

**State of California
Office of Administrative Law**

In re:

Division of Workers Compensation

Regulatory Action:

Title 8, California Code of Regulations

Adopt sections: 9792.5.4, 9792.5.5,
9792.5.6, 9792.5.7,
9792.5.8, 9792.5.9,
9792.5.10, 9792.5.11,
9792.5.12, 9792.5.13,
9792.5.14, 9792.5.15

Amend sections: 9792.5.1, 9792.5.3, 9793,
9794, 9795

Repeal sections:

**NOTICE OF APPROVAL OF CERTIFICATE OF
COMPLIANCE**

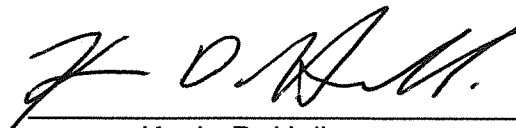
**Government Code Section 11349.1 and
11349.6(d)**

OAL File No. 2013-1230-05 C

This rulemaking action by the California Division of Workers Compensation (DWC) makes permanent the emergency regulations originally adopted in OAL File No. 2012-1219-02E which includes the amendments of existing sections and adoption of new regulation sections in Title 8 of the California Code of Regulations (CCR). That emergency rulemaking amended sections 9792.5.1, 9793, 9794, and 9795, and adopted new sections 9792.5.4 through 9792.5.15 intended to implement the "Second Review" and "Independent Bill Review" procedures established by Stats. 2012, c. 363 (SB 863). These regulations incorporate by reference the current version and two prior versions of the California Division of Worker's Compensation Electronic Medical Billing and Payment Companion Guide and the California Division of Worker's Compensation Medical Billing and Payment Guide. The regulations also add forms DWC Form SBR-1 (version 1/2014) and DWC Form IBR-1 (version 1/2014).

OAL approves this regulatory action pursuant to section 11349.6(d) of the Government Code.

Date: 2/12/2014



**Kevin D. Hull
Attorney**

**For: DEBRA M. CORNEZ
Director**

Original: Destie Overpeck
Copy: George Parisotto

NOTICE PUBLICATION/REGULATIONS SUBMISSION

CERT

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-09)

per agency

OAL FILE NUMBERS	NOTICE FILE NUMBER	request	REGULATORY ACTION NUMBER	EMERGENCY NUMBER
	Z-2013-0212-02		2013-1230-05C	

For use by Office of Administrative Law (OAL) only

2013 DEC 30 PM 4: 05

OFFICE OF ADMINISTRATIVE LAW

NOTICE REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
Division of Workers' Compensation

AGENCY FILE NUMBER (if any)

ENDORSED FILED
IN THE OFFICE OF

2014 FEB 12 PM 3: 28

Debra Bowen
DEBRA BOWEN
SECRETARY OF STATE

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 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 2013 82	PUBLICATION DATE 2-22-2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation - Independent Bill Review		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2012-1219-02E; 2013-0620-04EE; 2013-0924-02EE	
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 9792.5.4, 9792.5.5, 9792.5.6, 9792.5.7, 9792.5.8, 9792.5.9, 9792.5.10, 9792.5.11, (see attachment)	
		AMEND 9792.5.1, 9793, 9794, and 9795, 9792.5.3 request	
TITLE(S) 8		REPEAL	
3. TYPE OF FILING			
<input 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 checked="" 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) 10/7/13 - 10/23/13; 12/11/13 - 12/26/13			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
<input type="checkbox"/> Effective 30th day after filing with Secretary of State <input checked="" type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify) _____			
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 George Parisotto		TELEPHONE NUMBER (510) 286-0639	FAX NUMBER (Optional) (510) 286-0687
E-MAIL ADDRESS (Optional) gparisotto@dir.ca.gov			

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
Destie Overpeck

DATE
12/30/13

TYPED NAME AND TITLE OF SIGNATORY
Destie Overpeck, Acting Administrative Director, Division of Workers' Compensation

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

FEB 12 2014

Office of Administrative Law

Notice Publication/Regulations Submission

STD. 400 (Rev. 01-09)

Attachment Sheet

Notice File Number Z-

Department of Industrial Relations, Division of Workers' Compensation
Subject of Regulations: Workers' Compensation, Independent Bill Review

Sections Affected (continuation)

Adopt: 9792.5.12, 9792.5.13, 9792.5.14, and 9792.5.15.