



RULE-MAKING ORDER

CR-103P (May 2009)
(Implements RCW 34.05.360)

Agency: Department of Labor & Industries

Permanent Rule Only

Effective date of rule:

Permanent Rules

31 days after filing.

Other (specify) November 1, 2009 (If less than 31 days after filing, a specific finding under RCW 34.05.380(3) is required and should be stated below)

Any other findings required by other provisions of law as precondition to adoption or effectiveness of rule?

Yes No If Yes, explain: According to RCW 70.14.120, L&I is required to comply with the coverage determinations of the Washington State Health Technology Clinical Committee (HTCC).

Purpose: This rule will implement two HTCC coverage determinations. The determinations state that certain lumbar fusion and artificial intervertebral disc replacement surgeries are covered for the treatment of chronic pain due to uncomplicated degenerative disc disease. The principal condition of coverage is that a non-invasive, structured intensive multidisciplinary program for chronic, noncancer pain (SIMP) must be completed prior to the department or self-insurer authorizing a lumbar fusion or lumbar artificial disc replacement. Also, the department will delete language in WAC 296-20-03002 that says the Charite artificial disc is non-covered.

Although the SIMP program is being established for lumbar surgery candidates, as defined in WAC 296-20-12065, the SIMP program is available for other workers with chronic, noncancer pain.

Citation of existing rules affected by this order:

Repealed:

Amended: WAC 296-20-03002

Suspended:

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

Other authority :

PERMANENT RULE (Including Expedited Rule Making)

Adopted under notice filed as WSR 09-14-106 on June 30, 2009 (date).

Describe any changes other than editing from proposed to adopted version: In response to a comment submitted to the CR102 proposed language, the department added language to WAC 296-20-12070 that clarifies that Advanced Registered Nurse Practitioners and Certified Physician Assistants can perform those medical portions of the pre-treatment evaluation that are allowed by the Commission on Accreditation of Rehabilitation Facilities (CARF). This addition was made to clarify which providers can perform this task and is considered a non-significant change.

If a preliminary cost-benefit analysis was prepared under RCW 34.05.328, a final cost-benefit analysis is available by contacting:

Name: _____ phone () _____

Address: _____ fax () _____

e-mail _____

Date adopted:

September 30, 2009

NAME (TYPE OR PRINT)

Judy Schurke

SIGNATURE

TITLE

Director

CODE REVISER USE ONLY

OFFICE OF THE CODE REVISER
STATE OF WASHINGTON
FILED

DATE: September 30, 2009

TIME: 9:51 AM

WSR 09-20-040

**Note: If any category is left blank, it will be calculated as zero.
No descriptive text.**

**Count by whole WAC sections only, from the WAC number through the history note.
A section may be counted in more than one category.**

The number of sections adopted in order to comply with:

Federal statute:	New	_____	Amended	_____	Repealed	_____
Federal rules or standards:	New	_____	Amended	_____	Repealed	_____
Recently enacted state statutes:	New	_____	Amended	_____	Repealed	_____

The number of sections adopted at the request of a nongovernmental entity:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in the agency's own initiative:

New	_____	Amended	_____	Repealed	_____
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The number of sections adopted in order to clarify, streamline, or reform agency procedures:

New	<u>9</u>	Amended	<u>1</u>	Repealed	_____
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The number of sections adopted using:

Negotiated rule making:	New	_____	Amended	_____	Repealed	_____
Pilot rule making:	New	_____	Amended	_____	Repealed	_____
Other alternative rule making:	New	<u>9</u>	Amended	<u>1</u>	Repealed	_____