



PROPOSED RULE MAKING

CR-102 (June 2004)
(Implements RCW 34.05.320)
Do NOT use for expedited rule making

Agency: Department of Labor & Industries

- Preproposal Statement of Inquiry was filed as WSR 09-10-081 ; or
Expedited Rule Making--Proposed notice was filed as WSR
; or
Proposal is exempt under RCW 34.05.310(4).

- Original Notice
Supplemental Notice to WSR
Continuance of WSR

Title of rule and other identifying information: (Describe Subject) Comprehensive Treatment for Chronic Noncancer Pain, Structured Intensive Multidisciplinary Program (SIMP), Lumbar Fusions, and Intervertebral Artificial Disc Replacements

The subject of this rulemaking is the implementation of two Health Technology Clinical Committee (HTCC) coverage determinations. This rule would establish a definition and criteria for a SIMP for the comprehensive treatment of chronic noncancer pain and establish who is eligible for certain lumbar fusions or implantation of an intervertebral artificial disc. In addition, this rulemaking will clarify that the lumbar Charite artificial disc is a covered device by deleting current language in WAC 296-20-03002 that lists it as a non-covered device.

Hearing location(s): Department of Labor & Industries
Room S119
7273 Linderson Way, SW
Tumwater, WA 98501

Date: August 14, 2009 Time: 10:00 AM

Date of intended adoption: September 14, 2009
(Note: This is NOT the effective date)

Submit written comments to:

Name: Jami Lifka
Address: Office of the Medical Director, PO Box 44321
Olympia, WA 98504-4321
e-mail lifk235@lni.wa.gov
fax (360) 902-6315 by (date) August 14, 2009

Assistance for persons with disabilities: Contact
Office of Information and Assistance by August 1, 2009
TTY (360) 902-5797 or (360) 902-4941

Purpose of the proposal and its anticipated effects, including any changes in existing rules: The purpose of this rule is to implement the lumbar fusion and artificial disc determinations made by the statutory HTCC. According to RCW 70.14.120, the department must comply with HTCC coverage decisions. The rule will implement the HTCC coverage determinations by defining a structured intensive multidisciplinary program (SIMP) and what it means to successfully complete such a program.

In addition, this rulemaking will clarify that the lumbar Charite artificial disc is a covered device by deleting current language in WAC 296-20-03002 that lists it as a non-covered device.

Reasons supporting proposal: See purpose

Statutory authority for adoption: RCW 70.14.120,
RCW 51.04.020, RCW 51.04.030

Statute being implemented: RCW 70.14.120

Is rule necessary because of a:

- Federal Law? Yes No
Federal Court Decision? Yes No
State Court Decision? Yes No
If yes, CITATION:

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: June 30, 2009
TIME: 12:46 PM

WSR 09-14-106

DATE

June 30, 2009

NAME (type or print)

Judy Schurke

SIGNATURE

Judy Schurke

TITLE

Director

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters:

The rule supports a redesigned department policy and fee schedule for purchasing comprehensive treatment for the management of chronic noncancer pain. The policy and fee schedule were developed in collaboration with all the current Commission on Accreditation of Rehabilitation Facilities (CARF) accredited providers of comprehensive treatment for chronic noncancer pain in Washington State.

Name of proponent: (person or organization) Department of Labor & Industries

- Private
 Public
 Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting.....Jami Lifka	7273 Linderson Way, SW, Tumwater, WA	(360) 902-4941
Implementation....Gary Franklin, MD, MPH	Office of the Medical Director	(360) 902-5020
Enforcement.....Bob Malooly	Assistant Director of Insurance Services	(360-902-4209)

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____
fax () _____
e-mail _____

No. Explain why no statement was prepared.

There is no disproportionate cost to small business.

Is a cost-benefit analysis required under RCW 34.05.328?

Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone () _____
fax () _____
e-mail _____

No: Please explain: There is no more than minimal cost to business.