

**State of California  
Office of Administrative Law**

**In re:**  
**Division of Workers Compensation**

**NOTICE OF FILING AND PRINTING ONLY**

**Regulatory Action:**

**Government Code Section 11343.8**

**Title 8, California Code of Regulations**

**Adopt sections: 9789.12.1, 9789.12.2,  
9789.12.3, 9789.12.4, 9789.12.5,  
9789.12.6, 9789.12.7, 9789.12.8,  
9789.12.9, 9789.12.10, 9789.12.11,  
9789.12.12, 9789.12.13, 9789.12.14,  
9789.12.15, 9789.13.1, 9789.13.2,  
9789.13.3, 9789.14, 9789.15.1,  
9789.15.2, 9789.15.3, 9789.15.4,  
9789.15.5, 9789.15.6, 9789.16.1,  
9789.16.2, 9789.16.3, 9789.16.4,  
9789.16.5, 9789.16.6, 9789.16.7,  
9789.16.8, 9789.17.1, 9789.17.2,  
9789.18.1, 9789.18.2, 9789.18.3,  
9789.18.4, 9789.18.5, 9789.18.6,  
9789.18.7, 9789.18.8, 9789.18.9,  
9789.18.10, 9789.18.11, 9789.18.12,  
9789.18.19**

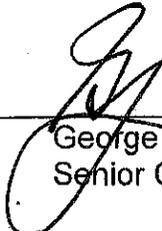
**OAL File No. 2013-0830-02 FP**

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This regulatory action is submitted as exempt from the Administrative Procedure Act as fixing a rate, price or tariff, pursuant Government Code section 11340.9(g). This action adopts the workers' compensation physician fee schedule for services rendered on or after January 1, 2014.

OAL filed this regulation(s) or order(s) of repeal with the Secretary of State, and will publish the regulation(s) or order(s) of repeal in the California Code of Regulations.

**Date: 9/24/2013**

  
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George C. Shaw  
Senior Counsel

**For: DEBRA M. CORNEZ  
Director**

**Original: Destie Overpeck  
Copy: Jacqueline Schauer**

# PRINT

(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  
**2013-0830-02FP**

EMERGENCY NUMBER

For use by Office of Administrative Law (OAL) only

2013 AUG 30 AM 9:01  
OFFICE OF ADMINISTRATIVE LAW

2013 SEP 24 PM 2:52  
*Destie Lee Overpeck*  
Acting Administrative Director

NOTICE

REGULATIONS

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 Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE		NOTICE REGISTER NUMBER
			PUBLICATION DATE

### B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Workers' Compensation-Official Medical Fee Schedule-Physician	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 9789.12.1, 9789.12.2, 9789.12.3, 9789.12.4, 9789.12.5, 9789.12.6, 9789.12.7, 9789.12.8, 9789.12.9, cont'd
AMEND
REPEAL
TITLE(S) 8

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 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 checked="" type="checkbox"/> File & Print <input checked="" type="checkbox"/> Other (Specify) <u>Exempt-Gov't Code section 11340.9(g)</u> <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)

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) <u>January 1, 2014</u>

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 Jacqueline Schauer	TELEPHONE NUMBER (510) 286-0563	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) jschauer@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 Lee Overpeck</i>	DATE August 29, 2013
TYPED NAME AND TITLE OF SIGNATORY Destie Lee Overpeck, Acting Administrative Director	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

SEP 24 2013

Office of Administrative Law

Form 400, Notice of Publication/Regulations Submission Attachment

Subject: Workers' Compensation-Official Medical Fee Schedule – Physician

Section B(2). Submission of Regulations, Sections affected, continued:

9789.12.10, 9789.12.11, 9789.12.12, 9789.12.13, 9789.12.14, 9789.12.15, 9789.13.1, 9789.13.2,  
9789.13.3, 9789.14, 9789.15.1, 9789.15.2, 9789.15.3, 9789.15.4, 9789.15.5, 9789.15.6,  
9789.16.1, 9789.16.2, 9789.16.3, 9789.16.4, 9789.16.5, 9789.16.6, 9789.16.7, 9789.16.8,  
9789.17.1, 9789.17.2, 9789.18.1, 9789.18.2, 9789.18.3, 9789.18.4, 9789.18.5, 9789.18.6,  
9789.18.7, 9789.18.8, 9789.18.9, 9789.18.10, 9789.18.11, 9789.18.12, 9789.19