



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, Secretary of State

Rules and Regulations Filing Form

1. Agency Name and Address

Labor and Training, Department of, Workers Compensation Unit
 1511 Pontiac Avenue

2. Title of Rule

2016 RI Workers Compensation Medical Fee Schedule

3. Statutory Source of Authority

RIGL 28-33-7

4. Concise Explanatory Statement - §42-35-2.6

Amended rules for the Workers' Compensation Medical Fee Schedule in order to clarify the medical fee schedule rules. The final rule differs from the proposed rule. The final rule now includes a reference to the National Council for Prescription Drug Programs billing forms and electronic formats as the preferred billing platforms.

5. Type of Filing

Emergency Rules

A1. Emergency 120-day initial - §42-35-2.10

- Adoption
- Amendment of ERLID:
- Repeal of ERLID:

A2. Emergency 60-day renewal - §42-35-2.10

- Adoption
- Amendment
- Repeal

Indicate ERLID of 120-day initial:

Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:

Final Rules

B1. Amendment - §42-35-3(a)

B2. Adoption - §42-35-3(a)

B3. Repeal - §42-35-3(a)

C. Technical Revision

D. Direct Final Rule - §42-35-2.11

Supersedes ERLID: 7844

If B1 or C, please indicate new, amended, deleted, or revised sections:
 various sections

6. Notice and Hearing Information

Date of Public Notice - §42-35-2.8:08/16/2016
 Date of Public Hearing - §42-35-2.8:09/21/2016
 End of Comment Period - §42-35-2.8 :09/17/2016

7. Agency Additional Information - Web Page

<http://www.dlt.ri.gov>

8. Certification

I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,

 Name

 Notary Public

 Title

Subscribed and sworn before me
 this _____ day of _____, _____