

FILE NUMBER	NOTICE FILE NUMBER Z-2013-0913-01	REGULATORY ACTION NUMBER 2014-0219-01 5	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

**ENDORSED FILED
IN THE OFFICE OF**
2014 APR -3 PM 4:24
Debra Bowen
**DEBRA BOWEN
SECRETARY OF STATE**

AGENCY WITH RULEMAKING AUTHORITY
 Office of Statewide Health Planning and Development

AGENCY FILE NUMBER (if any)

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 <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	ACTION ON PROPOSED NOTICE	NOTICE REGISTER NUMBER 2013,392	PUBLICATION DATE 9/27/2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a SUBJECT OF REGULATION(S) Patient Data Reporting Update for ICD-10	1b ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) n/a
---	--

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 n/a
AMEND 97212, 97215, 97225, 97226, 97227, 97228, 97229, 97244, 97248, 97258, 97259, 97260, 97261
TITLE(S) 22
REPEAL n/a

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 Resubmittal of disapproved or withdrawn nonemergency filing (Gov.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 Resubmittal of disapproved or withdrawn emergency filing (Gov.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 (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 checked="" 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 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 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 Irene Ogonna	TELEPHONE NUMBER (916) 326-3937	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) irene.ogonna@oshpd.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 <i>Ron Spingarn</i>	DATE 2/4/14
TYPED NAME AND TITLE OF SIGNATORY Ron Spingarn, Deputy Director, Healthcare Information Division	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 03 2014

Office of Administrative Law

**State of California
Office of Administrative Law**

In re:
**Office of Statewide Health Planning and
Development**

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Regulatory Action:

Government Code Section 11349.3

Title 22, California Code of Regulations

OAL File No. 2014-0219-01 S

Adopt sections:

Amend sections: 97212, 97215, 97225,
97226, 97227, 97228,
97229, 97244, 97248,
97258, 97259, 97260,
97261

Repeal sections:

The Office of Statewide Health Planning and Development (Office) proposed this action to amend 13 sections under title 22 of the California Code of regulations and to amend two related incorporated by reference documents. The proposed amendments change the requirement for state licensed hospitals and ambulatory surgery clinics to report certain statutorily required inpatient and outpatient data to the Office using the International Classification of Diseases (ICD) code sets from the ICD-9 version to the ICD-10 version, starting October 1, 2014.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on 7/1/2014.

Date: 4/3/2014



Richard L. Smith
Senior Staff Counsel

For: DEBRA M. CORNEZ
Director

Original: Robert David
Copy: Irene Ogbonna