD-P	85-11-079	16-470-300	NEW	85-20-043	16-620-110	NEW-P	85-20-101
16-354-050	AMD	85-15-046	16-470-310	NEW-P	85-11-085	16-620-115	NEW-E	85-20-092
16-354-070	AMD-P	85-11-079	16-470-310	NEW-W	85-14-072	16-620-115	NEW-P	85-20-101
16-354-070	AMD	85-15-046	16-470-310	NEW-P	85-15-054	16-666-140	NEW-P	85-10-051
16-354-080	REP-P	85-11-079	16-470-310	NEW	85-20-043	16-666-140	NEW-W	85-12-053
16-354-080	REP	85-15-046	16-470-320	NEW-P	85-11-085	16-750-010	AMD-P	85-03-102
16-354-090	NEW-P	85-11-079	16-470-320	NEW-W	85-14-072	16-750-010	AMD	85-07-003

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25-15-020	NEW-E 85-20-008	51-12-208	NEW-P 85-18-068	67-25-180	REP-P 85-15-077
25-15-030	NEW-E 85-20-008	51-12-209	NEW-P 85-18-068	67-25-180	REP 85-18-046
25-15-040	NEW-E 85-20-008	51-12-210	NEW-P 85-18-068	67-25-185	REP-E 85-13-023
25-15-050	NEW-E 85-20-008	51-12-211	NEW-P 85-18-068	67-25-185	REP-P 85-15-077
25-15-060	NEW-E 85-20-008	51-12-212	NEW-P 85-18-068	67-25-185	REP 85-18-046
25-15-070	NEW-E 85-20-008	51-12-213	NEW-P 85-18-068	67-25-190	REP-E 85-13-023
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25-15-090	NEW-E 85-20-008	51-12-215	NEW-P 85-18-068	67-25-190	REP 85-18-046
25-15-100	NEW-E 85-20-008	51-12-216	NEW-P 85-18-068	67-25-200	REP-E 85-13-023
25-15-110	NEW-E 85-20-008	51-12-217	NEW-P 85-18-068	67-25-200	REP-P 85-15-077
25-15-120	NEW-E 85-20-008	51-12-218	NEW-P 85-18-068	67-25-200	REP 85-18-046
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50-12-010	REP-C 85-19-045	51-12-220	NEW-P 85-18-068	67-25-257	NEW 85-06-030
50-12-010	REP 85-19-052	51-12-221	NEW-P 85-18-068	67-25-360	AMD-P 85-15-077
50-12-040	AMD-P 85-16-116	51-12-222	NEW-P 85-18-068	67-25-360	AMD 85-18-046
50-12-040	AMD-C 85-19-045	51-12-223	NEW-P 85-18-068	67-25-420	AMD-P 85-03-081
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50-12-050	AMD-E 85-16-030	51-12-301	NEW-P 85-18-068	67-35-070	AMD-P 85-15-075
50-12-050	AMD-P 85-16-116	51-12-302	NEW-P 85-18-068	67-35-070	AMD 85-18-048
50-12-050	AMD-C 85-19-045	51-12-303	NEW-P 85-18-068	67-35-100	AMD-P 85-15-075
50-12-050	AMD 85-19-052	51-12-304	NEW-P 85-18-068	67-35-100	AMD 85-18-048
50-12-100	NEW-P 85-16-116	51-12-305	NEW-P 85-18-068	67-35-130	AMD-P 85-15-075
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50-16-030	AMD-P 85-16-055	51-12-404	NEW-P 85-18-068	67-35-160	AMD 85-19-048
50-16-030	AMD-C 85-19-043	51-12-405	NEW-P 85-18-068	67-35-180	AMD-P 85-15-075
50-16-030	AMD 85-19-054	51-12-406	NEW-P 85-18-068	67-35-180	AMD 85-18-048
50-20-010	AMD-P 85-16-056	51-12-407	NEW-P 85-18-068	67-35-190	AMD-P 85-15-075
50-20-010	AMD-C 85-19-044	51-12-408	NEW-P 85-18-068	67-35-190	AMD 85-18-048
50-20-010	AMD 85-19-053	51-12-409	NEW-P 85-18-068	67-35-280	AMD-P 85-15-075
50-20-050	AMD-E 85-15-074	51-12-410	NEW-P 85-18-068	67-35-280	AMD 85-18-048
50-20-050	AMD-P 85-16-056	51-12-411	NEW-P 85-18-068	67-35-310	AMD-P 85-15-075
50-20-050	AMD-C 85-19-044	51-12-412	NEW-P 85-18-068	67-35-310	AMD 85-18-048
50-20-050	AMD 85-19-053	51-12-413	NEW-P 85-18-068	67-35-350	AMD-P 85-15-075
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50-20-055	AMD 85-22-014	51-12-418	NEW-P 85-18-068	67-35-520	AMD 85-18-048
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50-20-090	NEW-P 85-16-056	51-12-420	NEW-P 85-18-068	67-45-010	REP-E 85-15-044
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50-20-090	NEW 85-19-053	51-12-422	NEW-P 85-18-068	67-45-010	REP 85-18-047
50-24-100	AMD-P 85-16-116	51-12-423	NEW-P 85-18-068	67-45-020	REP-E 85-09-039
50-24-100	AMD-C 85-19-045	51-12-424	NEW-P 85-18-068	67-45-020	REP-E 85-15-044
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50-48-020	AMD-C 85-19-045	51-12-503	NEW-P 85-18-068	67-45-030	REP 85-18-047
50-48-020	AMD 85-19-052	51-12-504	NEW-P 85-18-068	67-45-040	REP-E 85-09-039
51-10	AMD-P 85-02-055	51-12-505	NEW-P 85-18-068	67-45-040	REP-E 85-15-044
51-10	AMD 85-03-095	51-12-506	NEW-P 85-18-068	67-45-040	REP-P 85-15-076
51-10	AMD 85-07-036	51-12-507	NEW-P 85-18-068	67-45-040	REP 85-18-047
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51-12-102	NEW-P 85-18-068	51-12-602	NEW-P 85-18-068	67-45-045	REP-P 85-15-076
51-12-103	NEW-P 85-18-068	51-12-603	NEW-P 85-18-068	67-45-045	REP 85-18-047
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51-12-204	NEW-P 85-18-068	51-16-070	NEW-P 85-18-058	67-45-070	REP 85-18-047
51-12-205	NEW-P 85-18-068	67-25-005	AMD-P 85-03-081	67-45-075	REP-E 85-09-039

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67-45-075	REP	85-18-047	106-120-032	REP-P	85-03-086	118-03-050	AMD-E	85-17-004
82-50-021	AMD-P	85-13-068	106-120-032	REP	85-07-032	118-03-050	AMD	85-20-062
82-50-021	AMD	85-16-014	106-120-033	NEW-P	85-03-086	118-03-070	AMD-P	85-17-003
98-40-010	NEW-P	85-14-108	106-120-033	NEW	85-07-032	118-03-070	AMD-E	85-17-004
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98-40-020	NEW-P	85-14-108	106-120-040	REP	85-07-032	118-03-090	AMD-P	85-17-003
98-40-020	NEW	85-19-012	106-120-041	REP-P	85-03-086	118-03-090	AMD-E	85-17-004
98-40-030	NEW-P	85-14-108	106-120-041	REP	85-07-032	118-03-090	AMD	85-20-062
98-40-030	NEW	85-19-012	106-120-042	REP-P	85-03-086	118-03-110	AMD-P	85-17-003
98-40-040	NEW-P	85-14-108	106-120-042	REP	85-07-032	118-03-110	AMD-E	85-17-004
98-40-040	NEW	85-19-012	106-120-043	REP-P	85-03-086	118-03-110	AMD	85-20-062
98-40-050	NEW-P	85-14-108	106-120-043	REP	85-07-032	118-03-130	AMD-P	85-17-003
98-40-050	NEW	85-19-012	106-120-050	REP-P	85-03-086	118-03-130	AMD-E	85-17-004
98-40-060	NEW-P	85-14-108	106-120-050	REP	85-07-032	118-03-130	AMD	85-20-062
98-40-060	NEW	85-19-012	106-120-051	REP-P	85-03-086	118-03-150	AMD-P	85-17-003
98-40-070	NEW-P	85-14-108	106-120-051	REP	85-07-032	118-03-150	AMD-E	85-17-004
98-40-070	NEW	85-19-012	106-120-053	REP-P	85-03-086	118-03-150	AMD	85-20-062
98-40-080	NEW-P	85-14-108	106-120-053	REP	85-07-032	118-03-170	AMD-P	85-17-003
98-40-080	NEW	85-19-012	106-120-055	REP-P	85-03-086	118-03-170	AMD-E	85-17-004
98-70-010	AMD-P	85-14-108	106-120-055	REP	85-07-032	118-03-170	AMD	85-20-062
98-70-010	AMD	85-19-012	106-120-056	REP-P	85-03-086	118-03-190	AMD-P	85-17-003
100-100-010	NEW	85-03-011	106-120-056	REP	85-07-032	118-03-190	AMD-E	85-17-004
100-100-020	NEW	85-03-011	106-120-057	REP-P	85-03-086	118-03-190	AMD	85-20-062
100-100-030	NEW	85-03-011	106-120-057	REP	85-07-032	118-03-210	AMD-P	85-17-003
100-100-040	NEW	85-03-011	106-120-058	REP-P	85-03-086	118-03-210	AMD-E	85-17-004
100-100-050	NEW	85-03-011	106-120-058	REP	85-07-032	118-03-210	AMD	85-20-062
100-100-060	NEW	85-03-011	106-120-060	REP-P	85-03-086	118-03-230	AMD-P	85-17-003
100-100-070	NEW	85-03-011	106-120-060	REP	85-07-032	118-03-230	AMD-E	85-17-004
100-100-070	AMD-P	85-04-063	106-120-061	REP-P	85-03-086	118-03-230	AMD	85-20-062
100-100-070	AMD	85-09-027	106-120-061	REP	85-07-032	118-03-250	AMD-P	85-17-003
100-100-075	NEW	85-09-027	106-120-062	REP-P	85-03-086	118-03-250	AMD-E	85-17-004
100-100-080	NEW	85-03-011	106-120-062	REP	85-07-032	118-03-250	AMD	85-20-062
100-100-090	NEW	85-03-011	106-120-064	REP-P	85-03-086	118-03-270	AMD-P	85-17-003
100-100-100	NEW	85-03-011	106-120-064	REP	85-07-032	118-03-270	AMD-E	85-17-004
100-100-100	AMD-P	85-04-063	106-120-066	REP-P	85-03-086	118-03-270	AMD	85-20-062
106-120	AMD-P	85-03-086	106-120-066	REP	85-07-032	118-03-290	AMD-P	85-17-003
106-120	AMD	85-07-032	106-120-131	NEW-P	85-03-086	118-03-290	AMD-E	85-17-004
106-120-001	REP-P	85-03-086	106-120-131	NEW	85-07-032	118-03-290	AMD	85-20-062
106-120-001	REP	85-07-032	106-120-132	NEW-P	85-03-086	118-03-310	AMD-P	85-17-003
106-120-003	NEW-P	85-03-086	106-120-132	NEW	85-07-032	118-03-310	AMD-E	85-17-004
106-120-003	NEW	85-07-032	106-120-143	NEW-P	85-03-086	118-03-310	AMD	85-20-062
106-120-004	NEW-P	85-03-086	106-120-143	NEW	85-07-032	120-04-010	REP-P	85-11-041
106-120-004	NEW	85-07-032	106-120-200	REP-P	85-03-086	120-04-010	REP	85-15-013
106-120-005	NEW-P	85-03-086	106-120-200	REP	85-07-032	120-04-030	REP-P	85-11-041
106-120-005	NEW	85-07-032	106-120-210	REP-P	85-03-086	120-04-030	REP	85-15-013
106-120-006	NEW-P	85-03-086	106-120-210	REP	85-07-032	120-04-050	REP-P	85-11-041
106-120-006	NEW	85-07-032	106-120-220	REP-P	85-03-086	120-04-050	REP	85-15-013
106-120-007	NEW-P	85-03-086	106-120-220	REP	85-07-032	120-06-010	REP-P	85-11-041
106-120-007	NEW	85-07-032	106-120-230	REP-P	85-03-086	120-06-010	REP	85-15-013
106-120-010	REP-P	85-03-086	106-120-230	REP	85-07-032	120-06-020	REP-P	85-11-041
106-120-010	REP	85-07-032	106-120-240	REP-P	85-03-086	120-06-020	REP	85-15-013
106-120-011	REP-P	85-03-086	106-120-240	REP	85-07-032	120-06-030	REP-P	85-11-041
106-120-011	REP	85-07-032	106-120-250	REP-P	85-03-086	120-06-030	REP	85-15-013
106-120-013	REP-P	85-03-086	106-120-250	REP	85-07-032	120-06-040	REP-P	85-11-041
106-120-013	REP	85-07-032	106-120-700	REP-P	85-03-086	120-06-040	REP	85-15-013
106-120-020	REP-P	85-03-086	106-120-700	REP	85-07-032	120-06-050	REP-P	85-11-041
106-120-020	REP	85-07-032	106-120-800	REP-P	85-03-086	120-06-050	REP	85-15-013
106-120-021	NEW-P	85-03-086	106-120-800	REP	85-07-032	120-06-060	REP-P	85-11-041
106-120-021	NEW	85-07-032	106-120-900	REP-P	85-03-086	120-06-060	REP	85-15-013
106-120-022	NEW-P	85-03-086	106-120-900	REP	85-07-032	120-06-070	REP-P	85-11-041
106-120-022	NEW	85-07-032	113-12-005	REP-E	85-16-067	120-06-070	REP	85-15-013
106-120-023	NEW-P	85-03-086	113-12-005	REP-P	85-16-089	120-06-080	REP-P	85-11-041
106-120-023	NEW	85-07-032	113-12-005	REP	85-20-078	120-06-080	REP	85-15-013
106-120-024	NEW-P	85-03-086	114-12-005	REP-P	85-10-068	120-06-090	REP-P	85-11-041
106-120-024	NEW	85-07-032	114-12-005	REP	85-13-081	120-06-090	REP	85-15-013
106-120-025	NEW-P	85-03-086	114-12-121	REP-P	85-10-068	120-06-100	REP-P	85-11-041
106-120-025	NEW	85-07-032	114-12-121	REP	85-13-081	120-06-100	REP	85-15-013
106-120-026	NEW-P	85-03-086	114-12-125	NEW-P	85-10-068	120-06-110	REP-P	85-11-041
106-120-026	NEW	85-07-032	114-12-125	NEW	85-13-081	120-06-110	REP	85-15-013
106-120-027	NEW-P	85-03-086	114-12-125	AMD-P	85-21-102	120-06-120	REP-P	85-11-041
106-120-027	NEW	85-07-032	118-03-010	AMD-P	85-17-003	120-06-120	REP	85-15-013
106-120-028	NEW-P	85-03-086	118-03-010	AMD-E	85-17-004	120-08-010	REP-P	85-11-041
106-120-028	NEW	85-07-032	118-03-010	AMD	85-20-062	120-08-010	REP	85-15-013
106-120-030	REP-P	85-03-086	118-03-030	AMD-P	85-17-003	120-52-010	REP-P	85-11-041
106-120-030	REP	85-07-032	118-03-030	AMD-E	85-17-004	120-52-010	REP	85-15-013

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120-52-030	REP	85-15-013	132C-120-160	REP-P	85-07-051	132F-104-818	AMD	85-21-016
120-52-050	REP-P	85-11-041	132C-120-160	REP	85-13-067	132F-104-819	AMD-P	85-16-120
120-52-050	REP	85-15-013	132C-120-165	REP-P	85-07-051	132F-104-819	AMD	85-21-016
120-52-070	REP-P	85-11-041	132C-120-165	REP	85-13-067	132F-116-020	AMD-P	85-18-059
120-52-070	REP	85-15-013	132C-120-170	REP-P	85-07-051	132F-116-040	AMD-P	85-18-059
120-52-090	REP-P	85-11-041	132C-120-170	REP	85-13-067	132F-116-070	REP-P	85-18-059
120-52-090	REP	85-15-013	132C-120-175	REP-P	85-07-051	132F-116-100	AMD-P	85-18-059
131-16-005	AMD-P	85-16-103	132C-120-175	REP	85-13-067	132F-116-110	AMD-P	85-18-059
131-16-005	AMD	85-19-056	132C-120-180	REP-P	85-07-051	132F-116-120	AMD-P	85-18-059
131-16-011	AMD-P	85-16-103	132C-120-180	REP	85-13-067	132F-116-130	AMD-P	85-18-059
131-16-011	AMD-W	85-19-055	132C-120-185	REP-P	85-07-051	132F-116-140	AMD-P	85-18-059
131-24-040	NEW-P	85-16-102	132C-120-185	REP	85-13-067	132F-116-150	AMD-P	85-18-059
131-24-040	NEW	85-20-045	132C-120-190	REP-P	85-07-051	132F-116-170	AMD-P	85-16-120
132B-122-010	NEW-P	85-04-051	132C-120-190	REP	85-13-067	132F-116-170	AMD	85-21-016
132B-122-010	NEW	85-08-025	132C-120-195	REP-P	85-07-051	132F-136-010	AMD-P	85-18-059
132C-104-060	AMD-P	85-07-050	132C-120-195	REP	85-13-067	132F-136-020	AMD-P	85-18-059
132C-104-060	AMD	85-13-024	132C-120-200	AMD-P	85-07-051	132F-136-030	AMD-P	85-18-059
132C-120-010	AMD-P	85-07-051	132C-120-200	AMD	85-13-067	132F-136-040	AMD-P	85-18-059
132C-120-010	AMD	85-13-067	132C-120-205	AMD-P	85-07-051	132F-136-050	AMD-P	85-18-059
132C-120-015	AMD-P	85-07-051	132C-120-205	AMD	85-13-067	132F-136-060	AMD-P	85-18-059
132C-120-015	AMD	85-13-067	132C-120-210	AMD-P	85-07-051	132F-136-070	AMD-P	85-18-059
132C-120-020	AMD-P	85-07-051	132C-120-210	AMD	85-13-067	132F-148-010	AMD-P	85-09-057
132C-120-020	AMD	85-13-067	132C-120-215	AMD-P	85-07-051	132F-148-010	AMD	85-13-076
132C-120-025	AMD-P	85-07-051	132C-120-215	AMD	85-13-067	132F-148-020	AMD-P	85-09-057
132C-120-025	AMD	85-13-067	132C-120-220	AMD-P	85-07-051	132F-148-020	AMD	85-13-076
132C-120-025	AMD	85-13-067	132C-120-220	AMD	85-13-067	132F-148-030	AMD-P	85-09-057
132C-120-030	AMD-P	85-07-051	132C-120-225	AMD-P	85-07-051	132F-148-030	AMD	85-13-076
132C-120-030	AMD	85-13-067	132C-120-225	AMD	85-13-067	132F-148-040	AMD-P	85-09-057
132C-120-035	AMD-P	85-07-051	132C-120-230	NEW-P	85-07-051	132F-148-040	AMD	85-13-076
132C-120-035	AMD	85-13-067	132C-120-230	NEW	85-13-067	132F-148-050	AMD-P	85-09-057
132C-120-040	AMD-P	85-07-051	132C-120-235	NEW-P	85-07-051	132F-148-050	AMD	85-13-076
132C-120-040	AMD	85-13-067	132C-120-235	NEW	85-13-067	132F-148-060	AMD-P	85-09-057
132C-120-045	AMD-P	85-07-051	132E-116-001	REP	85-04-003	132F-148-060	AMD	85-13-076
132C-120-045	AMD	85-13-067	132E-116-004	REP	85-04-003	132F-148-070	AMD-P	85-09-057
132C-120-050	AMD-P	85-07-051	132E-116-008	REP	85-04-003	132F-148-070	AMD	85-13-076
132C-120-050	AMD	85-13-067	132E-116-012	REP	85-04-003	132F-168-030	AMD-P	85-18-059
132C-120-055	AMD-P	85-07-051	132E-116-016	REP	85-04-003	132F-168-040	AMD-P	85-18-059
132C-120-055	AMD	85-13-067	132E-116-016	REP	85-04-003	132F-168-040	AMD-P	85-18-059
132C-120-060	AMD-P	85-07-051	132E-116-020	REP	85-04-003	132F-168-050	AMD-P	85-18-059
132C-120-060	AMD	85-13-067	132E-116-024	REP	85-04-003	132F-168-060	AMD-P	85-18-059
132C-120-065	AMD-P	85-07-051	132E-116-028	REP	85-04-003	132F-168-070	AMD-P	85-18-059
132C-120-065	AMD	85-13-067	132E-116-032	REP	85-04-003	132F-168-080	AMD-P	85-18-059
132C-120-070	REP-P	85-07-051	132E-116-036	REP	85-04-003	132F-168-090	AMD-P	85-18-059
132C-120-070	REP	85-13-067	132E-116-040	REP	85-04-003	132F-168-100	AMD-P	85-18-059
132C-120-075	REP-P	85-07-051	132E-116-044	REP	85-04-003	132F-168-110	AMD-P	85-18-059
132C-120-075	REP	85-13-067	132E-116-048	REP	85-04-003	132F-200-010	AMD-P	85-16-120
132C-120-080	REP-P	85-07-051	132E-116-052	REP	85-04-003	132F-200-010	AMD	85-21-016
132C-120-080	REP	85-13-067	132E-116-056	REP	85-04-003	132F-200-010	AMD-P	85-18-059
132C-120-085	REP-P	85-07-051	132E-116-060	REP	85-04-003	132F-325-030	AMD-P	85-18-059
132C-120-085	REP	85-13-067	132E-116-064	REP	85-04-003	132F-325-070	NEW-P	85-18-059
132C-120-090	REP-P	85-07-051	132E-116-068	REP	85-04-003	132F-419-010	NEW-P	85-07-056
132C-120-090	REP	85-13-067	132E-116-072	REP	85-04-003	132F-419-010	NEW-C	85-12-016
132C-120-095	REP-P	85-07-051	132E-116-076	REP	85-04-003	132F-419-010	NEW	85-13-075
132C-120-095	REP	85-13-067	132E-116-080	REP	85-04-003	132F-419-020	NEW-P	85-07-056
132C-120-100	AMD-P	85-07-051	132E-116-084	REP	85-04-003	132F-419-020	NEW-C	85-12-016
132C-120-100	AMD	85-13-067	132E-116-088	REP	85-04-003	132F-419-020	NEW	85-13-075
132C-120-105	AMD-P	85-07-051	132E-116-092	REP	85-04-003	132F-419-030	NEW-P	85-07-056
132C-120-105	AMD	85-13-067	132E-116-096	REP	85-04-003	132F-419-030	NEW-C	85-12-016
132C-120-110	AMD-P	85-07-051	132E-116-100	REP	85-04-003	132F-419-030	NEW	85-13-075
132C-120-110	AMD	85-13-067	132E-116-104	REP	85-04-003	132F-419-040	NEW-P	85-07-056
132C-120-115	AMD-P	85-07-051	132E-116-108	REP	85-04-003	132F-419-040	NEW-C	85-12-016
132C-120-115	AMD	85-13-067	132E-116-112	REP	85-04-003	132F-419-040	NEW	85-13-075
132C-120-120	AMD-P	85-07-051	132E-116-116	REP	85-04-003	132F-419-050	NEW-P	85-07-056
132C-120-120	AMD	85-13-067	132E-116-120	REP	85-04-003	132F-419-050	NEW-C	85-12-016
132C-120-125	AMD-P	85-07-051	132E-116-124	REP	85-04-003	132F-419-050	NEW	85-13-075
132C-120-125	AMD	85-13-067	132F-104-010	AMD-P	85-16-120	132F-419-060	NEW-P	85-07-056
132C-120-130	AMD-P	85-07-051	132F-104-010	AMD	85-21-016	132F-419-060	NEW-C	85-12-016
132C-120-130	AMD	85-13-067	132F-104-020	AMD-P	85-16-120	132F-419-060	NEW	85-13-075
132C-120-135	AMD-P	85-07-051	132F-104-020	AMD	85-21-016	132F-419-070	NEW-P	85-07-056
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132C-120-145	AMD	85-13-067	132F-104-813	AMD-P	85-16-120	132H-120-205	AMD-E	85-19-074
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132H-120-330	AMD-E	85-19-074	132R-180-030	REP-P	85-05-007	137-54-020	NEW	85-05-019
132H-120-330	AMD-P	85-22-044	132R-180-030	REP	85-14-078	137-54-030	NEW-P	85-02-067
132H-120-340	AMD-E	85-19-074	132R-180-040	REP-P	85-05-007	137-54-030	NEW	85-05-019
132H-120-340	AMD-P	85-22-044	132R-180-040	REP	85-14-078	137-54-040	NEW-P	85-02-067
132H-120-360	AMD-E	85-19-074	132R-180-050	REP-P	85-05-007	137-54-040	NEW	85-05-019
132H-120-360	AMD-P	85-22-044	132R-180-050	REP	85-14-078	137-60-020	AMD	85-04-015
132H-120-490	NEW-E	85-19-074	132R-180-060	REP-P	85-05-007	137-67-010	NEW-P	85-15-093
132H-120-490	NEW-P	85-22-044	132R-180-060	REP	85-14-078	137-67-010	NEW	85-18-061
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132L-30-010	AMD-P	85-16-087	132R-180-070	REP	85-14-078	137-67-015	NEW	85-18-061
132L-30-020	AMD-P	85-16-087	132R-180-080	REP-P	85-05-007	137-67-020	NEW-P	85-15-093
132L-30-030	AMD-P	85-16-087	132R-180-080	REP	85-14-078	137-67-020	NEW	85-18-061
132L-30-040	AMD-P	85-16-087	132R-180-090	REP-P	85-05-007	137-67-025	NEW-P	85-15-093
132L-30-050	AMD-P	85-16-087	132R-180-090	REP	85-14-078	137-67-025	NEW	85-18-061
132L-30-060	AMD-P	85-16-087	132W-129-001	NEW-P	85-18-017	137-67-030	NEW-P	85-15-093
132L-30-080	AMD-P	85-16-087	132W-129-001	NEW	85-21-044	137-67-030	NEW	85-18-061
132L-30-110	AMD-P	85-16-087	132Y-100-008	AMD-P	85-14-111	137-67-035	NEW-P	85-15-093
132L-30-120	AMD-P	85-16-087	132Y-100-008	AMD	85-18-010	137-67-035	NEW	85-18-061
132L-30-130	AMD-P	85-16-087	132Y-100-010	NEW-P	85-14-111	137-67-040	NEW-P	85-15-093
132L-30-140	AMD-P	85-16-087	132Y-100-010	NEW	85-18-010	137-67-040	NEW	85-18-061
132L-30-150	AMD-P	85-16-087	132Y-140-102	REP-P	85-16-001	137-67-045	NEW-P	85-15-093
132L-30-160	AMD-P	85-16-087	132Y-140-102	REP	85-20-044	137-67-045	NEW	85-18-061
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132L-30-190	AMD-P	85-16-087	136-18-064	NEW-P	85-07-055	137-70-060	AMD-P	85-03-103
132L-30-200	AMD-P	85-16-087	136-18-064	NEW	85-11-054	137-70-060	AMD	85-07-017
132L-30-210	AMD-P	85-16-087	136-18-066	NEW-P	85-07-055	137-70-070	AMD-P	85-03-103
132L-30-230	AMD-P	85-16-087	136-150-050	NEW-E	85-11-018	137-70-070	AMD	85-07-017
132L-30-260	AMD-P	85-16-087	136-150-050	NEW-P	85-14-052	139-04-010	AMD-P	85-03-076
132L-30-270	AMD-P	85-16-087	136-150-050	NEW-W	85-20-109	139-04-010	AMD	85-08-010
132L-30-280	AMD-P	85-16-087	136-160-024	NEW-P	85-07-053	139-08-005	AMD-P	85-03-077
132L-30-290	AMD-P	85-16-087	136-160-024	NEW	85-11-053	139-08-005	AMD	85-08-011
132L-30-300	REP-P	85-16-087	136-190-010	NEW-P	85-07-054	139-08-010	REP-P	85-03-077
132L-136-010	REP-P	85-22-082	136-190-010	NEW	85-11-055	139-08-010	REP	85-08-011
132L-136-030	AMD-P	85-22-082	136-190-020	NEW-P	85-07-054	139-08-014	NEW-W	85-07-039
132L-136-050	AMD-P	85-22-082	136-190-020	NEW	85-11-055	139-08-020	REP-P	85-03-077
132L-136-060	AMD-P	85-22-082	136-190-030	NEW-P	85-07-054	139-08-020	REP	85-08-011
132L-136-070	AMD-P	85-22-082	136-190-030	NEW	85-11-055	139-08-030	REP-P	85-03-077
132L-136-080	AMD-P	85-22-082	136-190-040	NEW-P	85-07-054	139-08-030	REP	85-08-011
132L-140-020	AMD-P	85-14-119	136-190-040	NEW	85-11-055	139-08-040	AMD-P	85-03-077
132L-140-020	AMD	85-18-056	136-190-050	NEW-P	85-07-054	139-08-040	AMD	85-08-011
132Q-04-095	NEW-P	85-16-070	136-190-050	NEW	85-11-055	139-08-060	REP-P	85-03-077
132Q-04-095	NEW	85-19-032	137-08-060	AMD-P	85-10-066	139-08-060	REP	85-08-011
132R-128-010	REP-P	85-05-007	137-08-060	AMD	85-13-020	139-08-090	AMD-P	85-03-077
132R-128-010	REP	85-14-078	137-08-105	NEW-P	85-10-066	139-08-090	AMD	85-08-011
132R-128-020	REP-P	85-05-007	137-08-105	NEW	85-13-020	139-08-130	AMD-P	85-03-077
132R-128-020	REP	85-14-078	137-08-110	AMD-P	85-10-066	139-08-130	AMD	85-08-011
132R-128-030	REP-P	85-05-007	137-08-110	AMD	85-13-020	139-08-150	AMD-P	85-03-077
132R-128-030	REP	85-14-078	137-08-150	AMD-P	85-10-066	139-08-150	AMD	85-08-011
132R-128-040	REP-P	85-05-007	137-08-150	AMD	85-13-020	139-08-240	AMD-P	85-03-077
132R-128-040	REP	85-14-078	137-28-030	AMD-P	85-05-048	139-08-240	AMD	85-08-011
132R-128-050	REP-P	85-05-007	137-28-030	AMD	85-08-026	139-08-270	AMD-P	85-03-077
132R-128-050	REP	85-14-078	137-52-005	NEW-P	85-03-104	139-08-270	AMD	85-08-011
132R-128-060	REP-P	85-05-007	137-52-005	NEW	85-07-042	139-08-280	AMD-P	85-03-077
132R-128-060	REP	85-14-078	137-52-010	NEW-P	85-03-104	139-08-280	AMD	85-08-011
132R-128-070	REP-P	85-05-007	137-52-010	NEW	85-07-042	139-08-290	AMD-P	85-03-077
132R-128-070	REP	85-14-078	137-52-015	NEW-P	85-03-104	139-08-290	AMD	85-08-011
132R-128-080	REP-P	85-05-007	137-52-015	NEW	85-07-042	139-08-320	AMD-P	85-03-077
132R-128-080	REP	85-14-078	137-52-020	NEW-P	85-03-104	139-08-320	AMD	85-08-011
132R-128-090	REP-P	85-05-007	137-52-020	NEW	85-07-042	139-08-330	AMD-P	85-03-077
132R-128-090	REP	85-14-078	137-52-025	NEW-P	85-03-104	139-08-330	AMD	85-08-011
132R-128-100	REP-P	85-05-007	137-52-025	NEW	85-07-042	139-08-350	AMD-P	85-03-077
132R-128-100	REP	85-14-078	137-52-030	NEW-P	85-03-104	139-08-350	AMD	85-08-011
132R-128-110	REP-P	85-05-007	137-52-030	NEW	85-07-042	139-08-360	AMD-P	85-03-077
132R-128-110	REP	85-14-078	137-52-030	AMD-P	85-17-056	139-08-360	AMD	85-08-011
132R-128-120	REP-P	85-05-007	137-52-030	AMD	85-20-081	139-08-370	AMD-P	85-03-077
132R-128-120	REP	85-14-078	137-52-035	NEW-P	85-03-104	139-08-370	AMD	85-08-011
132R-128-121	REP-P	85-05-007	137-52-035	NEW	85-07-042	139-08-390	REP-P	85-03-077
132R-128-121	REP	85-14-078	137-52-040	NEW-P	85-03-104	139-08-390	REP	85-08-011
132R-128-122	REP-P	85-05-007	137-52-040	NEW	85-07-042	139-08-400	REP-P	85-03-077
132R-128-122	REP	85-14-078	137-52-045	NEW-P	85-03-104	139-08-400	REP	85-08-011
132R-128-130	REP-P	85-05-007	137-52-045	NEW	85-07-042	139-08-410	REP-P	85-03-077
132R-128-130	REP	85-14-078	137-52-050	NEW-P	85-03-104	139-08-410	REP	85-08-011
132R-180-010	REP-P	85-05-007	137-52-050	NEW	85-07-042	139-08-420	REP-P	85-03-077
132R-180-010	REP	85-14-078	137-54-010	NEW-P	85-02-067	139-08-420	REP	85-08-011

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139-08-430	REP	85-08-011	173-14-064	AMD-P	85-06-065	173-100-090	NEW-P	85-20-093
139-08-440	REP-P	85-03-077	173-14-064	AMD	85-09-043	173-100-100	NEW-P	85-20-093
139-08-440	REP	85-08-011	173-14-090	AMD-P	85-06-065	173-100-110	NEW-P	85-20-093
139-08-450	REP-P	85-03-077	173-14-090	AMD	85-09-043	173-100-120	NEW-P	85-20-093
139-08-450	REP	85-08-011	173-14-110	AMD-P	85-06-065	173-100-130	NEW-P	85-20-093
139-08-460	REP-P	85-03-077	173-14-115	AMD-P	85-06-065	173-144-010	NEW-E	85-03-075
139-08-460	REP	85-08-011	173-14-115	AMD	85-09-043	173-144-010	NEW-E	85-09-067
139-08-470	REP-P	85-03-077	173-14-130	AMD-P	85-06-065	173-144-020	NEW-E	85-03-075
139-08-470	REP	85-08-011	173-14-130	AMD	85-09-043	173-144-020	NEW-E	85-09-067
139-08-480	REP-P	85-03-077	173-16-030	AMD-P	85-06-065	173-144-030	NEW-E	85-03-075
139-08-480	REP	85-08-011	173-16-030	AMD	85-09-043	173-144-030	NEW-E	85-09-067
139-08-490	REP-P	85-03-077	173-16-070	AMD-P	85-06-065	173-144-040	NEW-E	85-03-075
139-08-490	REP	85-08-011	173-16-070	AMD	85-09-043	173-144-040	NEW-E	85-09-067
139-08-510	REP-P	85-03-077	173-18-380	AMD-P	85-06-065	173-144-050	NEW-E	85-03-075
139-08-510	REP	85-08-011	173-18-380	AMD	85-09-043	173-144-050	NEW-E	85-09-067
139-08-570	AMD-P	85-03-077	173-19-130	AMD-P	85-12-049	173-144-060	NEW-E	85-03-075
139-08-570	AMD	85-08-011	173-19-130	AMD-C	85-16-104	173-144-060	NEW-E	85-09-067
139-08-600	NEW-P	85-03-077	173-19-130	AMD-C	85-17-063	173-144-070	NEW-E	85-03-075
139-08-600	NEW	85-08-011	173-19-130	AMD-C	85-21-017	173-144-070	NEW-E	85-09-067
139-22-020	NEW-P	85-07-040	173-19-2204	AMD-P	85-07-061	173-144-080	NEW-E	85-03-075
139-22-020	NEW-P	85-14-094	173-19-2204	AMD	85-10-030	173-144-080	NEW-E	85-09-067
139-22-020	NEW	85-21-074	173-19-230	AMD-P	85-10-072	173-144-090	NEW-E	85-03-075
139-36-031	AMD-E	85-14-006	173-19-230	AMD	85-12-051	173-144-090	NEW-E	85-09-067
139-36-031	AMD-P	85-14-095	173-19-240	AMD-P	85-06-065	173-145-010	NEW-P	85-10-071
139-36-031	AMD	85-21-073	173-19-240	AMD	85-09-043	173-145-010	NEW	85-14-002
140-08-010	REP	85-03-004	173-19-250	AMD-P	85-10-073	173-145-020	NEW-P	85-10-071
140-08-020	REP	85-03-004	173-19-250	AMD	85-13-054	173-145-020	NEW	85-14-002
140-08-030	REP	85-03-004	173-19-2501	AMD-P	85-10-073	173-145-030	NEW-P	85-10-071
140-08-040	REP	85-03-004	173-19-2501	AMD	85-13-054	173-145-030	NEW	85-14-002
140-08-050	REP	85-03-004	173-19-2511	AMD-P	85-06-065	173-145-040	NEW-P	85-10-071
140-08-060	REP	85-03-004	173-19-2511	AMD	85-09-043	173-145-040	NEW	85-14-002
140-08-070	REP	85-03-004	173-19-2515	AMD-P	85-10-073	173-145-050	NEW-P	85-10-071
140-08-080	REP	85-03-004	173-19-2515	AMD	85-13-054	173-145-050	NEW	85-14-002
140-08-090	REP	85-03-004	173-19-2521	AMD-P	85-16-072	173-145-060	NEW-P	85-10-071
140-08-100	REP	85-03-004	173-19-2521	AMD	85-20-094	173-145-060	NEW	85-14-002
140-08-110	REP	85-03-004	173-19-260	AMD-P	85-05-044	173-145-070	NEW-P	85-10-071
140-09-010	NEW	85-03-004	173-19-260	AMD	85-10-014	173-145-070	NEW	85-14-002
140-09-020	NEW	85-03-004	173-19-2901	AMD-P	85-06-065	173-145-080	NEW-P	85-10-071
140-09-030	NEW	85-03-004	173-19-2901	AMD	85-09-043	173-145-080	NEW	85-14-002
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140-09-050	NEW	85-03-004	173-19-3210	AMD-P	85-05-045	173-145-090	NEW	85-14-002
140-09-058	NEW	85-03-004	173-19-3210	AMD	85-08-016	173-145-100	NEW-P	85-10-071
140-09-065	NEW	85-03-004	173-19-3514	AMD-P	85-05-046	173-145-100	NEW	85-14-002
140-09-080	NEW	85-03-004	173-19-3514	AMD	85-10-013	173-145-110	NEW-P	85-10-071
140-09-090	NEW	85-03-004	173-19-3701	AMD-P	85-06-065	173-145-110	NEW	85-14-002
140-09-100	NEW	85-03-004	173-19-3701	AMD	85-09-043	173-145-120	NEW-P	85-10-071
140-09-110	NEW	85-03-004	173-19-3903	AMD-P	85-06-065	173-145-120	NEW	85-14-002
140-09-120	NEW	85-03-004	173-19-3903	AMD	85-09-043	173-145-130	NEW-P	85-10-071
140-09-128	NEW	85-03-004	173-19-4402	AMD-P	85-13-053	173-145-130	NEW	85-14-002
140-09-130	NEW	85-03-004	173-19-4402	AMD	85-16-105	173-145-140	NEW-P	85-10-071
140-09-140	NEW	85-03-004	173-19-450	AMD-C	85-03-046	173-145-140	NEW	85-14-002
140-09-150	NEW	85-03-004	173-19-450	AMD	85-04-040	173-145-150	NEW-P	85-10-071
140-09-155	NEW	85-03-004	173-19-4506	AMD-P	85-16-073	173-145-150	NEW	85-14-002
140-09-160	NEW	85-03-004	173-19-4506	AMD	85-20-095	173-150	NEW-C	85-08-032
140-09-173	NEW	85-03-004	173-20-120	AMD-P	85-06-065	173-150-010	NEW	85-12-017
140-09-175	NEW	85-03-004	173-20-120	AMD	85-09-043	173-150-020	NEW	85-12-017
140-09-180	NEW	85-03-004	173-20-130	AMD-P	85-06-065	173-150-030	NEW	85-12-017
140-09-185	NEW	85-03-004	173-20-130	AMD	85-09-043	173-150-040	NEW	85-12-017
140-09-200	NEW	85-03-004	173-20-550	AMD-P	85-06-065	173-150-050	NEW	85-12-017
140-09-220	NEW	85-03-004	173-20-550	AMD	85-09-043	173-150-060	NEW	85-12-017
140-09-230	NEW	85-03-004	173-20-700	AMD-P	85-06-065	173-150-070	NEW	85-12-017
142-30-010	AMD-E	85-08-014	173-20-700	AMD	85-09-043	173-150-080	NEW	85-12-017
142-30-010	AMD-P	85-11-071	173-22-040	AMD-P	85-06-065	173-150-090	NEW	85-12-017
142-30-010	AMD-E	85-14-020	173-22-040	AMD	85-09-043	173-150-100	NEW	85-12-017
142-30-010	AMD-C	85-14-040	173-22-060	AMD-P	85-06-065	173-150-110	NEW	85-12-017
142-30-010	AMD-E	85-14-088	173-22-060	AMD	85-09-043	173-150-120	NEW	85-12-017
142-30-010	AMD	85-15-003	173-22-060	AMD-P	85-09-066	173-150-130	NEW	85-12-017
172-144-010	AMD-P	85-21-109	173-22-060	AMD-C	85-13-029	173-150-140	NEW	85-12-017
172-144-020	AMD-P	85-21-109	173-22-060	AMD	85-14-001	173-154	NEW-C	85-08-033
172-144-040	AMD-P	85-21-109	173-100-010	NEW-P	85-20-093	173-154-010	NEW	85-12-018
172-144-050	AMD-P	85-21-109	173-100-020	NEW-P	85-20-093	173-154-020	NEW	85-12-018
172-180-010	AMD-P	85-21-109	173-100-030	NEW-P	85-20-093	173-154-030	NEW	85-12-018
172-180-020	AMD-P	85-21-109	173-100-040	NEW-P	85-20-093	173-154-040	NEW	85-12-018
172-180-040	AMD-P	85-21-109	173-100-050	NEW-P	85-20-093	173-154-050	NEW	85-12-018
173-06-030	AMD-P	85-21-093	173-100-060	NEW-P	85-20-093	173-154-060	NEW	85-12-018
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173-154-110	NEW	85-12-018	173-501-030	NEW-P	85-16-112	180-25-055	NEW	85-09-059
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173-303-071	AMD	85-09-042	173-501-060	NEW-P	85-16-112	180-25-200	NEW-P	85-20-113
173-303-9904	AMD-P	85-05-047	173-501-070	NEW-P	85-16-112	180-25-990	NEW-E	85-16-022
173-303-9904	AMD	85-09-042	173-501-080	NEW-P	85-16-112	180-25-990	REP-E	85-20-025
173-304-010	NEW-P	85-14-027	173-501-090	NEW-P	85-16-112	180-25-991	NEW-E	85-20-025
173-304-010	NEW	85-22-013	173-501-100	NEW-P	85-16-112	180-26-040	AMD-P	85-20-113
173-304-011	NEW-P	85-14-027	173-501-900	NEW-P	85-16-112	180-26-050	NEW-P	85-20-113
173-304-011	NEW	85-22-013	173-516	NEW-C	85-20-054	180-26-055	NEW-P	85-20-113
173-304-015	NEW-P	85-14-027	173-516-010	NEW-P	85-12-050	180-26-060	NEW-P	85-20-113
173-304-015	NEW	85-22-013	173-516-020	NEW-P	85-12-050	180-26-200	NEW-P	85-20-113
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173-304-190	NEW-P	85-14-027	173-516-070	NEW-P	85-12-050	180-27-058	NEW	85-04-008
173-304-190	NEW	85-22-013	173-516-080	NEW-P	85-12-050	180-27-058	AMD-P	85-20-114
173-304-195	NEW-P	85-14-027	173-516-090	NEW-P	85-12-050	180-27-059	NEW-P	85-20-114
173-304-195	NEW	85-22-013	173-516-100	NEW-P	85-12-050	180-27-060	AMD-P	85-20-114
173-304-200	NEW-P	85-14-027	174-104-010	AMD-P	85-06-074	180-27-063	NEW-P	85-20-114
173-304-200	NEW	85-22-013	174-104-010	AMD	85-10-049	180-27-085	AMD-P	85-20-114
173-304-300	NEW-P	85-14-027	174-107-230	REP-P	85-14-034	180-27-105	AMD-P	85-20-114
173-304-300	NEW	85-22-013	174-107-230	REP	85-21-051	180-27-115	AMD-P	85-20-114
173-304-400	NEW-P	85-14-027	174-107-240	REP-P	85-14-034	180-27-990	NEW-P	85-09-062
173-304-400	NEW	85-22-013	174-107-240	REP	85-21-051	180-27-990	NEW-E	85-09-065
173-304-405	NEW-P	85-14-027	174-107-250	REP-P	85-14-034	180-27-990	NEW	85-12-040
173-304-405	NEW	85-22-013	174-107-250	REP	85-21-051	180-29-021	NEW-P	85-20-115
173-304-410	NEW-P	85-14-027	174-107-260	REP-P	85-14-034	180-29-107	AMD-P	85-20-113
173-304-410	NEW	85-22-013	174-107-260	REP	85-21-051	180-29-108	NEW-P	85-20-113
173-304-420	NEW-P	85-14-027	174-107-270	REP-P	85-14-034	180-29-200	NEW-P	85-20-113
173-304-420	NEW	85-22-013	174-107-270	REP	85-21-051	180-33-015	AMD-P	85-06-069
173-304-430	NEW-P	85-14-027	174-107-280	REP-P	85-14-034	180-33-015	AMD	85-09-060
173-304-430	NEW	85-22-013	174-107-280	REP	85-21-051	180-33-015	AMD-E	85-09-064
173-304-440	NEW-P	85-14-027	174-107-290	REP-P	85-14-034	180-33-015	AMD-P	85-20-116
173-304-440	NEW	85-22-013	174-107-290	REP	85-21-051	180-33-025	AMD-P	85-20-116
173-304-450	NEW-P	85-14-027	174-107-300	REP-P	85-14-034	180-33-030	AMD-P	85-20-116
173-304-450	NEW	85-22-013	174-107-300	REP	85-21-051	180-33-035	AMD-P	85-20-116
173-304-460	NEW-P	85-14-027	174-107-310	REP-P	85-14-034	180-33-042	NEW-P	85-06-069
173-304-460	NEW	85-22-013	174-107-310	REP	85-21-051	180-33-042	NEW	85-09-060
173-304-461	NEW-P	85-14-027	174-107-320	REP-P	85-14-034	180-33-042	NEW-E	85-09-064
173-304-461	NEW	85-22-013	174-107-320	REP	85-21-051	180-33-043	NEW-P	85-06-069
173-304-462	NEW-P	85-14-027	174-107-330	REP-P	85-14-034	180-33-043	NEW	85-09-060
173-304-462	NEW	85-22-013	174-107-330	REP	85-21-051	180-33-043	NEW-E	85-09-064
173-304-463	NEW-P	85-14-027	174-107-340	REP-P	85-14-034	180-38-005	NEW-E	85-16-021
173-304-463	NEW	85-22-013	174-107-340	REP	85-21-051	180-38-005	NEW-P	85-16-035
173-304-470	NEW-P	85-14-027	174-107-350	REP-P	85-14-034	180-38-005	NEW	85-20-040
173-304-470	NEW	85-22-013	174-107-350	REP	85-21-051	180-38-010	NEW-E	85-16-021
173-304-490	NEW-P	85-14-027	174-116-040	AMD	85-03-048	180-38-010	NEW-P	85-16-035
173-304-490	NEW	85-22-013	174-116-123	AMD-P	85-14-112	180-38-010	NEW	85-20-040
173-304-600	NEW-P	85-14-027	177-04-010	REP-P	85-11-042	180-38-020	NEW-E	85-16-021
173-304-600	NEW	85-22-013	177-04-010	REP	85-15-012	180-38-020	NEW	85-20-040
173-304-700	NEW-P	85-14-027	177-04-030	REP-P	85-11-042	180-38-025	NEW-E	85-16-021
173-304-700	NEW	85-22-013	177-04-030	REP	85-15-012	180-38-025	NEW-P	85-16-035
173-304-9901	NEW-P	85-14-027	177-04-050	REP-P	85-11-042	180-38-025	NEW	85-20-040
173-304-9901	NEW	85-22-013	177-04-050	REP	85-15-012	180-38-030	NEW-E	85-16-021
173-400-030	AMD	85-06-046	177-06-010	REP-P	85-11-042	180-38-030	NEW-P	85-16-035
173-400-075	AMD	85-06-046	177-06-010	REP	85-15-012	180-38-030	NEW	85-20-040
173-400-100	AMD	85-06-046	177-06-020	REP-P	85-11-042	180-38-035	NEW-E	85-16-021
173-400-115	AMD	85-06-046	177-06-020	REP	85-15-012	180-38-035	NEW-P	85-16-035
173-403-030	AMD	85-06-047	177-08-010	REP-P	85-11-042	180-38-035	NEW	85-20-040
173-403-030	AMD-E	85-07-011	177-08-010	REP	85-15-012	180-38-040	NEW-E	85-16-021
173-403-050	AMD	85-06-047	180-25-010	AMD-P	85-20-113	180-38-040	NEW-P	85-16-035
173-403-050	AMD-E	85-07-011	180-25-025	AMD-P	85-20-113	180-38-040	NEW	85-20-040
173-403-070	AMD	85-06-047	180-25-030	AMD-P	85-20-113	180-38-045	NEW-E	85-16-021
173-403-070	AMD-E	85-07-011	180-25-035	AMD-P	85-20-113	180-38-045	NEW-P	85-16-035
173-403-080	AMD	85-06-047	180-25-037	NEW-P	85-20-113	180-38-045	NEW	85-20-040
173-403-080	AMD-E	85-07-011	180-25-040	AMD-P	85-06-070	180-38-050	NEW-E	85-16-021
173-405-021	AMD	85-06-048	180-25-040	AMD	85-09-059	180-38-050	NEW-P	85-16-035
173-405-041	NEW	85-06-048	180-25-040	AMD-E	85-09-063	180-38-050	NEW	85-20-040
173-410-021	AMD	85-06-048	180-25-040	AMD-P	85-20-113	180-38-055	NEW-E	85-16-021
173-410-042	NEW	85-06-048	180-25-045	AMD-P	85-06-070	180-38-055	NEW-P	85-16-035
173-415-020	AMD	85-06-048	180-25-045	AMD	85-09-059	180-38-055	NEW	85-20-040
173-415-041	NEW	85-06-048						

Table of WAC Sections Affected

WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
180-38-060	NEW-E	85-16-021	180-90-110	AMD-P	85-20-118	192-30-050	NEW-P	85-19-066
180-38-060	NEW-P	85-16-035	180-90-112	NEW-P	85-20-118	192-30-060	NEW-E	85-19-065
180-38-060	NEW	85-20-040	180-90-115	NEW-P	85-20-118	192-30-060	NEW-P	85-19-066
180-38-065	NEW-E	85-16-021	180-90-119	NEW-P	85-20-118	192-30-100	NEW-E	85-19-065
180-38-065	NEW-P	85-16-035	180-90-120	AMD-P	85-20-118	192-30-100	NEW-P	85-19-066
180-38-065	NEW	85-20-040	180-90-123	NEW-P	85-20-118	192-30-100	NEW	85-22-071
180-38-070	NEW-E	85-16-021	180-90-130	AMD-P	85-20-118	192-30-200	NEW-E	85-19-065
180-38-070	NEW-P	85-16-035	180-90-133	NEW-P	85-20-118	192-30-200	NEW-P	85-19-066
180-38-070	NEW	85-20-040	180-90-135	NEW-P	85-20-118	192-30-200	NEW	85-22-071
180-40-215	AMD	85-04-009	180-90-137	NEW-P	85-20-118	192-30-210	NEW-P	85-19-066
180-40-227	NEW	85-04-009	180-90-139	NEW-P	85-20-118	192-30-210	NEW	85-22-071
180-40-227	AMD-E	85-06-035	180-90-140	REP-P	85-20-118	192-30-220	NEW-P	85-19-066
180-40-227	AMD-P	85-06-071	180-90-145	AMD-P	85-20-118	192-30-220	NEW	85-22-071
180-40-227	AMD	85-09-049	180-90-150	AMD-P	85-20-118	192-30-230	NEW-P	85-19-066
180-40-245	AMD-P	85-09-058	180-90-160	AMD-P	85-20-118	192-30-230	NEW	85-22-071
180-40-245	AMD	85-12-042	192-09-040	AMD-P	85-08-030	196-04-030	NEW	85-04-030
180-40-260	AMD-P	85-09-058	192-09-040	AMD	85-11-038	196-04-040	NEW	85-04-030
180-40-260	AMD	85-12-042	192-09-060	AMD-P	85-08-030	204-66-010	REP-P	85-17-058
180-40-275	AMD-P	85-09-058	192-09-060	AMD	85-11-038	204-66-010	REP	85-20-100
180-50-120	AMD	85-04-007	192-09-060	AMD-E	85-18-076	204-66-020	REP-P	85-17-058
180-50-120	AMD-P	85-09-052	192-09-060	AMD-P	85-18-077	204-66-020	REP	85-20-100
180-50-120	AMD	85-12-037	192-09-060	AMD	85-21-023	204-66-030	REP-P	85-17-058
180-50-135	AMD-P	85-16-036	192-09-063	AMD-P	85-08-030	204-66-030	REP	85-20-100
180-50-135	AMD	85-20-026	192-09-063	AMD	85-11-038	204-66-040	REP-P	85-17-058
180-50-315	AMD-P	85-09-052	192-12-018	NEW-E	85-18-076	204-66-040	REP	85-20-100
180-50-315	AMD	85-12-037	192-12-018	NEW-P	85-18-077	204-66-050	REP-P	85-17-058
180-51-050	AMD-P	85-09-053	192-12-018	NEW	85-22-045	204-66-050	REP	85-20-100
180-51-050	AMD	85-12-041	192-12-019	NEW-E	85-18-076	204-66-060	REP-P	85-17-058
180-51-055	AMD-P	85-09-053	192-12-019	NEW-P	85-18-077	204-66-060	REP	85-20-100
180-51-055	AMD	85-12-041	192-12-019	NEW	85-21-023	204-66-070	REP-P	85-17-058
180-51-060	AMD-P	85-09-053	192-12-040	AMD-P	85-08-030	204-66-070	REP	85-20-100
180-51-060	AMD	85-12-041	192-12-040	AMD	85-11-038	204-66-080	REP-P	85-17-058
180-51-062	NEW-P	85-09-053	192-12-070	AMD-P	85-08-030	204-66-080	REP	85-20-100
180-51-062	NEW	85-12-041	192-12-070	AMD	85-11-038	204-66-090	REP-P	85-17-058
180-51-065	AMD-P	85-09-053	192-12-072	NEW-P	85-08-030	204-66-090	REP	85-20-100
180-51-065	AMD	85-12-041	192-12-072	NEW	85-11-038	204-66-100	REP-P	85-17-058
180-51-070	AMD-P	85-09-053	192-12-074	NEW-P	85-08-030	204-66-100	REP	85-20-100
180-51-070	AMD	85-12-041	192-12-074	NEW	85-11-038	204-66-110	REP-P	85-17-058
180-51-075	AMD-P	85-09-053	192-12-076	NEW-P	85-08-030	204-66-110	REP	85-20-100
180-51-075	AMD	85-12-041	192-12-076	NEW	85-11-038	204-66-120	REP-P	85-17-058
180-51-080	AMD-P	85-09-053	192-12-157	REP-P	85-18-078	204-66-120	REP	85-20-100
180-51-080	AMD	85-12-041	192-12-157	REP	85-21-024	204-66-130	REP-P	85-17-058
180-51-085	AMD-P	85-09-053	192-26-010	NEW-E	85-14-056	204-66-130	REP	85-20-100
180-51-085	AMD	85-12-041	192-26-010	REP-E	85-19-065	204-66-140	REP-P	85-17-058
180-51-100	AMD-P	85-09-053	192-26-030	NEW-E	85-14-056	204-66-140	REP	85-20-100
180-51-100	AMD	85-12-041	192-26-030	REP-E	85-19-065	204-66-150	REP-P	85-17-058
180-51-110	AMD-P	85-09-053	192-26-040	NEW-E	85-14-056	204-66-150	REP	85-20-100
180-51-110	AMD	85-12-041	192-26-040	REP-E	85-19-065	204-66-160	REP-P	85-17-058
180-52-040	REP-P	85-16-037	192-26-050	NEW-E	85-14-056	204-66-160	REP	85-20-100
180-52-040	REP	85-20-041	192-26-050	REP-E	85-19-065	204-66-170	REP-P	85-17-058
180-52-045	REP-P	85-16-037	192-26-100	NEW-E	85-14-056	204-66-170	REP	85-20-100
180-52-045	REP	85-20-041	192-26-100	REP-E	85-19-065	204-66-180	REP-P	85-17-058
180-52-050	REP-P	85-16-037	192-28-100	NEW-P	85-18-078	204-66-180	REP	85-20-100
180-52-050	REP	85-20-041	192-28-100	NEW	85-21-024	204-66-190	REP-P	85-17-058
180-52-055	REP-P	85-16-037	192-28-105	NEW-P	85-18-078	204-66-190	REP	85-20-100
180-52-055	REP	85-20-041	192-28-105	NEW	85-21-024	204-66-200	REP-P	85-17-058
180-52-060	REP-P	85-16-037	192-28-110	NEW-P	85-18-078	204-66-200	REP	85-20-100
180-52-060	REP	85-20-041	192-28-110	NEW	85-21-024	204-82-010	NEW-P	85-17-059
180-52-065	REP-P	85-16-037	192-28-115	NEW-P	85-18-078	204-82-010	NEW	85-20-089
180-52-065	REP	85-20-041	192-28-115	NEW	85-21-024	204-82-020	NEW-P	85-17-059
180-53-005	NEW-P	85-20-117	192-28-120	NEW-P	85-18-078	204-82-020	NEW	85-20-089
180-53-010	NEW-P	85-20-117	192-28-120	NEW	85-21-024	204-82-030	NEW-P	85-17-059
180-53-020	NEW-P	85-20-117	192-28-125	NEW-P	85-18-078	204-82-030	NEW	85-20-089
180-53-025	NEW-P	85-20-117	192-28-125	NEW	85-21-024	204-82-040	NEW-P	85-17-059
180-53-030	NEW-P	85-20-117	192-30-010	NEW-E	85-19-065	204-82-040	NEW	85-20-089
180-53-035	NEW-P	85-20-117	192-30-010	NEW-P	85-19-066	204-82-050	NEW-P	85-17-059
180-53-040	NEW-P	85-20-117	192-30-010	NEW	85-22-071	204-82-050	NEW	85-20-089
180-53-045	NEW-P	85-20-117	192-30-020	NEW-E	85-19-065	204-82-060	NEW-P	85-17-059
180-53-050	NEW-P	85-20-117	192-30-020	NEW-P	85-19-066	204-82-060	NEW	85-20-089
180-53-055	NEW-P	85-20-117	192-30-020	NEW	85-22-071	204-91-010	NEW-P	85-17-058
180-53-060	NEW-P	85-20-117	192-30-030	NEW-E	85-19-065	204-91-010	NEW	85-20-100
180-53-065	NEW-P	85-20-117	192-30-030	NEW-P	85-19-066	204-91-020	NEW-P	85-17-058
180-75-065	AMD-E	85-12-036	192-30-030	NEW	85-22-071	204-91-020	NEW	85-20-100
180-75-065	AMD-P	85-12-044	192-30-040	NEW-E	85-19-065	204-91-030	NEW-P	85-17-058
180-75-065	AMD	85-16-020	192-30-040	NEW-P	85-19-066	204-91-030	NEW	85-20-100
180-78-050	AMD	85-04-010	192-30-040	NEW	85-22-071	204-91-040	NEW-P	85-17-058
180-90-105	NEW-P	85-20-118	192-30-050	NEW-E	85-19-065	204-91-040	NEW	85-20-100

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WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
204-91-050	NEW-P	85-17-058	220-16-340	AMD-C	85-09-016	220-28-518	REP-E	85-21-040
204-91-050	NEW	85-20-100	220-16-340	AMD	85-09-017	220-28-519	NEW-E	85-21-040
204-91-060	NEW-P	85-17-058	220-16-34000A	NEW-E	85-08-005	220-28-519	REP-E	85-21-070
204-91-060	NEW	85-20-100	220-20-010	AMD-P	85-03-110	220-28-520	NEW-E	85-21-070
204-91-070	NEW-P	85-17-058	220-20-010	AMD-P	85-04-065	220-48-520	REP-E	85-22-048
204-91-070	NEW	85-20-100	220-20-010	AMD	85-08-023	220-28-521	NEW-E	85-22-048
204-91-080	NEW-P	85-17-058	220-20-010	AMD-C	85-09-016	220-32-02200M	NEW-E	85-04-012
204-91-080	NEW	85-20-100	220-20-010	AMD	85-09-017	220-32-02200N	REP-E	85-04-049
204-91-100	NEW-P	85-17-058	220-20-01000J	NEW-E	85-08-005	220-32-02200N	NEW-E	85-04-049
204-91-100	NEW	85-20-100	220-20-01000K	NEW-E	85-09-011	220-32-03000P	NEW-E	85-05-035
204-91-110	NEW-P	85-17-058	220-20-016	AMD-P	85-07-065	220-32-03000P	REP-E	85-07-002
204-91-110	NEW	85-20-100	220-20-016	AMD-C	85-09-034	220-32-03000Q	NEW-E	85-07-002
204-91-120	NEW-P	85-17-058	220-20-016	AMD	85-11-020	220-32-03000R	NEW-E	85-14-005
204-91-120	NEW	85-20-100	220-20-021	AMD-P	85-04-065	220-32-03000R	REP-E	85-14-022
204-91-130	NEW-P	85-17-058	220-20-021	AMD	85-08-023	220-32-03000S	NEW-E	85-14-022
204-91-130	NEW	85-20-100	220-20-02100B	NEW-E	85-09-011	220-32-03000S	REP-E	85-19-058
204-91-140	NEW-P	85-17-058	220-20-02100B	REP-E	85-09-036	220-32-03000T	NEW-E	85-19-058
204-91-140	NEW	85-20-100	220-20-02100C	NEW-E	85-09-036	220-32-03000T	REP-E	85-20-014
204-91-150	NEW-P	85-17-058	220-20-030	REP-P	85-08-038	220-32-03000U	NEW-E	85-20-014
204-91-150	NEW	85-20-100	220-20-030	REP-C	85-13-031	220-32-03000U	REP-E	85-20-037
204-91-160	NEW-P	85-17-058	220-20-030	REP	85-13-032	220-32-03000V	NEW-E	85-20-037
204-91-160	NEW	85-20-100	220-20-03800A	NEW-E	85-11-039	220-32-03000V	REP-E	85-21-049
204-91-170	NEW-P	85-17-058	220-20-03800A	REP-E	85-14-060	220-32-03000W	NEW-E	85-21-049
204-91-170	NEW	85-20-100	220-22-01000A	NEW-E	85-19-018	220-32-03000W	REP-E	85-22-052
204-91-180	NEW-P	85-17-058	220-22-02000C	NEW-E	85-21-018	220-32-03000X	NEW-E	85-22-052
204-91-180	NEW	85-20-100	220-22-030	AMD-P	85-08-038	220-32-03600S	NEW-E	85-21-076
204-91-190	NEW-P	85-17-058	220-22-030	AMD-C	85-13-031	220-32-04000W	NEW-E	85-08-021
204-91-190	NEW	85-20-100	220-22-030	AMD	85-13-032	220-32-04100H	NEW-E	85-12-028
204-91-200	NEW-P	85-17-058	220-24-02000C	NEW-E	85-10-010	220-32-04200F	NEW-E	85-03-044
204-91-200	NEW	85-20-100	220-24-02000C	REP-E	85-11-031	220-32-04200F	REP-E	85-06-014
204-93-010	NEW-P	85-17-060	220-24-02000D	NEW-E	85-11-031	220-32-04200G	NEW-E	85-06-014
204-93-010	NEW	85-20-090	220-24-02000D	REP-E	85-11-057	220-32-04200G	REP-E	85-06-034
204-93-020	NEW-P	85-17-060	220-24-02000E	NEW-E	85-11-057	220-32-04200H	NEW-E	85-06-034
204-93-020	NEW	85-20-090	220-24-02000E	REP-E	85-15-030	220-32-05100I	NEW-E	85-08-001
204-93-030	NEW-P	85-17-060	220-24-02000F	NEW-E	85-15-030	220-32-05100J	NEW-E	85-14-005
204-93-030	NEW	85-20-090	220-24-02000F	REP-E	85-15-065	220-32-05100J	REP-E	85-14-022
204-93-040	NEW-P	85-17-060	220-24-02000G	NEW-E	85-15-065	220-32-05100K	NEW-E	85-14-022
204-93-040	NEW	85-20-090	220-24-02000G	REP-E	85-16-061	220-32-05100K	REP-E	85-14-038
204-93-050	NEW-P	85-17-060	220-24-02000H	NEW-E	85-16-061	220-32-05100L	NEW-E	85-14-038
204-93-050	NEW	85-20-090	220-24-02000H	REP-E	85-17-067	220-32-05100L	REP-E	85-15-005
204-93-060	NEW-P	85-17-060	220-24-02000I	NEW-E	85-17-067	220-32-05100M	NEW-E	85-15-005
204-93-060	NEW	85-20-090	220-28-440	REP-E	85-03-037	220-32-05100M	REP-E	85-17-025
204-93-070	NEW-P	85-17-060	220-28-501	NEW-E	85-10-011	220-32-05100N	NEW-E	85-17-025
204-93-070	NEW	85-20-090	220-28-501	REP-E	85-12-013	220-32-05100N	REP-E	85-18-029
204-93-080	NEW-P	85-17-060	220-28-502	NEW-E	85-12-013	220-32-05100P	NEW-E	85-18-029
204-93-080	NEW	85-20-090	220-28-502	REP-E	85-13-014	220-32-05100P	REP-E	85-18-035
204-93-090	NEW-P	85-17-060	220-28-503	NEW-E	85-13-014	220-32-05100Q	NEW-E	85-18-035
204-93-090	NEW	85-20-090	220-28-503	REP-E	85-14-082	220-32-05100Q	REP-E	85-19-018
204-93-100	NEW-P	85-17-060	220-28-504	NEW-E	85-14-082	220-32-05100R	NEW-E	85-19-018
204-93-100	NEW	85-20-090	220-28-504	REP-E	85-15-035	220-32-05100R	REP-E	85-19-058
204-93-110	NEW-P	85-17-060	220-28-505	NEW-E	85-15-035	220-32-05100S	NEW-E	85-19-058
204-93-110	NEW	85-20-090	220-28-505	REP-E	85-15-071	220-32-05100S	REP-E	85-20-014
204-93-120	NEW-P	85-17-060	220-28-506	NEW-E	85-15-071	220-32-05100T	NEW-E	85-20-014
204-93-120	NEW	85-20-090	220-28-506	REP-E	85-16-081	220-32-05100T	REP-E	85-20-037
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204-93-160	NEW	85-20-090	220-28-510	REP-E	85-17-050	220-32-05500N	NEW-E	85-11-006
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220-57-16000R	NEW-E	85-17-026	220-57-502	NEW	85-09-017	220-69-280	AMD	85-11-020
220-57-16000R	REP-E	85-18-009	220-57-505	AMD-P	85-03-110	220-69-300	NEW-P	85-07-064
220-57-16000S	NEW-E	85-18-009	220-57-505	AMD-C	85-09-016	220-69-300	NEW-C	85-09-033
220-57-16000S	REP-E	85-18-028	220-57-505	AMD	85-09-017	220-69-300	NEW	85-11-021
220-57-16000T	NEW-E	85-18-028	220-57-50500I	NEW-E	85-08-005	220-76-001	REP-E	85-16-013
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220-57-16000U	NEW-E	85-18-053	220-57-510	AMD-P	85-03-110	220-76-015	REP-E	85-16-013
220-57-16000U	REP-E	85-19-004	220-57-510	AMD-C	85-09-016	220-76-016	REP-E	85-16-013
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220-57-16000Y	NEW-E	85-20-067	220-57A-010	AMD	85-09-017	220-95-012	REP	85-11-011
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230-04-201	AMD-E	85-03-028	230-30-104	AMD	85-03-024	232-28-507	REP	85-19-081
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230-04-201	AMD-P	85-22-031	230-40-030	AMD	85-03-025	232-28-61401	REP-P	85-14-096
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248-18-253	NEW-P	85-20-007	248-58-005	AMD-P	85-18-079	248-164-050	NEW	85-21-038
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248-18-260	AMD-P	85-02-069	248-58-010	AMD-P	85-18-079	248-164-060	NEW	85-21-038
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248-18-568	NEW-P	85-20-007	248-58-090	AMD	85-21-048	250-40-070	AMD-E	85-14-058
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248-31-110	NEW	85-04-054	248-164-010	NEW	85-21-038	251-10-035	AMD-P	85-12-047
248-31-120	NEW	85-04-054	248-164-020	NEW-P	85-18-080	251-10-035	AMD	85-16-038
248-31-130	NEW	85-04-054	248-164-020	NEW	85-21-038	251-10-055	AMD-P	85-14-046
248-31-140	NEW	85-04-054	248-164-030	NEW-P	85-18-080	251-10-055	AMD	85-20-050
248-31-150	NEW	85-04-054	248-164-030	NEW	85-21-038	251-10-110	AMD-P	85-17-073

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251-10-120	AMD-P	85-03-008	251-22-040	AMD-E	85-15-082	275-32-065	REP-P	85-05-031
251-10-120	AMD	85-06-017	251-22-040	AMD	85-16-038	275-32-065	REP	85-09-003
251-10-120	AMD-P	85-17-073	251-22-060	AMD-P	85-12-047	275-32-075	REP-P	85-05-031
251-12-073	AMD-P	85-12-047	251-22-060	AMD	85-16-038	275-32-075	REP	85-09-003
251-12-073	AMD	85-16-038	251-22-090	AMD-P	85-12-047	275-32-080	REP-P	85-05-031
251-14-035	REP-P	85-06-067	251-22-090	AMD-E	85-15-082	275-32-080	REP	85-09-003
251-14-040	AMD-P	85-06-067	251-22-090	AMD	85-16-038	275-32-085	REP-P	85-05-031
251-14-050	AMD-P	85-06-067	251-22-090	AMD-P	85-17-042	275-32-085	REP	85-09-003
251-14-052	AMD-P	85-06-067	251-22-090	AMD	85-22-023	275-32-095	REP-P	85-05-031
251-14-054	AMD-P	85-06-067	251-22-200	AMD-P	85-12-047	275-32-095	REP	85-09-003
251-14-080	AMD-P	85-18-072	251-22-200	AMD	85-16-038	275-32-105	REP-P	85-05-031
251-14-080	AMD-P	85-18-073	260-32-165	NEW-P	85-12-056	275-32-105	REP	85-09-003
251-14-080	AMD-P	85-18-074	260-48-329	NEW-P	85-10-044	275-32-115	REP-P	85-05-031
251-14-082	NEW-P	85-18-072	260-48-329	NEW-E	85-10-045	275-32-115	REP	85-09-003
251-14-082	NEW-P	85-18-073	260-48-329	NEW	85-14-104	275-32-135	REP-P	85-05-031
251-14-083	NEW-P	85-18-072	260-48-329	NEW-E	85-15-072	275-32-135	REP	85-09-003
251-14-083	NEW-P	85-18-073	260-70-100	AMD-P	85-09-051	275-32-145	REP-P	85-05-031
251-14-084	NEW-P	85-18-072	260-70-100	AMD	85-12-057	275-32-145	REP	85-09-003
251-14-084	NEW-P	85-18-073	261-20	AMD	85-04-026	275-32-155	REP-P	85-05-031
251-14-085	NEW-P	85-18-072	261-20	AMD-P	85-13-045	275-32-155	REP	85-09-003
251-14-085	NEW-P	85-18-073	261-20	AMD	85-16-018	275-32-165	REP-P	85-05-031
251-14-086	NEW-P	85-18-073	261-20-057	NEW	85-04-026	275-32-165	REP	85-09-003
251-14-087	NEW-P	85-18-073	261-20-090	AMD	85-04-026	275-32-175	REP-P	85-05-031
251-14-090	AMD-P	85-18-074	261-40-135	AMD-P	85-19-086	275-32-175	REP	85-09-003
251-18-010	AMD-P	85-12-047	261-40-135	AMD-C	85-22-004	275-34-010	REP-P	85-05-031
251-18-010	AMD	85-16-038	261-40-135	AMD	85-22-036	275-34-010	REP	85-09-003
251-18-010	AMD-P	85-18-075	261-40-150	AMD-P	85-19-086	275-34-020	REP-P	85-05-031
251-18-010	AMD	85-21-031	261-40-150	AMD-C	85-22-004	275-34-020	REP	85-09-003
251-18-035	NEW-P	85-12-047	261-40-150	AMD	85-22-036	275-34-030	REP-P	85-05-031
251-18-035	NEW	85-16-038	261-40-170	NEW-P	85-13-021	275-34-030	REP	85-09-003
251-18-035	AMD-P	85-18-075	261-40-170	NEW-W	85-13-039	275-34-040	REP-P	85-05-031
251-18-035	AMD	85-21-031	261-40-170	NEW-P	85-13-040	275-34-040	REP	85-09-003
251-18-041	NEW-P	85-12-047	261-40-170	NEW-E	85-14-077	275-34-050	REP-P	85-05-031
251-18-041	NEW	85-16-038	261-40-170	NEW	85-16-017	275-34-050	REP	85-09-003
251-18-075	NEW-P	85-12-047	261-50-010	AMD-P	85-14-116	275-34-060	REP-P	85-05-031
251-18-075	NEW	85-16-038	261-50-020	AMD-P	85-14-116	275-34-060	REP	85-09-003
251-18-075	NEW	85-16-038	261-50-020	AMD	85-17-020	275-34-070	REP-P	85-05-031
251-18-095	NEW-P	85-12-047	261-50-030	AMD-P	85-14-116	275-34-070	REP	85-09-003
251-18-095	NEW	85-16-038	261-50-030	AMD	85-17-020	275-34-080	REP-P	85-05-031
251-18-140	AMD-C	85-04-018	261-50-030	AMD	85-17-020	275-34-080	REP	85-09-003
251-18-140	AMD-P	85-12-047	261-50-040	AMD-P	85-14-116	275-34-090	REP-P	85-05-031
251-18-140	AMD	85-16-038	261-50-040	AMD	85-17-020	275-34-090	REP	85-09-003
251-18-145	AMD-P	85-14-046	261-50-045	AMD-P	85-14-116	275-34-090	REP	85-05-031
251-18-145	AMD	85-20-050	261-50-045	AMD	85-17-020	275-34-100	REP-P	85-05-031
251-18-165	NEW-P	85-12-047	261-50-050	AMD-P	85-14-116	275-34-100	REP	85-09-003
251-18-165	NEW	85-16-038	261-50-060	AMD-P	85-14-116	275-34-110	REP-P	85-05-031
251-18-185	AMD-P	85-12-047	261-50-065	AMD-P	85-14-116	275-34-110	REP	85-09-003
251-18-185	AMD	85-16-038	261-50-065	AMD	85-17-020	275-34-120	REP-P	85-05-031
251-18-190	AMD	85-04-019	261-50-070	AMD-P	85-14-116	275-34-120	REP	85-09-003
251-18-200	AMD	85-04-019	261-50-090	NEW-P	85-14-116	275-34-140	REP-P	85-05-031
251-18-240	AMD-P	85-12-047	261-50-090	NEW	85-17-020	275-34-140	REP	85-09-003
251-18-240	AMD-E	85-15-082	262-02-010	NEW-P	85-13-069	275-35-010	NEW-P	85-05-031
251-18-240	AMD	85-16-038	262-02-010	NEW	85-18-031	275-35-010	NEW	85-09-003
251-18-250	AMD-P	85-12-047	262-02-020	NEW-P	85-13-069	275-35-020	NEW-P	85-05-031
251-18-255	NEW-P	85-12-047	262-02-020	NEW	85-18-031	275-35-020	NEW	85-09-003
251-18-255	NEW	85-16-038	262-02-030	NEW-P	85-13-069	275-35-030	NEW-P	85-05-031
251-18-285	NEW-P	85-06-067	262-02-030	NEW	85-18-031	275-35-030	NEW	85-09-003
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251-18-420	AMD-P	85-12-047	263-12-145	AMD-E	85-21-081	275-35-040	NEW	85-09-003
251-18-420	AMD	85-16-038	263-12-150	AMD-E	85-16-015	275-35-050	NEW-P	85-05-031
251-20-010	AMD-P	85-14-046	263-12-150	AMD-E	85-21-081	275-35-050	NEW	85-09-003
251-20-010	AMD-E	85-15-082	275-16-030	AMD-P	85-14-011	275-35-060	NEW-P	85-05-031
251-20-010	AMD	85-20-049	275-16-030	AMD-E	85-14-067	275-35-060	NEW	85-09-003
251-20-030	AMD-P	85-14-046	275-16-030	AMD	85-17-038	275-35-070	NEW-P	85-05-031
251-20-030	AMD-E	85-15-082	275-32-005	REP-P	85-05-031	275-35-070	NEW	85-09-003
251-20-030	AMD	85-20-049	275-32-005	REP	85-09-003	275-35-080	NEW-P	85-05-031
251-20-040	AMD-P	85-14-046	275-32-010	REP-P	85-05-031	275-35-080	NEW	85-09-003
251-20-040	AMD-E	85-15-082	275-32-010	REP	85-09-003	275-35-090	NEW-P	85-05-031
251-20-040	AMD	85-20-049	275-32-015	REP-P	85-05-031	275-35-090	NEW	85-09-003
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251-20-045	REP-E	85-15-082	275-32-025	REP-P	85-05-031	275-35-100	NEW	85-09-003
251-20-045	REP	85-20-049	275-32-025	REP	85-09-003	275-37-010	NEW-P	85-05-031
251-20-050	AMD-P	85-14-046	275-32-035	REP-P	85-05-031	275-37-010	NEW	85-09-003
251-20-050	AMD-E	85-15-082	275-32-035	REP	85-09-003	275-37-020	NEW-P	85-05-031
251-20-050	AMD-P	85-20-107	275-32-045	REP-P	85-05-031	275-37-020	NEW	85-09-003
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275-38-745	AMD-E	85-03-007	275-85-015	REP	85-07-042	296-15-050	AMD-C	85-04-059
275-38-745	AMD	85-06-063	275-85-020	REP-P	85-03-104	296-15-050	AMD	85-06-031
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275-38-785	AMD-E	85-03-007	275-85-025	REP-P	85-03-104	296-15-215	AMD	85-06-031
275-38-785	AMD	85-06-063	275-85-025	REP	85-07-042	296-15-230	AMD-C	85-04-059
275-38-785	AMD-P	85-21-032	275-85-030	REP-P	85-03-104	296-15-230	AMD	85-06-031
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275-38-813	NEW-P	85-21-032	275-85-035	REP	85-07-042	296-15A-010	REP-E	85-21-105
275-38-813	NEW-E	85-21-033	275-85-040	REP-P	85-03-104	296-15A-010	NEW-E	85-21-105
275-38-831	AMD-P	85-03-006	275-85-040	REP	85-07-042	296-15A-020	NEW-E	85-16-024
275-38-831	AMD-E	85-03-007	275-85-045	REP-P	85-03-104	296-15A-020	NEW-P	85-21-104
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296-17-725	AMD-P	85-02-052	296-17-777	AMD-P	85-20-121	296-18-120	REP-P	85-13-082
296-17-725	AMD	85-06-026	296-17-778	AMD-P	85-02-052	296-18-120	REP-C	85-16-074
296-17-725	AMD-P	85-20-121	296-17-778	AMD	85-06-026	296-18-120	REP	85-17-022
296-17-726	AMD-P	85-02-052	296-17-778	AMD-P	85-20-121	296-18-120	REP-E	85-18-007
296-17-726	AMD	85-06-026	296-17-779	AMD-P	85-20-121	296-18-130	REP-E	85-11-050
296-17-726	AMD-P	85-20-121	296-17-850	AMD-P	85-10-067	296-18-130	REP-P	85-13-082
296-17-727	AMD-P	85-02-052	296-17-850	AMD	85-13-046	296-18-130	REP-C	85-16-074
296-17-727	AMD	85-06-026	296-17-850	AMD-E	85-14-064	296-18-130	REP	85-17-022
296-17-727	AMD-P	85-20-121	296-17-850	AMD-P	85-20-121	296-18-130	REP-E	85-18-007
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296-17-729	AMD	85-06-026	296-17-875	AMD-P	85-20-121	296-18-140	REP-P	85-13-082
296-17-729	AMD-P	85-20-121	296-17-880	AMD-P	85-20-121	296-18-140	REP-C	85-16-074
296-17-730	AMD-P	85-02-052	296-17-885	AMD-P	85-02-052	296-18-140	REP	85-17-022
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296-17-735	AMD-P	85-02-052	296-17-895	AMD-P	85-02-052	296-18-160	REP-C	85-16-074
296-17-735	AMD	85-06-026	296-17-895	AMD	85-06-026	296-18-160	REP	85-17-022
296-17-735	AMD-P	85-20-121	296-17-895	AMD-P	85-10-067	296-18-160	REP-E	85-18-007
296-17-736	AMD-P	85-02-052	296-17-895	AMD	85-13-046	296-18-170	REP-E	85-11-050
296-17-736	AMD	85-06-026	296-17-895	AMD-E	85-14-064	296-18-170	REP-P	85-13-082
296-17-736	AMD-P	85-20-121	296-17-895	AMD-P	85-20-121	296-18-170	REP-C	85-16-074
296-17-737	AMD-P	85-20-121	296-17-904	AMD	85-06-025	296-18-170	REP	85-17-022
296-17-738	AMD-P	85-20-121	296-17-910	AMD	85-06-025	296-18-170	REP-E	85-18-007
296-17-739	AMD-P	85-20-121	296-17-911	AMD	85-06-025	296-18-180	REP-E	85-11-050
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296-17-740	AMD	85-06-026	296-17-914	AMD	85-06-025	296-18-180	REP-C	85-16-074
296-17-740	AMD-P	85-20-121	296-17-915	AMD	85-06-025	296-18-180	REP	85-17-022
296-17-741	AMD-P	85-20-121	296-17-916	AMD	85-06-025	296-18-180	REP-E	85-18-007
296-17-742	AMD-P	85-02-052	296-17-917	AMD	85-06-025	296-18-190	REP-E	85-11-050
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296-17-742	AMD-P	85-20-121	296-17-91901	AMD	85-06-025	296-18-190	REP-C	85-16-074
296-17-743	AMD-P	85-20-121	296-17-91902	AMD	85-06-025	296-18-190	REP	85-17-022
296-17-744	AMD-P	85-02-052	296-18	AMD-C	85-17-021	296-18-190	REP-E	85-18-007
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296-17-744	AMD-P	85-20-121	296-18-010	REP-P	85-13-082	296-18-200	REP-E	85-11-050
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296-17-746	AMD-P	85-20-121	296-18-010	REP	85-17-022	296-18-200	REP-P	85-13-082
296-17-747	AMD-P	85-02-052	296-18-010	REP-E	85-18-007	296-18-200	REP-C	85-16-074
296-17-747	AMD	85-06-026	296-18-020	REP-E	85-11-050	296-18-200	REP	85-17-022
296-17-747	AMD-P	85-20-121	296-18-020	REP-P	85-13-082	296-18-200	REP-E	85-18-007
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296-17-749	AMD-P	85-20-121	296-18-020	REP	85-17-022	296-18-205	NEW-W	85-13-025
296-17-750	AMD-P	85-20-121	296-18-020	REP-E	85-18-007	296-18-210	AMD-P	85-06-039
296-17-751	AMD-P	85-20-121	296-18-040	AMD-P	85-03-019	296-18-210	REP-E	85-11-050
296-17-752	AMD-P	85-20-121	296-18-040	AMD-E	85-04-038	296-18-210	AMD-W	85-13-025
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296-17-753	AMD	85-06-026	296-18-040	REP-P	85-13-082	296-18-210	REP-C	85-16-074
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296-17-755	AMD-P	85-20-121	296-18-070	REP-C	85-16-074	296-18-300	REP	85-17-022
296-17-756	AMD-P	85-02-052	296-18-070	REP	85-17-022	296-18-300	REP-E	85-18-007
296-17-756	AMD	85-06-026	296-18-070	REP-E	85-18-007	296-18-310	REP-E	85-11-050
296-17-756	AMD-P	85-20-121	296-18-080	REP-E	85-11-050	296-18-310	REP-P	85-13-082
296-17-757	AMD-P	85-20-121	296-18-080	REP-P	85-13-082	296-18-310	REP-C	85-16-074
296-17-758	AMD-P	85-02-052	296-18-080	REP-C	85-16-074	296-18-310	REP	85-17-022

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296-18-320	REP-P	85-13-082	296-18-460	NEW-E	85-18-007	296-22-017	AMD-P	85-22-081
296-18-320	REP-C	85-16-074	296-18-470	NEW-E	85-11-050	296-22-020	AMD-P	85-22-081
296-18-320	REP	85-17-022	296-18-470	NEW-P	85-13-082	296-22-021	AMD-P	85-22-081
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296-18-330	REP-P	85-13-082	296-18-470	NEW-E	85-18-007	296-22-024	AMD-P	85-22-081
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296-18-340	REP-P	85-13-082	296-18-490	NEW-P	85-13-082	296-22-039	AMD-P	85-22-081
296-18-340	REP-C	85-16-074	296-18-490	NEW-C	85-16-074	296-22-040	AMD-P	85-22-081
296-18-340	REP	85-17-022	296-18-490	NEW	85-17-022	296-22-042	AMD-P	85-22-081
296-18-340	REP-E	85-18-007	296-18-490	NEW-E	85-18-007	296-22-051	AMD-P	85-22-081
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296-18-345	NEW-E	85-04-038	296-18-500	NEW-P	85-13-082	296-22-061	AMD-P	85-22-081
296-18-350	AMD-P	85-03-019	296-18-500	NEW-C	85-16-074	296-22-063	AMD-P	85-22-081
296-18-350	AMD-E	85-04-038	296-18-500	NEW	85-17-022	296-22-067	AMD-P	85-22-081
296-18-350	REP-E	85-11-050	296-18-500	NEW-E	85-18-007	296-22-071	AMD-P	85-22-081
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296-18-350	REP-E	85-18-007	296-18-510	NEW	85-17-022	296-22-087	AMD-P	85-22-081
296-18-360	AMD-P	85-03-019	296-18-510	NEW-E	85-18-007	296-22-091	AMD-P	85-22-081
296-18-360	AMD-E	85-04-038	296-18-520	NEW-E	85-11-050	296-22-095	AMD-P	85-22-081
296-18-360	REP-E	85-11-050	296-18-520	NEW-P	85-13-082	296-22-100	AMD-P	85-22-081
296-18-360	REP-P	85-13-082	296-18-520	NEW-C	85-16-074	296-22-105	AMD-P	85-22-081
296-18-360	REP-C	85-16-074	296-18-520	NEW	85-17-022	296-22-110	AMD-P	85-22-081
296-18-360	REP	85-17-022	296-18-520	NEW-E	85-18-007	296-22-115	AMD-P	85-22-081
296-18-360	REP-E	85-18-007	296-20-010	AMD-P	85-22-081	296-22-116	AMD-P	85-22-081
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296-18-370	REP-E	85-11-050	296-20-02001	AMD-P	85-22-081	296-22-132	NEW-P	85-22-081
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296-18-370	REP-E	85-18-007	296-20-03001	AMD-P	85-22-081	296-22-145	AMD-P	85-22-081
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296-18-390	NEW-P	85-03-019	296-20-035	AMD-P	85-22-081	296-22-150	AMD-P	85-22-081
296-18-390	NEW-E	85-04-038	296-20-045	AMD-P	85-22-081	296-22-155	AMD-P	85-22-081
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296-18-410	NEW-P	85-13-082	296-20-110	AMD-P	85-22-081	296-22-200	AMD-P	85-22-081
296-18-410	NEW-C	85-16-074	296-20-1102	AMD-P	85-22-081	296-22-205	AMD-P	85-22-081
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296-18-420	NEW-P	85-13-082	296-20-125	AMD-P	85-22-081	296-22-215	AMD-P	85-22-081
296-18-420	NEW-C	85-16-074	296-20-170	AMD-P	85-22-081	296-22-220	AMD-P	85-22-081
296-18-420	NEW	85-17-022	296-20-17001	AMD-P	85-22-081	296-22-225	AMD-P	85-22-081
296-18-420	NEW-E	85-18-007	296-20-17002	AMD-P	85-22-081	296-22-230	AMD-P	85-22-081
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296-18-430	NEW-P	85-13-082	296-21-013	AMD-P	85-22-081	296-22-245	AMD-P	85-22-081
296-18-430	NEW-C	85-16-074	296-21-027	AMD-P	85-22-081	296-22-250	AMD-P	85-22-081
296-18-440	NEW-E	85-11-050	296-21-030	AMD-P	85-22-081	296-22-255	AMD-P	85-22-081
296-18-440	NEW-P	85-13-082	296-21-040	AMD-P	85-22-081	296-22-260	AMD-P	85-22-081
296-18-440	NEW-C	85-16-074	296-21-045	AMD-P	85-22-081	296-22-265	AMD-P	85-22-081
296-18-440	NEW	85-17-022	296-21-046	AMD-P	85-22-081	296-22-275	AMD-P	85-22-081
296-18-440	NEW-E	85-18-007	296-21-050	AMD-P	85-22-081	296-22-285	AMD-P	85-22-081
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296-18-445	NEW-C	85-16-074	296-21-062	AMD-P	85-22-081	296-22-305	AMD-P	85-22-081
296-18-445	NEW	85-17-022	296-21-066	AMD-P	85-22-081	296-22-307	AMD-P	85-22-081
296-18-445	NEW-E	85-18-007	296-21-070	AMD-P	85-22-081	296-22-315	AMD-P	85-22-081
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296-18-450	NEW-E	85-18-007	296-21-090	AMD-P	85-22-081	296-22-340	AMD-P	85-22-081
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296-22-405	AMD-P	85-22-081	296-23-9401	REP-P	85-22-081	296-40-940	REP-E	85-11-064
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296-22-440	AMD-P	85-22-081	296-23-9409	REP-C	85-16-074	296-46-910	AMD-E	85-20-066
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296-22-450	AMD-P	85-22-081	296-23-9410	REP-E	85-11-064	296-56-60001	AMD	85-10-004
296-22-455	AMD-P	85-22-081	296-23-9410	REP-P	85-13-082	296-56-60001	AMD-P	85-21-100
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296-23-040	AMD-P	85-22-081	296-23-980	NEW-P	85-22-081	296-56-60023	AMD-P	85-21-100
296-23-045	AMD-P	85-22-081	296-24-19003	AMD-P	85-05-043	296-56-60025	AMD-P	85-21-100
296-23-050	AMD-P	85-22-081	296-24-19003	AMD	85-10-004	296-56-60027	AMD-P	85-21-100
296-23-055	AMD-P	85-22-081	296-24-21705	AMD-P	85-21-100	296-56-60029	AMD-P	85-21-100
296-23-065	AMD-P	85-22-081	296-24-21707	AMD-P	85-21-100	296-56-60031	AMD-P	85-21-100
296-23-079	AMD-P	85-22-081	296-24-21711	AMD-P	85-21-100	296-56-60037	AMD-P	85-21-100
296-23-07902	AMD-P	85-22-081	296-24-31503	AMD-P	85-05-043	296-56-60039	AMD-P	85-21-100
296-23-07903	AMD-P	85-22-081	296-24-31503	AMD	85-10-004	296-56-60041	AMD-P	85-21-100
296-23-07904	AMD-P	85-22-081	296-24-31505	AMD-P	85-05-043	296-56-60043	AMD-P	85-21-100
296-23-07905	AMD-P	85-22-081	296-24-31505	AMD	85-10-004	296-56-60045	AMD-P	85-05-043
296-23-07906	AMD-P	85-22-081	296-24-32003	AMD-P	85-05-043	296-56-60045	AMD	85-10-004
296-23-07907	AMD-P	85-22-081	296-24-32003	AMD	85-10-004	296-56-60049	AMD-P	85-21-100
296-23-125	AMD-P	85-22-081	296-24-33009	AMD-P	85-05-043	296-56-60051	AMD-P	85-21-100
296-23-201	AMD-P	85-22-081	296-24-33009	AMD	85-10-004	296-56-60053	AMD-P	85-21-100
296-23-204	AMD-P	85-22-081	296-24-33011	AMD-P	85-05-043	296-56-60055	AMD-P	85-21-100
296-23-208	AMD-P	85-22-081	296-24-33011	AMD	85-10-004	296-56-60057	AMD-P	85-21-100
296-23-212	AMD-P	85-22-081	296-24-33013	AMD-P	85-05-043	296-56-60059	AMD-P	85-21-100
296-23-216	AMD-P	85-22-081	296-24-33013	AMD	85-10-004	296-56-60060	AMD-P	85-21-100
296-23-221	AMD-P	85-22-081	296-24-33015	AMD-P	85-05-043	296-56-60062	AMD-P	85-21-100
296-23-224	AMD-P	85-22-081	296-24-33015	AMD	85-10-004	296-56-60065	AMD-P	85-21-100
296-23-228	AMD-P	85-22-081	296-24-33017	AMD-P	85-05-043	296-56-60067	AMD-P	85-21-100
296-23-232	AMD-P	85-22-081	296-24-33017	AMD	85-10-004	296-56-60069	AMD-P	85-05-043
296-23-301	AMD-P	85-22-081	296-24-37005	AMD-P	85-05-043	296-56-60069	AMD	85-10-004
296-23-421	AMD-P	85-22-081	296-24-37005	AMD	85-10-004	296-56-60069	AMD-P	85-21-100
296-23-430	AMD-P	85-22-081	296-24-37019	AMD-P	85-05-043	296-56-60073	AMD-P	85-05-043
296-23-440	AMD-P	85-22-081	296-24-37019	AMD	85-10-004	296-56-60073	AMD	85-10-004
296-23-450	AMD-P	85-22-081	296-24-37023	AMD-P	85-05-043	296-56-60073	AMD-P	85-21-100
296-23-460	AMD-P	85-22-081	296-24-37023	AMD	85-10-004	296-56-60075	AMD-P	85-21-100
296-23-470	AMD-P	85-22-081	296-24-40509	AMD-P	85-05-043	296-56-60077	AMD-P	85-05-043
296-23-480	AMD-P	85-22-081	296-24-40509	AMD	85-10-004	296-56-60077	AMD	85-10-004
296-23-485	NEW-P	85-22-081	296-24-47505	AMD-P	85-05-043	296-56-60077	AMD-P	85-21-100
296-23-490	AMD-P	85-22-081	296-24-47505	AMD	85-10-004	296-56-60079	AMD-P	85-21-100
296-23-495	AMD-P	85-22-081	296-27-090	AMD-P	85-21-100	296-56-60081	AMD-P	85-05-043
296-23-50001	AMD-P	85-22-081	296-27-15501	NEW-P	85-21-100	296-56-60081	AMD	85-10-004
296-23-50002	AMD-P	85-22-081	296-27-15503	NEW-P	85-21-100	296-56-60081	AMD-P	85-21-100
296-23-50003	AMD-P	85-22-081	296-27-15505	NEW-P	85-21-100	296-56-60083	AMD-P	85-05-043
296-23-50004	AMD-P	85-22-081	296-27-16009	AMD-P	85-21-100	296-56-60083	AMD	85-10-004
296-23-50005	AMD-P	85-22-081	296-30	AMD-P	85-21-085	296-56-60083	AMD-P	85-21-100
296-23-50006	AMD-P	85-22-081	296-30-010	NEW	85-03-060	296-56-60085	AMD-P	85-05-043
296-23-50008	AMD-P	85-22-081	296-30-010	AMD-P	85-21-085	296-56-60085	AMD	85-10-004
296-23-50009	AMD-P	85-22-081	296-30-020	NEW	85-03-060	296-56-60085	AMD-P	85-21-100
296-23-50012	AMD-P	85-22-081	296-30-020	AMD-P	85-21-085	296-56-60087	AMD-P	85-21-100
296-23-50013	AMD-P	85-22-081	296-30-050	NEW	85-03-060	296-56-60089	AMD-P	85-05-043
296-23-50014	AMD-P	85-22-081	296-30-050	AMD-P	85-21-085	296-56-60089	AMD	85-10-004
296-23-50016	NEW-P	85-22-081	296-30-060	NEW	85-03-060	296-56-60089	AMD-P	85-21-100
296-23-710	AMD-P	85-22-081	296-30-060	AMD-P	85-21-085	296-56-60091	AMD-P	85-21-100
296-23-720	AMD-P	85-22-081	296-30-080	NEW	85-03-060	296-56-60093	AMD-P	85-05-043
296-23-725	AMD-P	85-22-081	296-30-080	AMD-P	85-21-085	296-56-60093	AMD	85-10-004
296-23-910	AMD-P	85-22-081	296-30-081	NEW-P	85-21-085	296-56-60093	AMD-P	85-21-100
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296-23-940	REP-P	85-13-082	296-30-130	NEW	85-03-060	296-56-60097	AMD-P	85-21-100
296-23-940	REP-C	85-16-074	296-30-130	AMD-P	85-21-085	296-56-60098	AMD-P	85-05-043
296-23-940	REP-P	85-22-081	296-30-170	NEW	85-03-060	296-56-60098	AMD	85-10-004

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296-56-60099	AMD	85-10-004	296-56-60235	AMD	85-10-004	296-65-045	NEW-P	85-18-045
296-56-60101	AMD-P	85-21-100	296-56-60235	AMD-P	85-21-100	296-65-045	NEW	85-21-080
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296-56-60107	AMD-P	85-21-100	296-56-60237	AMD	85-10-004	296-104-010	AMD-P	85-20-018
296-56-60109	AMD-P	85-21-100	296-56-60237	AMD-P	85-21-100	296-104-015	AMD-E	85-20-004
296-56-60110	AMD-P	85-21-100	296-56-60239	AMD-P	85-21-100	296-104-015	AMD-P	85-20-018
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296-56-60119	AMD-P	85-21-100	296-56-99002	AMD-P	85-21-100	296-116-120	AMD	85-15-033
296-56-60121	AMD-P	85-21-100	296-56-99003	AMD-P	85-21-100	296-116-185	AMD-P	85-22-063
296-56-60122	NEW-P	85-21-100	296-56-99004	REP-P	85-21-100	296-116-300	AMD-P	85-22-064
296-56-60123	AMD-P	85-21-100	296-56-99005	REP-P	85-21-100	296-124-010	NEW	85-03-065
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296-56-60133	AMD-P	85-21-100	296-62-05405	AMD	85-10-004	296-124-050	NEW	85-03-065
296-56-60135	AMD-P	85-05-043	296-62-05411	AMD-P	85-05-043	296-127-010	AMD-P	85-20-129
296-56-60135	AMD	85-10-004	296-62-05411	AMD	85-10-004	296-127-010	AMD-E	85-21-011
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296-56-60137	REP-P	85-05-043	296-62-05413	AMD	85-10-004	296-127-020	AMD-E	85-21-011
296-56-60137	REP	85-10-004	296-62-05421	AMD-P	85-05-043	296-127-130	NEW-P	85-20-129
296-56-60139	AMD-P	85-21-100	296-62-05421	AMD	85-10-004	296-127-130	NEW-E	85-21-011
296-56-60141	AMD-P	85-21-100	296-62-05425	AMD-P	85-05-043	296-127-140	NEW-P	85-20-129
296-56-60143	AMD-P	85-21-100	296-62-05425	AMD	85-10-004	296-127-140	NEW-E	85-21-011
296-56-60145	AMD-P	85-21-100	296-62-07302	AMD-P	85-05-043	296-127-150	NEW-P	85-20-129
296-56-60147	AMD-P	85-21-100	296-62-07302	AMD	85-10-004	296-127-150	NEW-E	85-21-011
296-56-60151	AMD-P	85-21-100	296-62-07306	AMD-P	85-05-043	296-127-160	NEW-P	85-20-129
296-56-60153	AMD-P	85-21-100	296-62-07306	AMD	85-10-004	296-127-160	NEW-E	85-21-011
296-56-60155	AMD-P	85-21-100	296-62-07353	AMD-P	85-05-043	296-127-170	NEW-P	85-20-129
296-56-60157	AMD-P	85-21-100	296-62-07353	AMD	85-10-004	296-127-170	NEW-E	85-21-011
296-56-60159	AMD-P	85-21-100	296-62-130	AMD-P	85-05-043	296-127-180	NEW-P	85-20-129
296-56-60161	AMD-P	85-21-100	296-62-130	AMD	85-10-004	296-127-180	NEW-E	85-21-011
296-56-60167	AMD-P	85-21-100	296-65-001	NEW-E	85-16-019	296-127-190	NEW-P	85-20-129
296-56-60169	AMD-P	85-21-100	296-65-001	NEW-E	85-18-021	296-127-190	NEW-E	85-21-011
296-56-60171	AMD-P	85-21-100	296-65-001	NEW-P	85-18-045	296-127-200	NEW-P	85-20-129
296-56-60180	AMD-P	85-21-100	296-65-001	NEW	85-21-080	296-127-200	NEW-E	85-21-011
296-56-60182	REP-P	85-05-043	296-65-003	NEW-E	85-16-019	296-127-210	NEW-P	85-20-129
296-56-60182	REP	85-10-004	296-65-003	NEW-E	85-18-021	296-127-210	NEW-E	85-21-011
296-56-60183	AMD-P	85-21-100	296-65-003	NEW-P	85-18-045	296-127-220	NEW-P	85-20-129
296-56-60189	AMD-P	85-21-100	296-65-003	NEW	85-21-080	296-127-220	NEW-E	85-21-011
296-56-60191	AMD-P	85-21-100	296-65-005	NEW-E	85-16-019	296-127-300	NEW-P	85-20-129
296-56-60193	AMD-P	85-21-100	296-65-005	NEW-E	85-18-021	296-127-300	NEW-E	85-21-011
296-56-60195	AMD-P	85-21-100	296-65-005	NEW-P	85-18-045	296-127-310	NEW-P	85-20-129
296-56-60199	AMD-P	85-21-100	296-65-005	NEW	85-21-080	296-127-310	NEW-E	85-21-011
296-56-60201	AMD-P	85-21-100	296-65-010	NEW-E	85-16-019	296-127-320	NEW-P	85-20-129
296-56-60205	AMD-P	85-21-100	296-65-010	NEW-E	85-18-021	296-127-320	NEW-E	85-21-011
296-56-60207	AMD-P	85-21-100	296-65-010	NEW-P	85-18-045	296-150A-005	AMD	85-05-026
296-56-60209	AMD-P	85-05-043	296-65-010	NEW	85-21-080	296-150A-016	AMD	85-05-026
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296-56-60209	AMD-P	85-21-100	296-65-015	NEW-E	85-18-021	296-150A-100	AMD	85-05-026
296-56-60211	AMD-P	85-05-043	296-65-015	NEW-P	85-18-045	296-150A-105	AMD	85-05-026
296-56-60211	AMD	85-10-004	296-65-015	NEW	85-21-080	296-150A-125	AMD	85-05-026
296-56-60211	AMD-P	85-21-100	296-65-020	NEW-E	85-16-019	296-150A-300	AMD	85-05-026
296-56-60215	AMD-P	85-21-100	296-65-020	NEW-E	85-18-021	296-150B-300	AMD	85-05-028
296-56-60217	AMD-P	85-05-043	296-65-020	NEW-P	85-18-045	296-150B-305	AMD	85-05-028
296-56-60217	AMD	85-10-004	296-65-020	NEW	85-21-080	296-150B-310	AMD	85-05-028
296-56-60217	AMD-P	85-21-100	296-65-025	NEW-E	85-16-019	296-150B-990	AMD	85-05-027
296-56-60219	AMD-P	85-05-043	296-65-025	NEW-E	85-18-021	296-155-003	AMD-P	85-21-099
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296-56-60221	AMD-P	85-21-100	296-65-030	NEW-E	85-16-019	296-155-010	AMD-P	85-21-099
296-56-60223	AMD-P	85-21-100	296-65-030	NEW-E	85-18-021	296-155-012	AMD-P	85-21-099
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296-56-60229	AMD-P	85-21-100	296-65-040	NEW-E	85-16-019	296-155-100	AMD-P	85-21-099
296-56-60231	AMD-P	85-21-100	296-65-040	NEW-E	85-18-021	296-155-100	AMD-P	85-21-099
296-56-60233	AMD-P	85-05-043	296-65-040	NEW-P	85-18-045	296-155-110	AMD-P	85-21-099
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296-155-140	AMD-P	85-21-099	296-155-570	AMD-P	85-21-099	296-310-230	NEW-P	85-21-086
296-155-155	AMD-P	85-21-099	296-155-575	AMD-P	85-21-099	296-310-240	NEW-P	85-21-086
296-155-160	AMD-P	85-21-099	296-155-576	AMD-P	85-21-099	296-310-250	NEW-P	85-21-086
296-155-165	AMD-P	85-21-099	296-155-580	AMD-P	85-21-099	296-310-260	NEW-P	85-21-086
296-155-200	AMD-P	85-21-099	296-155-605	AMD-P	85-21-099	296-310-270	NEW-P	85-21-086
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296-155-305	AMD-P	85-21-099	296-155-665	AMD	85-10-004	296-402-050	NEW	85-20-130
296-155-325	AMD-P	85-21-099	296-155-665	AMD-P	85-21-099	296-402-060	NEW-P	85-14-033
296-155-330	AMD-P	85-21-099	296-155-66501	AMD-P	85-21-099	296-402-060	NEW	85-20-130
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296-155-34912	AMD-P	85-21-099	296-155-690	AMD-P	85-21-099	296-402-080	NEW-P	85-14-033
296-155-34913	AMD-P	85-21-099	296-155-695	AMD-P	85-21-099	296-402-080	NEW	85-20-130
296-155-34914	AMD-P	85-21-099	296-155-700	AMD-P	85-21-099	296-402-090	NEW-P	85-14-033
296-155-34920	AMD-P	85-21-099	296-155-705	AMD-P	85-21-099	296-402-090	NEW	85-20-130
296-155-355	AMD-P	85-21-099	296-155-720	AMD-P	85-21-099	296-402-100	NEW-P	85-14-033
296-155-360	AMD-P	85-21-099	296-155-725	AMD-P	85-21-099	296-402-100	NEW	85-20-130
296-155-363	NEW-P	85-21-099	296-155-730	AMD-P	85-21-099	296-402-110	NEW-P	85-14-033
296-155-36301	NEW-P	85-21-099	296-155-750	AMD-P	85-21-099	296-402-110	NEW	85-20-130
296-155-36303	NEW-P	85-21-099	296-155-760	REP-P	85-21-099	296-402-120	NEW-P	85-14-033
296-155-36305	NEW-P	85-21-099	296-155-765	AMD-P	85-21-099	296-402-120	NEW	85-20-130
296-155-36307	NEW-P	85-21-099	296-155-775	AMD-P	85-21-099	296-402-130	NEW-P	85-14-033
296-155-36309	NEW-P	85-21-099	296-155-830	AMD-P	85-21-099	296-402-130	NEW	85-20-130
296-155-36311	NEW-P	85-21-099	296-155-850	REP-P	85-21-099	296-402-140	NEW-P	85-14-033
296-155-36313	NEW-P	85-21-099	296-155-855	REP-P	85-21-099	296-402-140	NEW	85-20-130
296-155-36315	NEW-P	85-21-099	296-155-860	REP-P	85-21-099	296-402-150	NEW-P	85-14-033
296-155-36317	NEW-P	85-21-099	296-155-865	REP-P	85-21-099	296-402-150	NEW	85-20-130
296-155-36319	NEW-P	85-21-099	296-155-870	REP-P	85-21-099	296-402-160	NEW-P	85-14-033
296-155-36321	NEW-P	85-21-099	296-155-875	REP-P	85-21-099	296-402-160	NEW	85-20-130
296-155-365	AMD-P	85-21-099	296-155-880	REP-P	85-21-099	296-402-170	NEW-P	85-14-033
296-155-367	NEW-P	85-21-099	296-155-885	REP-P	85-21-099	296-402-170	NEW	85-20-130
296-155-370	AMD-P	85-21-099	296-155-890	REP-P	85-21-099	296-402-180	NEW-P	85-14-033
296-155-400	AMD-P	85-21-099	296-155-895	REP-P	85-21-099	296-402-180	NEW	85-20-130
296-155-405	AMD-P	85-21-099	296-155-900	REP-P	85-21-099	296-402-190	NEW-P	85-14-033
296-155-407	NEW-P	85-21-099	296-155-905	REP-P	85-21-099	296-402-190	NEW	85-20-130
296-155-425	AMD-P	85-21-099	296-155-910	REP-P	85-21-099	304-12-140	AMD-P	85-16-065
296-155-430	AMD-P	85-21-099	296-155-915	REP-P	85-21-099	304-12-140	AMD	85-20-032
296-155-435	AMD-P	85-21-099	296-155-920	REP-P	85-21-099	304-12-155	REP-P	85-16-065
296-155-440	AMD-P	85-21-099	296-155-950	AMD-P	85-21-099	304-12-155	REP	85-20-032
296-155-475	AMD-P	85-21-099	296-310-010	NEW-P	85-21-086	304-12-170	REP-P	85-16-065
296-155-480	AMD-P	85-21-099	296-310-020	NEW-P	85-21-086	304-12-170	REP	85-20-032
296-155-485	AMD-P	85-21-099	296-310-030	NEW-P	85-21-086	304-12-180	REP-P	85-16-065
296-155-48523	NEW-P	85-21-099	296-310-040	NEW-P	85-21-086	304-12-180	REP	85-20-032
296-155-48525	NEW-P	85-21-099	296-310-050	NEW-P	85-21-086	304-12-190	REP-P	85-16-065
296-155-48527	NEW-P	85-21-099	296-310-060	NEW-P	85-21-086	304-12-190	REP	85-20-032
296-155-48529	NEW-P	85-21-099	296-310-070	NEW-P	85-21-086	304-12-191	REP-P	85-16-065
296-155-48531	NEW-P	85-21-099	296-310-080	NEW-P	85-21-086	304-12-191	REP	85-20-032
296-155-48533	NEW-P	85-21-099	296-310-090	NEW-P	85-21-086	304-12-192	REP-P	85-16-065
296-155-500	AMD-P	85-21-099	296-310-100	NEW-P	85-21-086	304-12-192	REP	85-20-032
296-155-505	AMD-P	85-21-099	296-310-110	NEW-P	85-21-086	304-12-220	REP-P	85-16-065
296-155-50503	NEW-P	85-21-099	296-310-120	NEW-P	85-21-086	304-12-220	REP	85-20-032
296-155-50505	NEW-P	85-21-099	296-310-130	NEW-P	85-21-086	304-12-225	REP-P	85-16-065
296-155-510	AMD-P	85-21-099	296-310-140	NEW-P	85-21-086	304-12-225	REP	85-20-032
296-155-515	NEW-P	85-21-099	296-310-150	NEW-P	85-21-086	304-12-300	REP-P	85-16-065
296-155-525	AMD-P	85-21-099	296-310-160	NEW-P	85-21-086	304-12-300	REP	85-20-032
296-155-52505	NEW-P	85-21-099	296-310-170	NEW-P	85-21-086	304-12-305	REP-P	85-16-065
296-155-52506	NEW-P	85-21-099	296-310-180	NEW-P	85-21-086	304-12-305	REP	85-20-032
296-155-52507	NEW-P	85-21-099	296-310-190	NEW-P	85-21-086	304-12-310	REP-P	85-16-065
296-155-52508	NEW-P	85-21-099	296-310-200	NEW-P	85-21-086	304-12-310	REP	85-20-032

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304-25	AMD-P	85-16-066	308-25-200	REP-E	85-15-103
304-25	AMD	85-20-033	308-25-200	REP-P	85-16-090
304-25-010	AMD-P	85-16-066	308-25-200	REP	85-19-039
304-25-010	AMD	85-20-033	308-26-030	REP-E	85-15-106
304-25-510	AMD-P	85-16-066	308-26-030	REP-P	85-16-091
304-25-510	AMD	85-20-033	308-26-030	REP	85-19-040
304-25-560	AMD-P	85-16-066	308-30-010	NEW-P	85-21-101
304-25-560	AMD	85-20-033	308-30-020	NEW-P	85-21-101
304-25-570	AMD-P	85-16-066	308-30-030	NEW-P	85-21-101
304-25-570	AMD	85-20-033	308-30-040	NEW-P	85-21-101
308-04-001	AMD-E	85-03-082	308-30-050	NEW-P	85-21-101
308-04-001	AMD-P	85-13-078	308-30-060	NEW-P	85-21-101
308-04-001	AMD-P	85-19-035	308-30-070	NEW-P	85-21-101
308-04-001	AMD	85-22-080	308-30-080	NEW-P	85-21-101
308-11-010	AMD	85-03-045	308-30-090	NEW-P	85-21-101
308-11-050	AMD	85-03-045	308-30-100	NEW-P	85-21-101
308-11-100	AMD	85-03-045	308-31-001	NEW-P	85-20-123
308-11-120	AMD	85-03-045	308-31-200	NEW	85-04-028
308-12-010	AMD-P	85-17-077	308-31-200	REP-P	85-12-059
308-12-010	AMD	85-21-065	308-31-200	REP	85-15-058
308-12-025	NEW-P	85-17-077	308-31-200	REP-E	85-16-052
308-12-025	NEW	85-21-065	308-34-100	REP-E	85-15-104
308-12-031	AMD	85-05-010	308-34-100	REP-P	85-16-092
308-12-031	AMD-P	85-17-077	308-34-100	REP	85-19-036
308-12-031	AMD	85-21-065	308-37-160	NEW-P	85-02-062
308-12-040	AMD	85-05-010	308-37-160	NEW	85-05-040
308-12-050	AMD	85-05-010	308-37-170	NEW-P	85-02-062
308-12-050	AMD-P	85-17-077	308-37-170	NEW	85-05-040
308-12-050	AMD	85-21-065	308-37-180	NEW-P	85-02-062
308-12-080	AMD-P	85-17-077	308-37-180	NEW	85-05-040
308-12-080	AMD	85-21-065	308-37-190	NEW-P	85-02-062
308-12-081	AMD-P	85-17-077	308-37-190	NEW	85-05-040
308-12-081	AMD	85-21-065	308-37-190	AMD-P	85-22-007
308-12-082	REP-P	85-17-077	308-40-104	AMD-P	85-11-065
308-12-082	REP	85-21-065	308-40-104	AMD-C	85-14-032
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308-12-085	NEW	85-21-065	308-40-111	REP-C	85-06-007
308-12-110	AMD	85-05-010	308-40-111	REP	85-07-046
308-12-110	REP-P	85-17-077	308-42-122	NEW-P	85-03-107
308-12-110	REP	85-21-065	308-42-122	NEW	85-10-002
308-12-115	NEW-P	85-17-077	308-42-136	NEW-P	85-03-107
308-12-115	NEW	85-21-065	308-42-136	NEW-P	85-08-042
308-12-116	NEW-P	85-17-077	308-42-136	NEW	85-11-049
308-12-120	REP-P	85-17-077	308-42-165	NEW-P	85-18-086
308-12-120	REP	85-21-065	308-42-200	REP-P	85-14-109
308-12-130	REP-P	85-17-077	308-42-200	REP-E	85-14-110
308-12-130	REP	85-21-065	308-42-200	REP	85-18-087
308-12-320	AMD	85-05-010	308-48-100	AMD-P	85-14-025
308-12-321	NEW-P	85-17-077	308-48-100	AMD	85-19-014
308-12-321	NEW	85-21-065	308-48-320	REP-P	85-15-101
308-12-322	NEW-P	85-17-077	308-48-320	REP-E	85-15-109
308-12-322	NEW	85-21-065	308-48-320	REP	85-19-013
308-12-323	NEW-P	85-17-077	308-48-590	AMD-P	85-15-101
308-12-323	NEW	85-21-065	308-48-590	AMD	85-19-013
308-12-324	NEW-P	85-17-077	308-48-700	NEW-P	85-18-085
308-12-324	NEW	85-21-065	308-48-700	NEW	85-21-066
308-12-325	NEW-P	85-17-077	308-48-710	NEW-P	85-18-085
308-12-325	NEW	85-21-065	308-48-710	NEW	85-21-066
308-13-005	NEW	85-04-029	308-48-720	NEW-P	85-18-085
308-13-010	AMD	85-04-029	308-48-720	NEW	85-21-066
308-13-015	AMD	85-04-029	308-48-730	NEW-P	85-18-085
308-13-020	AMD	85-04-029	308-48-730	NEW	85-21-066
308-13-022	NEW	85-04-029	308-48-740	NEW-P	85-18-085
308-13-025	NEW	85-04-029	308-48-740	NEW	85-21-066
308-13-030	REP	85-04-029	308-48-750	NEW-P	85-18-085
308-13-032	NEW	85-04-029	308-48-750	NEW	85-21-066
308-13-032	AMD-P	85-20-122	308-48-760	NEW-P	85-18-085
308-13-035	REP-P	85-20-122	308-48-760	NEW	85-21-066
308-13-040	AMD	85-04-029	308-48-770	NEW-P	85-18-085
308-13-050	AMD	85-04-029	308-48-770	NEW	85-21-066
308-13-070	REP	85-04-029	308-48-780	NEW-P	85-18-085
308-13-080	REP	85-04-029	308-48-780	NEW	85-21-066
308-13-090	REP	85-04-029	308-50-060	REP-P	85-06-055
308-13-100	AMD	85-04-029	308-50-060	REP	85-10-024
308-13-110	AMD	85-04-029	308-50-070	REP-P	85-06-055
308-50-070	REP	85-10-024	308-50-070	REP	85-10-024
308-50-080	REP-P	85-06-055	308-50-080	REP-P	85-06-055
308-50-080	REP	85-10-024	308-50-080	REP	85-10-024
308-50-270	AMD	85-05-020	308-50-270	AMD	85-05-020
308-50-300	REP-P	85-06-055	308-50-300	REP-P	85-06-055
308-50-300	REP	85-10-024	308-50-300	REP	85-10-024
308-50-310	AMD-P	85-19-034	308-50-310	AMD-P	85-19-034
308-50-320	AMD-P	85-06-055	308-50-320	AMD-P	85-06-055
308-50-320	AMD	85-10-024	308-50-320	AMD	85-10-024
308-50-330	AMD-P	85-19-034	308-50-330	AMD-P	85-19-034
308-50-380	NEW	85-05-020	308-50-380	NEW	85-05-020
308-50-390	NEW-P	85-06-055	308-50-390	NEW-P	85-06-055
308-50-390	NEW	85-10-024	308-50-390	NEW	85-10-024
308-50-400	NEW-P	85-06-055	308-50-400	NEW-P	85-06-055
308-50-400	NEW	85-10-024	308-50-400	NEW	85-10-024
308-50-410	NEW-P	85-06-055	308-50-410	NEW-P	85-06-055
308-50-410	NEW	85-10-024	308-50-410	NEW	85-10-024
308-50-420	NEW-P	85-19-034	308-50-420	NEW-P	85-19-034
308-51-190	REP-E	85-15-105	308-51-190	REP-E	85-15-105
308-51-190	REP-P	85-16-093	308-51-190	REP-P	85-16-093
308-51-190	REP	85-19-037	308-51-190	REP	85-19-037
308-52-138	AMD	85-03-083	308-52-138	AMD	85-03-083
308-52-255	AMD-P	85-07-066	308-52-255	AMD-P	85-07-066
308-52-255	AMD	85-11-048	308-52-255	AMD	85-11-048
308-52-260	AMD	85-03-084	308-52-260	AMD	85-03-084
308-52-270	AMD	85-03-084	308-52-270	AMD	85-03-084
308-52-405	AMD-P	85-19-089	308-52-405	AMD-P	85-19-089
308-52-406	AMD-P	85-19-089	308-52-406	AMD-P	85-19-089
308-52-410	AMD-P	85-19-089	308-52-410	AMD-P	85-19-089
308-52-415	AMD-P	85-19-089	308-52-415	AMD-P	85-19-089
308-52-500	AMD-P	85-19-089	308-52-500	AMD-P	85-19-089
308-52-510	AMD-P	85-19-089	308-52-510	AMD-P	85-19-089
308-53-160	REP-P	85-13-079	308-53-160	REP-P	85-13-079
308-53-160	REP	85-16-054	308-53-160	REP	85-16-054
308-53-165	AMD-P	85-13-079	308-53-165	AMD-P	85-13-079
308-53-165	AMD	85-16-054	308-53-165	AMD	85-16-054
308-53-211	REP	85-04-055	308-53-211	REP	85-04-055
308-53-270	AMD-P	85-13-079	308-53-270	AMD-P	85-13-079
308-53-270	AMD	85-16-054	308-53-270	AMD	85-16-054
308-53-290	NEW	85-05-009	308-53-290	NEW	85-05-009
308-53-290	REP-P	85-13-079	308-53-290	REP-P	85-13-079
308-53-290	REP-E	85-16-053	308-53-290	REP-E	85-16-053
308-53-290	REP	85-16-054	308-53-290	REP	85-16-054
308-54-180	AMD-P	85-22-078	308-54-180	AMD-P	85-22-078
308-55-005	REP-E	85-15-107	308-55-005	REP-E	85-15-107
308-55-005	REP-P	85-16-094	308-55-005	REP-P	85-16-094
308-55-005	REP	85-19-041	308-55-005	REP	85-19-041
308-56A-150	AMD-P	85-02-064	308-56A-150	AMD-P	85-02-064
308-56A-150	AMD	85-06-011	308-56A-150	AMD	85-06-011
308-61-010	AMD-P	85-20-119	308-61-010	AMD-P	85-20-119
308-61-025	AMD-P	85-20-119	308-61-025	AMD-P	85-20-119
308-61-026	NEW-P	85-20-119	308-61-026	NEW-P	85-20-119
308-61-027	REP-P	85-20-119	308-61-027	REP-P	85-20-119
308-61-030	AMD-P	85-20-119	308-61-030	AMD-P	85-20-119
308-61-040	AMD-P	85-20-119	308-61-040	AMD-P	85-20-119
308-61-050	AMD-P	85-20-119	308-61-050	AMD-P	85-20-119
308-61-100	REP-P	85-20-119	308-61-100	REP-P	85-20-119
308-61-105	NEW-P	85-20-119	308-61-105	NEW-P	85-20-119
308-61-108	NEW-P	85-20-119	308-61-108	NEW-P	85-20-119
308-61-110	REP-P	85-20-119	308-61-110	REP-P	85-20-119
308-61-115	NEW-P	85-20-119	308-61-115	NEW-P	85-20-119
308-61-120	REP-P	85-20-119	308-61-120	REP-P	85-20-119
308-61-125	NEW-P	85-20-119	308-61-125	NEW-P	85-20-119
308-61-130	REP-P	85-20-119	308-61-130	REP-P	85-20-119
308-61-135	NEW-P	85-20-119	308-61-135	NEW-P	85-20-119
308-61-140	REP-P	85-20-119	308-61-140	REP-P	85-20-119
308-61-145	NEW-P	85-20-119	308-61-145	NEW-P	85-20-119
308-61-150	REP-P	85-20-119	308-61-150	REP-P	85-20-119
308-61-155	REP-P	85-20-119	308-61-155	REP-P	85-20-119
308-61-158	NEW-P	85-20-119	308-61-158	NEW-P	85-20-119
308-61-160	REP-P	85-20-119	308-61-160	REP-P	85-20-119
308-61-165	REP-P	85-20-119	308-61-165	REP-P	85-20-119
308-61-168	NEW-P	85-20-119	308-61-168	NEW-P	85-20-119
308-61-170	REP-P	85-20-119	308-61-170	REP-P	85-20-119
308-61-175	NEW-P	85-20-119	308-61-175	NEW-P	85-20-119
308-61-180	REP-P	85-20-119	308-61-180	REP-P	85-20-119
308-61-185	NEW-P	85-20-119	308-61-185	NEW-P	85-20-119

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308-78-010	AMD	85-04-027	308-96A-080	NEW-P	85-07-045	308-120-601	REP-P	85-20-076
308-78-040	AMD	85-04-027	308-96A-080	NEW	85-11-014	308-120-602	REP-P	85-20-076
308-78-045	AMD	85-04-027	308-96A-085	NEW-P	85-07-045	308-120-603	REP-P	85-20-076
308-78-050	AMD	85-04-027	308-96A-085	NEW	85-11-014	308-120-604	REP-P	85-20-076
308-78-070	AMD	85-04-027	308-96A-090	NEW-P	85-07-045	308-120-605	REP-P	85-20-076
308-78-080	AMD	85-04-027	308-96A-090	NEW	85-11-014	308-120-606	REP-P	85-20-076
308-89-010	NEW-P	85-10-070	308-96A-095	NEW-P	85-07-045	308-120-607	REP-P	85-20-076
308-89-010	NEW-P	85-17-071	308-96A-095	NEW	85-11-014	308-120-608	REP-P	85-20-076
308-89-010	NEW	85-21-034	308-96A-097	NEW-P	85-07-045	308-120-700	NEW-P	85-07-068
308-89-020	NEW-P	85-10-070	308-96A-097	NEW	85-11-014	308-120-710	NEW-P	85-07-068
308-89-020	NEW-P	85-17-071	308-99-010	AMD-P	85-13-080	308-120-720	NEW-P	85-07-068
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308-89-030	NEW	85-16-088	308-99-020	AMD	85-20-080	308-122-010	REMOV	
308-89-040	NEW-P	85-10-070	308-99-025	NEW-P	85-13-080	308-122-020	REMOV	
308-89-040	NEW	85-16-088	308-99-025	NEW	85-20-080	308-122-030	REMOV	
308-89-050	NEW-P	85-10-070	308-99-040	AMD-P	85-13-080	308-122-210	REP	85-06-043
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308-93-010	AMD-E	85-19-092	308-115-140	AMD-P	85-20-124	308-122-620	NEW	85-06-044
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315-11-121	REP-P	85-21-108	315-30-060	AMD-P	85-21-107	326-20-185	NEW-P	85-03-032
315-11-122	REP-P	85-21-108	315-30-060	AMD-E	85-22-058	326-20-185	NEW-E	85-03-043
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315-11-131	REP-P	85-21-108	315-30-080	AMD-P	85-05-058	326-20-190	AMD-P	85-03-032
315-11-132	REP-P	85-21-108	315-30-080	AMD	85-09-004	326-20-190	AMD-E	85-03-043
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315-11-141	NEW	85-07-005	315-32-010	AMD	85-22-057	326-50-010	NEW-E	85-14-118
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315-11-142	NEW-E	85-07-004	315-32-020	AMD	85-22-057	326-50-020	NEW-E	85-14-118
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315-11-152	NEW-E	85-07-004	315-32-050	AMD-E	85-21-072	326-50-060	NEW-E	85-14-118
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WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
392-193-025	NEW-E	85-17-007	392-210-020	NEW-P	85-21-098	400-06-170	NEW-P	85-22-076
392-193-025	NEW	85-21-043	392-210-025	NEW-P	85-21-098	400-06-180	NEW-P	85-22-076
392-193-030	NEW-P	85-17-005	392-210-030	NEW-P	85-21-098	419-14-030	AMD-P	85-03-050
392-193-030	NEW-E	85-17-007	392-210-035	NEW-P	85-21-098	419-14-030	AMD	85-07-009
392-193-030	NEW	85-21-043	392-210-040	NEW-P	85-21-098	419-14-040	AMD-P	85-03-050
392-193-035	NEW-P	85-17-005	392-210-045	NEW-P	85-21-098	419-14-040	AMD	85-07-009
392-193-035	NEW-E	85-17-007	392-210-050	NEW-P	85-21-098	419-14-075	AMD-E	85-03-023
392-193-035	NEW	85-21-043	392-210-055	NEW-P	85-21-098	419-14-075	AMD-P	85-03-049
392-193-045	NEW-P	85-17-005	399-10-010	NEW-P	85-21-083	419-14-075	AMD	85-07-010
392-193-045	NEW-E	85-17-007	399-10-010	NEW-E	85-21-084	419-14-100	AMD-P	85-03-050
392-193-045	NEW	85-21-043	399-10-020	NEW-P	85-21-083	419-14-100	AMD	85-07-009
392-193-050	NEW-P	85-17-005	399-10-020	NEW-E	85-21-084	419-14-110	AMD-P	85-03-050
392-193-050	NEW-E	85-17-007	399-10-030	NEW-P	85-21-083	419-14-110	AMD	85-07-009
392-193-050	NEW	85-21-043	399-10-030	NEW-E	85-21-084	419-18-030	AMD-P	85-03-051
392-193-055	NEW-P	85-17-005	399-20-010	NEW-P	85-21-083	419-18-030	AMD	85-07-008
392-193-055	NEW-E	85-17-007	399-20-010	NEW-E	85-21-084	419-18-040	AMD-P	85-03-051
392-193-055	NEW	85-21-043	399-20-020	NEW-P	85-21-083	419-18-040	AMD	85-07-008
392-193-060	NEW-P	85-17-005	399-20-020	NEW-E	85-21-084	419-18-060	AMD-P	85-03-051
392-193-060	NEW-E	85-17-007	399-20-030	NEW-P	85-21-083	419-18-060	AMD	85-07-008
392-193-060	NEW	85-21-043	399-20-030	NEW-E	85-21-084	419-18-070	AMD-P	85-03-051
392-196-005	NEW-P	85-17-023	399-20-040	NEW-P	85-21-083	419-18-070	AMD	85-07-008
392-196-005	NEW-E	85-17-024	399-20-040	NEW-E	85-21-084	419-36-090	NEW-E	85-19-011
392-196-005	NEW	85-21-052	399-20-050	NEW-P	85-21-083	419-36-090	NEW-P	85-19-028
392-196-010	NEW-P	85-17-023	399-20-050	NEW-E	85-21-084	434-15-010	NEW-P	85-10-063
392-196-010	NEW-E	85-17-024	399-20-060	NEW-P	85-21-083	434-15-010	NEW	85-13-017
392-196-010	NEW	85-21-052	399-20-060	NEW-E	85-21-084	434-15-020	NEW-P	85-10-063
392-196-015	NEW-P	85-17-023	399-20-070	NEW-P	85-21-083	434-15-020	NEW	85-13-017
392-196-015	NEW-E	85-17-024	399-20-070	NEW-E	85-21-084	434-15-030	NEW-P	85-10-063
392-196-015	NEW	85-21-052	399-20-080	NEW-P	85-21-083	434-15-030	NEW	85-13-017
392-196-020	NEW-P	85-17-023	399-20-080	NEW-E	85-21-084	434-15-040	NEW-P	85-10-063
392-196-020	NEW-E	85-17-024	399-20-090	NEW-P	85-21-083	434-15-040	NEW	85-13-017
392-196-020	NEW	85-21-052	399-20-090	NEW-E	85-21-084	434-15-050	NEW-P	85-10-063
392-196-025	NEW-P	85-17-023	399-20-100	NEW-P	85-21-083	434-15-050	NEW	85-13-017
392-196-025	NEW-E	85-17-024	399-20-100	NEW-E	85-21-084	434-15-060	NEW-P	85-10-063
392-196-025	NEW	85-21-052	399-20-110	NEW-P	85-21-083	434-15-060	NEW	85-13-017
392-196-030	NEW-P	85-17-023	399-20-110	NEW-E	85-21-084	434-15-070	NEW-P	85-10-063
392-196-030	NEW-E	85-17-024	399-20-120	NEW-P	85-21-083	434-15-070	NEW	85-13-017
392-196-030	NEW	85-21-052	399-20-120	NEW-E	85-21-084	434-15-080	NEW-P	85-10-063
392-196-035	NEW-P	85-17-023	399-30-010	NEW-P	85-21-083	434-15-080	NEW	85-13-017
392-196-035	NEW-E	85-17-024	399-30-010	NEW-E	85-21-084	434-15-090	NEW-P	85-10-063
392-196-035	NEW	85-21-052	399-30-020	NEW-P	85-21-083	434-15-090	NEW	85-13-017
392-196-040	NEW-P	85-17-023	399-30-020	NEW-E	85-21-084	434-15-100	NEW-P	85-10-063
392-196-040	NEW-E	85-17-024	399-30-030	NEW-P	85-21-083	434-15-100	NEW	85-13-017
392-196-040	NEW	85-21-052	399-30-030	NEW-E	85-21-084	434-15-110	NEW-P	85-10-063
392-196-045	NEW-P	85-17-023	399-30-040	NEW-P	85-21-083	434-15-110	NEW	85-13-017
392-196-045	NEW-E	85-17-024	399-30-040	NEW-E	85-21-084	434-15-120	NEW-P	85-10-063
392-196-045	NEW	85-21-052	399-30-050	NEW-P	85-21-083	434-15-120	NEW	85-13-017
392-196-050	NEW-P	85-17-023	399-30-050	NEW-E	85-21-084	434-15-130	NEW-P	85-10-063
392-196-050	NEW-E	85-17-024	399-30-060	NEW-P	85-21-083	434-15-130	NEW	85-13-017
392-196-050	NEW	85-21-052	399-30-060	NEW-E	85-21-084	434-15-140	NEW-P	85-10-063
392-196-055	NEW-P	85-17-023	399-40-010	NEW-P	85-21-083	434-15-140	NEW	85-13-017
392-196-055	NEW-E	85-17-024	399-40-010	NEW-E	85-21-084	434-15-150	NEW-P	85-10-063
392-196-055	NEW	85-21-052	399-40-020	NEW-P	85-21-083	434-15-150	NEW	85-13-017
392-196-060	NEW-P	85-17-023	399-40-020	NEW-E	85-21-084	434-15-990	NEW-P	85-10-063
392-196-060	NEW-E	85-17-024	400-04-010	NEW-P	85-22-075	434-15-990	NEW	85-13-017
392-196-060	NEW	85-21-052	400-04-020	NEW-P	85-22-075	434-15-99001	NEW-P	85-10-063
392-196-065	NEW-P	85-17-023	400-04-040	NEW-P	85-22-075	434-15-99001	NEW	85-13-017
392-196-065	NEW-E	85-17-024	400-04-504	NEW-P	85-22-075	434-57-030	NEW-E	85-14-059
392-196-065	NEW	85-21-052	400-04-510	NEW-P	85-22-075	434-57-030	NEW-P	85-14-115
392-196-070	NEW-P	85-17-023	400-04-680	NEW-P	85-22-075	434-57-030	NEW	85-18-003
392-196-070	NEW-E	85-17-024	400-04-902	NEW-P	85-22-075	440-44	AMD-C	85-13-002
392-196-070	NEW	85-21-052	400-04-910	NEW-P	85-22-075	440-44-035	AMD-P	85-09-054
392-196-075	NEW-P	85-17-023	400-04-995	NEW-P	85-22-075	440-44-035	AMD	85-12-029
392-196-075	NEW-E	85-17-024	400-06-010	NEW-P	85-22-076	440-44-040	AMD-P	85-09-054
392-196-075	NEW	85-21-052	400-06-020	NEW-P	85-22-076	440-44-040	AMD	85-12-029
392-196-080	NEW-P	85-17-023	400-06-030	NEW-P	85-22-076	440-44-050	AMD-P	85-09-054
392-196-080	NEW-E	85-17-024	400-06-050	NEW-P	85-22-076	440-44-050	AMD	85-13-007
392-196-080	NEW	85-21-052	400-06-060	NEW-P	85-22-076	440-44-050	AMD-P	85-15-022
392-196-085	NEW-P	85-17-023	400-06-070	NEW-P	85-22-076	440-44-050	AMD-E	85-16-064
392-196-085	NEW-E	85-17-024	400-06-090	NEW-P	85-22-076	440-44-050	AMD	85-20-021
392-196-085	NEW	85-21-052	400-06-100	NEW-P	85-22-076	440-44-057	AMD-P	85-02-058
392-196-090	NEW-P	85-17-023	400-06-110	NEW-P	85-22-076	440-44-057	AMD-E	85-02-059
392-196-090	NEW-E	85-17-024	400-06-120	NEW-P	85-22-076	440-44-057	AMD	85-06-024
392-196-090	NEW	85-21-052	400-06-130	NEW-P	85-22-076	440-44-057	AMD-P	85-09-054
392-210-005	NEW-P	85-21-098	400-06-140	NEW-P	85-22-076	440-44-057	AMD	85-13-007
392-210-010	NEW-P	85-21-098	400-06-150	NEW-P	85-22-076	440-44-058	NEW-P	85-09-054
392-210-015	NEW-P	85-21-098	400-06-160	NEW-P	85-22-076	440-44-058	NEW	85-13-007

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440-44-060	AMD-P	85-15-022	458-08-080	NEW-C	85-19-069	458-12-265	REP	85-22-083
440-44-060	AMD-E	85-16-064	458-08-080	NEW-C	85-22-005	458-14-040	AMD-P	85-14-003
440-44-060	AMD	85-20-021	458-08-090	NEW-P	85-16-100	458-14-040	AMD	85-17-016
440-44-061	NEW-P	85-15-022	458-08-090	NEW-E	85-16-101	458-14-045	AMD-P	85-14-003
440-44-061	NEW-E	85-16-064	458-08-090	NEW-C	85-19-069	458-14-045	AMD-E	85-14-004
440-44-061	NEW	85-20-021	458-08-090	NEW-C	85-22-005	458-14-045	AMD	85-17-016
440-44-065	AMD-P	85-09-054	458-08-100	NEW-P	85-16-100	458-14-092	AMD-P	85-14-003
440-44-065	AMD	85-12-029	458-08-100	NEW-E	85-16-101	458-14-092	AMD	85-17-016
440-44-075	AMD-P	85-09-054	458-08-100	NEW-C	85-19-069	458-14-152	AMD-P	85-14-003
440-44-075	AMD	85-12-029	458-08-100	NEW-C	85-22-005	458-14-152	AMD-E	85-14-004
440-44-076	NEW-P	85-09-054	458-08-110	NEW-P	85-16-100	458-14-152	AMD	85-17-016
440-44-076	NEW	85-13-007	458-08-110	NEW-E	85-16-101	458-16-110	AMD-C	85-02-060
440-44-090	NEW-P	85-15-023	458-08-110	NEW-C	85-19-069	458-16-110	AMD	85-05-025
440-44-090	NEW	85-20-031	458-08-110	NEW-C	85-22-005	458-16-111	AMD-C	85-02-060
440-44-095	NEW	85-04-023	458-08-120	NEW-P	85-16-100	458-16-111	AMD	85-05-025
440-44-100	NEW-P	85-15-089	458-08-120	NEW-E	85-16-101	458-16-130	AMD-C	85-02-060
446-50-080	AMD-E	85-15-048	458-08-120	NEW-C	85-19-069	458-16-130	AMD	85-05-025
446-50-080	AMD-P	85-16-003	458-08-120	NEW-C	85-22-005	458-16-150	AMD-C	85-02-060
446-50-080	AMD	85-20-070	458-08-130	NEW-P	85-16-100	458-16-150	AMD	85-05-025
448-12-210	NEW-P	85-05-041	458-08-130	NEW-E	85-16-101	458-16-210	AMD-C	85-02-060
448-12-210	NEW	85-08-012	458-08-130	NEW-C	85-19-069	458-16-210	AMD	85-05-025
448-12-220	NEW-P	85-05-041	458-08-130	NEW-C	85-22-005	458-16-220	AMD-C	85-02-060
448-12-220	NEW	85-08-012	458-08-140	NEW-P	85-16-100	458-16-220	AMD	85-05-025
448-12-230	NEW-P	85-05-041	458-08-140	NEW-E	85-16-101	458-16-230	AMD-C	85-02-060
448-12-230	NEW	85-08-012	458-08-140	NEW-C	85-19-069	458-16-230	AMD	85-05-025
448-12-240	NEW-P	85-05-041	458-08-140	NEW-C	85-22-005	458-16-240	AMD-C	85-02-060
448-12-240	NEW	85-08-012	458-08-150	NEW-P	85-16-100	458-16-240	AMD	85-05-025
448-12-250	NEW-P	85-05-041	458-08-150	NEW-E	85-16-101	458-16-260	AMD-C	85-02-060
448-12-250	NEW	85-08-012	458-08-150	NEW-C	85-19-069	458-16-260	AMD	85-05-025
448-12-260	NEW-P	85-05-041	458-08-150	NEW-C	85-22-005	458-16-270	AMD-C	85-02-060
448-12-260	NEW	85-08-012	458-08-160	NEW-P	85-16-100	458-16-270	AMD	85-05-025
448-12-270	NEW-P	85-05-041	458-08-160	NEW-E	85-16-101	458-16-280	AMD-C	85-02-060
448-12-270	NEW	85-08-012	458-08-160	NEW-C	85-19-069	458-16-280	AMD	85-05-025
448-12-280	NEW-P	85-05-041	458-08-160	NEW-C	85-22-005	458-16-282	AMD-C	85-02-060
448-12-280	NEW	85-08-012	458-08-170	NEW-P	85-16-100	458-16-282	AMD	85-05-025
448-12-290	NEW-P	85-05-041	458-08-170	NEW-E	85-16-101	458-17-100	NEW-P	85-18-022
448-12-290	NEW	85-08-012	458-08-170	NEW-C	85-19-069	458-17-100	NEW	85-22-083
448-12-300	NEW-P	85-05-041	458-08-170	NEW-C	85-22-005	458-20-155	AMD-P	85-16-106
448-12-300	NEW	85-08-012	458-08-180	NEW-P	85-16-100	458-20-155	AMD-E	85-16-107
448-12-310	NEW-P	85-05-041	458-08-180	NEW-E	85-16-101	458-20-155	AMD	85-20-012
448-12-310	NEW	85-08-012	458-08-180	NEW-C	85-19-069	458-20-179	AMD-P	85-18-069
448-12-320	NEW-P	85-05-041	458-08-180	NEW-C	85-22-005	458-20-179	AMD-E	85-18-070
448-12-320	NEW	85-08-012	458-08-190	NEW-P	85-16-100	458-20-179	AMD-C	85-21-057
448-12-330	NEW-P	85-05-041	458-08-190	NEW-E	85-16-101	458-20-179	AMD	85-22-041
448-12-330	NEW	85-08-012	458-08-190	NEW-C	85-19-069	458-20-17901	NEW-P	85-16-106
448-12-340	NEW-P	85-05-041	458-08-190	NEW-C	85-22-005	458-20-17901	NEW-C	85-20-010
448-12-340	NEW	85-08-012	458-08-200	NEW-P	85-16-100	458-20-17901	NEW-C	85-22-040
458-08-010	NEW-P	85-16-100	458-08-200	NEW-E	85-16-101	458-20-189	AMD	85-04-016
458-08-010	NEW-E	85-16-101	458-08-200	NEW-C	85-19-069	458-20-189	AMD-P	85-18-069
458-08-010	NEW-C	85-19-069	458-08-200	NEW-C	85-22-005	458-20-189	AMD-E	85-18-070
458-08-010	NEW-C	85-22-005	458-08-210	NEW-P	85-16-100	458-20-189	AMD-C	85-21-057
458-08-020	NEW-P	85-16-100	458-08-210	NEW-E	85-16-101	458-20-189	AMD	85-22-041
458-08-020	NEW-E	85-16-101	458-08-210	NEW-C	85-19-069	458-20-207	AMD-P	85-16-106
458-08-020	NEW-C	85-19-069	458-08-210	NEW-C	85-22-005	458-20-207	AMD-E	85-16-107
458-08-020	NEW-C	85-22-005	458-08-220	NEW-P	85-16-100	458-20-207	AMD	85-20-012
458-08-030	NEW-P	85-16-100	458-08-220	NEW-E	85-16-101	458-20-228	AMD	85-04-016
458-08-030	NEW-E	85-16-101	458-08-220	NEW-C	85-19-069	458-20-24001	NEW-P	85-16-106
458-08-030	NEW-C	85-19-069	458-08-220	NEW-C	85-22-005	458-20-24001	NEW-E	85-16-107
458-08-030	NEW-C	85-22-005	458-08-230	NEW-P	85-16-100	458-20-24001	NEW-C	85-20-011
458-08-040	NEW-P	85-16-100	458-08-230	NEW-E	85-16-101	458-20-24001	NEW	85-21-013
458-08-040	NEW-E	85-16-101	458-08-230	NEW-C	85-19-069	458-20-24002	NEW-P	85-16-106
458-08-040	NEW-C	85-19-069	458-08-230	NEW-C	85-22-005	458-20-24002	NEW-E	85-16-107
458-08-040	NEW-C	85-22-005	458-08-240	NEW-P	85-16-100	458-20-24002	NEW-C	85-20-011
458-08-050	NEW-P	85-16-100	458-08-240	NEW-E	85-16-101	458-20-24002	NEW	85-21-013
458-08-050	NEW-E	85-16-101	458-08-240	NEW-C	85-19-069	458-40-18700	AMD-P	85-22-077
458-08-050	NEW-C	85-19-069	458-08-240	NEW-C	85-22-005	458-40-18704	AMD-P	85-22-077
458-08-050	NEW-C	85-22-005	458-08-250	NEW-P	85-16-100	458-40-18706	AMD-P	85-22-077
458-08-060	NEW-P	85-16-100	458-08-250	NEW-E	85-16-101	458-40-18717	NEW-P	85-10-058
458-08-060	NEW-E	85-16-101	458-08-250	NEW-C	85-19-069	458-40-18717	NEW-E	85-14-047
458-08-060	NEW-C	85-19-069	458-08-250	NEW-C	85-22-005	458-40-18717	NEW	85-14-048
458-08-060	NEW-C	85-22-005	458-12-250	REP-P	85-18-022	458-40-18718	NEW-P	85-10-058
458-08-070	NEW-P	85-16-100	458-12-255	REP	85-22-083	458-40-18718	NEW-E	85-14-047
458-08-070	NEW-E	85-16-101	458-12-255	REP-P	85-18-022	458-40-18718	NEW	85-14-048
458-08-070	NEW-C	85-19-069	458-12-255	REP	85-22-083	458-40-18719	NEW-P	85-22-077
458-08-070	NEW-C	85-22-005	458-12-260	REP-P	85-18-022	458-40-18720	NEW-P	85-22-077
458-08-080	NEW-P	85-16-100	458-12-260	REP	85-22-083	458-40-19110	NEW-P	85-21-037
458-08-080	NEW-E	85-16-101	458-12-265	REP-P	85-18-022	458-40-19110	NEW-W	85-21-087

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WAC #	WSR #	WAC #	WSR #	WAC #	WSR #			
458-40-19110	NEW-P	85-21-088	460-90A-115	NEW	85-12-021	468-66-110	AMD-P	85-14-099
460-20A-210	AMD-P	85-13-022	460-90A-115	AMD-P	85-12-022	468-66-110	AMD-E	85-14-100
460-20A-210	AMD	85-16-068	460-90A-115	AMD-E	85-15-057	468-66-110	AMD	85-17-012
460-20A-210	AMD-P	85-19-070	460-90A-115	AMD	85-19-093	468-66-140	AMD-P	85-14-099
460-20A-220	AMD-P	85-13-022	460-90A-120	REP-P	85-04-056	468-66-140	AMD-E	85-14-100
460-20A-220	AMD	85-16-068	460-90A-120	REP	85-12-021	468-66-140	AMD	85-17-012
460-20A-220	AMD-P	85-19-070	460-90A-122	NEW-P	85-04-056	468-66-150	AMD-P	85-22-068
460-20A-230	AMD-P	85-13-022	460-90A-122	NEW	85-12-021	468-70	REVIEW	85-21-012
460-20A-230	AMD	85-16-068	460-90A-125	NEW-P	85-04-056	468-70-020	AMD-P	85-14-099
460-20A-230	AMD-P	85-19-070	460-90A-125	NEW	85-12-021	468-70-020	AMD-E	85-14-100
460-20A-400	AMD-P	85-13-022	460-90A-140	AMD-P	85-04-056	468-70-020	AMD	85-17-012
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