

**State of California
Office of Administrative Law**

In re:
Department of Industrial Relations

Regulatory Action:

Title 08, California Code of Regulations

Adopt sections: 14006.1
Amend sections: 14003, 14007
Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2015-0810-03


OAL Matter Type: Regular (S)

Summary of Rulemaking.

This rulemaking by the Department of Industrial Relations, amends and adopts sections in Title 8 of the California Code of Regulations, for the purpose of updating the requirements regarding medical billing, forms for physicians to use to report on treatment rendered, and forms used to evaluate disability relating to industrial injury or illness.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/1/2015.

Date: September 21, 2015


Beverly J. Johnson
Deputy Director

For: DEBRA M. CORNEZ
Director

Original: Christine Baker
Copy: Lindsey Urbina

REGULAR

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0512-01	REGULATORY ACTION NUMBER 2015-0810-035	EMERGENCY NUMBER
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2015 AUG 10 P 4: 03
OFFICE OF ADMINISTRATIVE LAW

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

SEP 21 2015

2:08 PM

AGENCY WITH RULEMAKING AUTHORITY Department of Industrial Relations	AGENCY FILE NUMBER (if any)
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A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE ICD-10 Transition	TITLE(S) 8	FIRST SECTION AFFECTED 14003	2. REQUESTED PUBLICATION DATE May 22, 2015
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Lindsey Urbina	TELEPHONE NUMBER (510) 286-0657	FAX NUMBER (Optional) (510) 286-0687
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2015, 212	PUBLICATION DATE 5/22/2015

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) ICD-10 Transition	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)
ADOPT 14006.1 per agency request 9/18/2015
AMEND 14003, 14007
TITLE(S) 8
REPEAL

3. TYPE OF FILING
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b)) <input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) <input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____ <input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., title 1, §44 and Gov. Code §11347.1)
July 17, 2015 - August 3, 2015 - per agency request 9/18/2015

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input checked="" type="checkbox"/> Effective other (Specify) October 1, 2015

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal <input type="checkbox"/> Other (Specify) _____

7. CONTACT PERSON Lindsey Urbina	TELEPHONE NUMBER (510) 286-0657	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) lurbina@dir.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Christine Baker</i>	DATE 8/7/2015
TYPED NAME AND TITLE OF SIGNATORY Christine Baker, Director, Department of Industrial Relations	

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SEP 21 2015
Office of Administrative Law

**State of California
Office of Administrative Law**

In re:
Division of Workers' Compensation

Regulatory Action:

Title 08, California Code of Regulations

Adopt sections: 9785.2.1, 9785.3.1,
9785.4.1

Amend sections: 9770, 9785, 9785.4,
9792.5.1

Repeal sections:

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2015-0810-04

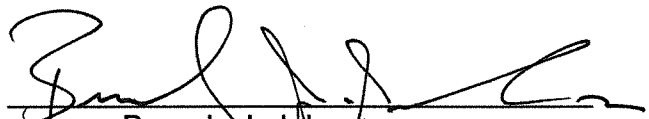
OAL Matter Type: Regular (S)

Summary of Rulemaking

This rulemaking by the Department of Industrial Relations, Division of Workers' Compensation amends and adopts sections in Title 8 of the California Code of Regulations, for the purpose of updating the requirements regarding medical billing, forms for physicians to use to report on treatment rendered, and forms used to evaluate disability relating to industrial injury or illness.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 10/1/2015.

Date: September 21, 2015


Beverly J. Johnson
Deputy Director

For: DEBRA M. CORNEZ
Director

Original: Destie Overpeck
Copy: Lindsey Urbina

REGULAR

STATE OF CALIFORNIA--OFFICE OF ADMINISTRATIVE LAW

NOTICE PUBLICATION/REGULATIONS SUBMISSION

See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2015-0512-01	REGULATORY ACTION NUMBER 2015-0810-045	EMERGENCY NUMBER
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In the office of the Secretary of State
of the State of California

SEP 21 2015
2:06 PM

NOTICE	REGULATIONS
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AGENCY WITH RULEMAKING AUTHORITY
Department of Industrial Relations, Division of Workers' Compensation

AGENCY FILE NUMBER (if any)

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE ICD-10 Transition	TITLE(S) 8	FIRST SECTION AFFECTED 9770	2. REQUESTED PUBLICATION DATE May 22, 2015
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Lindsey Urbina	TELEPHONE NUMBER (510) 286-0657	FAX NUMBER (Optional) (510) 286-0687
OAL USE ONLY	ACTION ON PROPOSED NOTICE <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2015, 212	PUBLICATION DATE 5/22/2015

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) ICD-10 Transition	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) per agency request 9/18/2015
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)	ADOPT 9785.2.1, 9785.3.1, 9785.4.1
	AMEND 9770, 9785, 9785-4, 9792.5.1 per agency request 9/18/2015
	REPEAL 8

3. TYPE OF FILING

<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input type="checkbox"/> Other (Specify) _____	

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Ca. Code Regs. title 1, §44 and Gov. Code §11347.1)
July 17, 2015 - August 3, 2015. per agency request 9/18/2015

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)

<input type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))	<input type="checkbox"/> Effective on filing with Secretary of State	<input type="checkbox"/> \$100 Change Without Regulatory Effect	<input checked="" type="checkbox"/> Effective other (Specify) October 1, 2015
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<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660)	<input type="checkbox"/> Fair Political Practices Commission	<input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify) _____		

7. CONTACT PERSON Lindsey Urbina	TELEPHONE NUMBER (510) 286-0657	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) lurbina@dir.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Destie Overpeck</i>	DATE 8/7/15
TYPED NAME AND TITLE OF SIGNATORY Destie Overpeck, Administrative Director, Division of Workers' Compensation	

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ENDORSED APPROVED

SEP 21 2015

Office of Administrative Law