



PREPROPOSAL STATEMENT OF INQUIRY

CR-101 (June 2004)
(Implements RCW 34.05.310)
Do NOT use for expedited rule making

Agency: Department of Labor and Industries

Subject of possible rule making:

WAC 296-23-250 Massage Therapy Rules. This is a Medical Aid Rules update regarding rate setting for massage therapy services for injured workers. These updates may also impact rates for massage therapy services provided to crime victims.

Statutes authorizing the agency to adopt rules on this subject:

RCW 51.04.020 and RCW 51.04.030

Reasons why rules on this subject may be needed and what they might accomplish:

The affected rule describes a change in the methodology for determining the maximum daily allowable payment for massage therapy services. The proposed rule change will set the daily limit for massage therapy services as a percentage of the maximum daily payment levels for physical and occupational therapy services contained in WAC 296-23-220 and 230. The effect of this rule change will be a reduction in the maximum daily allowable payment for massage therapy to a level that is more consistent with other payers.

Identify other federal and state agencies that regulate this subject and the process coordinating the rule with these agencies:

None

Process for developing new rule (check all that apply):

- Negotiated rule making
- Pilot rule making
- Agency study
- Other (describe)

The department works with external stakeholders through its Anesthesia and Reimbursement Technical Advisory Groups on updates to maximum daily reimbursement levels. The department coordinates these updates with the Health Care Authority, the Health and Recovery Services Administration and the Centers for Medicare & Medicaid Services to insure consistent health care purchasing policies when possible. The proposed change will be presented to the advisory groups and publicized in a letter to interested persons.

How interested parties can participate in the decision to adopt the new rule and formulation of the proposed rule before publication:

(List names, addresses, telephone, fax numbers, and e-mail of persons to contact; describe meetings, other exchanges of information, etc.)

Contact:

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DATE
December 18, 2007

NAME (TYPE OR PRINT)
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SIGNATURE

TITLE
Director

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