

**State of California
Office of Administrative Law**

In re:
Division of Workers' Compensation

Regulatory Action:

Title8, California Code of Regulations

Adopt sections:

Amend sections: 9789.10, 9789.11, 9789.20,
9789.21, 9789.22, 9789.23,
9789.25, 9789.50, 9789.60,
9789.70, 9789.110,
9789.111, 9790

Repeal sections:

NOTICE OF FILING AND PRINTING ONLY

Government Code Section 11343.8

OAL File No. 2014-1219-02 FP

This action by the Division of Workers' Compensation of the Department of Industrial Relations is submitted to OAL for filing and printing pursuant to Labor Code section 5307.1(g)(2). The action amends the Official Medical Fee Schedule located within title 8 of the California Code of Regulations.

OAL filed this regulation with the Secretary of State, and will publish the regulation in the California Code of Regulations. Pursuant to agency request, the regulation will be effective March 5, 2015.

Date: 2/4/2015



Eric Partington
Attorney

For: DEBRA M. CORNEZ
Director

Original: Destie Overpeck
Copy: Jarvia Shu

NOTICE PUBLICATION/REGULATORY ACTION SUBMISSION

(See instructions on
reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-	REGULATORY ACTION NUMBER 2014-1219-02FP	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

2014 DEC 19 PM 12:46
OFFICE OF
ADMINISTRATIVE LAW

ENDORSED - FILEDIn the office of the Secretary of State
of the State of California**FEB 04 2015**

2:09 PM

AGENCY WITH RULEMAKING AUTHORITY

Division of Workers' Compensation, within Dept. of Industrial Relations

AGENCY FILE NUMBER (if any)

None

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

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE <input type="checkbox"/> Notice re Proposed <input type="checkbox"/> Regulatory Action <input type="checkbox"/> Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
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 Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation-Official Medical Fee Schedule	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 AMEND 9789.10, 9789.11, 9789.20, 9789.21, 9789.22, 9789.23, 9789.25, 9789.50, 9789.60, 9789.70, 9789.110, cont.
TITLE(S) 8	REPEAL

3. TYPE OF FILING			
<input 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 checked="" type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))		<input checked="" type="checkbox"/> Other (Specify) Exempt-Gov't Code Section 11340.9(a)	

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)

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) 30 days aft. filing with Sect'y of State

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
<input 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 Jarvia Shu	TELEPHONE NUMBER (510) 286-0646	FAX NUMBER (Optional) (510) 286-0687	E-MAIL ADDRESS (Optional) jshu@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 	DATE 12/18/14
TYPED NAME AND TITLE OF SIGNATORY Destie Lee Overpeck, Acting Administrative Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED**FEB 04 2015**

Office of Administrative Law

Form Std. 400

Workers' Compensation-Official Medical Fee Schedule

B. Submission of Regulations

2. Sections Affected (Continued)

Amend: 9789.111, and 9790