

CHAPTER 69L-31
UTILIZATION AND REIMBURSEMENT DISPUTE RULES

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69L-31.002 Definitions.

The definitions that follow and those in Section 440.13(1), F.S., apply to capitalized terms used in this rule chapter:

(1) “Notice of Disallowance or Adjustment” means an Explanation of Bill Review (EOBR) as defined by paragraph 69L-7.710(1)(y), F.A.C.

(2) “Petitioner” means the Health Care Provider, or entity acting on behalf of the Health Care Provider, submitting a Petition Form to contest Carrier disallowance or adjustment of payment.

(3) “Petition Form” means the Petition for Resolution of Reimbursement Dispute Form, DFS-F6-DWC-3160-0023, incorporated in Rule 69L-31.003, F.A.C.

(4) “Response Form” means the Carrier Response to Petition for Resolution of Reimbursement Dispute Form, DFS-F6-DWC-3160-0024, incorporated in Rule 69L-31.004, F.A.C.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7) FS. History—New 8-2-21.

69L-31.003 Petition for Resolution of Reimbursement Dispute Form and Requirements.

(1) The Petition for Resolution of Reimbursement Dispute Form, DFS-F6-DWC-3160-0023, effective 07/2021, is incorporated by reference herein. This form may be obtained on the Department’s website at <https://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> or at <https://www.flrules.org/Gateway/reference.asp?No=Ref-13337> or by contacting the Department at (850)413-1613.

(2) A petition to contest Carrier disallowance or adjustment of payment pursuant to Section 440.13(7)(a), F.S., must be made on the Petition Form. The Department will not accept any other form or document in lieu of the Petition Form.

(3) The Petitioner must submit the Petition Form to the Department within the timeframe set forth in Section 440.13(7)(a), F.S., and must include with the Petition Form the documents listed below that support the allegations contained in the Petition Form:

(a) A copy of each Notice of Disallowance or Adjustment received from the Carrier and, if applicable, proof of the date of receipt, as required by subsection 69L-31.008(1), F.A.C.;

(b) A copy of all medical bill(s) or request(s) for reimbursement sent to the Carrier for which payment was disallowed or adjusted by the Carrier on each Notice of Disallowance or Adjustment;

(c) A copy of all documentation submitted to the Carrier in support of the medical service(s), bill(s), or request(s) for reimbursement that are subject to the dispute;

(d) If the services provided in the Notice of Disallowance or Adjustment were alleged by the Carrier as being reimbursed pursuant to a contract:

1. Documentation substantiating the contract was in effect for the line item(s) in dispute and the provision which governs reimbursement for the services if Petitioner is disputing payment was made at an amount that is less than the amount prescribed in

such a contract; or

2. Documentation substantiating the contract was in effect and the terms of the contract which evidence its inapplicability to the line item(s) in dispute if Petitioner is disputing the applicability of the contract to the line item(s) in dispute; or

3. Petitioner shall indicate on question 4 of the Petition Form that no contract existed between parties if the Petitioner disputes that a contract ever existed; or

4. Documentation substantiating that there was no contract in effect for the line item(s) in dispute if Petitioner disputes that a contract, which had been in effect at one time, was no longer in effect for the line item(s) in dispute;

(e) If the Medical Necessity of the services in the Notice of Disallowance or Adjustment are being disputed, supporting medical notes and records for the line item(s) in dispute must be provided; a Letter of Medical Necessity signed by the Health Care Provider who provided the services in the contested line item(s) in the Notice of Disallowance or Adjustment describing the Medical Necessity of the services may be provided in addition to the supporting medical notes and records;

(f) If the authorization for the services in the Notice of Disallowance or Adjustment are being disputed, all of the Petitioner's documentation, records, and correspondence related to the authorization or request for authorization, if any; and

(g) Any additional documents or records that support the allegations contained in the Petition Form.

(4) If the Petitioner does not submit a completed Petition Form, accompanied by all of the required items, the Department will notify the Petitioner of the deficiency in submission. The Petitioner will have twenty (20) calendar days from receipt of the notice of deficiency to cure the deficiency by providing to the Department the items specified in the Department's notice along with proof of proper service of the curative documentation upon the Carrier and all affected parties. If the Department does not receive the curative documentation and proof of service of the curative documentation upon the Carrier and all affected parties within twenty (20) calendar days after Petitioner's receipt of the notice of deficiency, the petition will be dismissed with prejudice.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), (11) FS. History—New 11-28-06, Formerly 59A-31.003, Amended 8-2-21.

69L-31.004 Carrier Response to Petition for Resolution of Reimbursement Dispute Form and Requirements.

(1) The Carrier Response to Petition for Resolution of Reimbursement Dispute, Form DFS-F6-DWC-3160-0024, effective 07/2021, is incorporated by reference herein. This form may be obtained on the Department's website at <https://www.myfloridacfo.com/Division/WC/PublicationsFormsManualReports/Forms/Default.htm> or at <https://www.flrules.org/Gateway/reference.asp?No=Ref-13338> or by contacting the Department at (850)413-1613.

(2) The Response Form is the only form accepted by the Department upon which a Carrier may submit its response, pursuant to Section 440.13(7)(b), F.S., to a Petition Form. Instructions for submission of the Response Form are included on the bottom of the Response Form.

(3) The Carrier must submit the Response Form, accompanied by all supporting documentation, to the Department in accordance with the timeframe set forth in Section 440.13(7)(b), F.S.

(a) If the Carrier issued a Notice of Denial under Rule 69L-56.4012, F.A.C., for any services or line items in dispute on the Petition Form, the Carrier must provide the same as supporting documentation.

(b) If the Carrier disallowed payment for the line item in dispute based on Medical Necessity, the Carrier may submit any peer review or utilization review, that support the disallowance of payment, for inclusion in the case file sent to the Expert Medical Advisor (EMA) for review.

(c) If the Carrier disallowed or adjusted the payment in the Notice of Disallowance or Adjustment because the Petitioner was not authorized to provide the services, all of the Carrier's documentation, correspondence, and records evidencing authorization was not given to the Health Care Provider prior to the dates of service(s) or all of the Carrier's documentation, records, and correspondence evidencing the Carrier responded to the request for authorization in accordance with paragraph (3)(d) or (3)(i) of Section 440.13, F.S., if any.

(4) Using a delivery method that provides confirmation of the date of delivery, the Carrier must provide to the Petitioner, at the Petitioner's mailing address provided on the Petition Form, a copy of the Response Form and all supporting documentation submitted to the Department in response to the Petition Form. The Carrier must document the delivery tracking information in such detail that the Department can verify the Petitioner's receipt of the Response Form and supporting documentation.

(5) Any submission by a Carrier pursuant to Section 440.13(7)(b), F.S., that does not include a completed Response Form, accompanied by all required items, will result in the issuance of a notice of deficiency by the Department. The Carrier will have

twenty (20) calendar days from receipt of the notice of deficiency to cure the deficiency by providing to the Department the items specified in the Department's notice along with proof of proper service of the curative documentation upon the Petitioner. Failure to timely cure the deficiency and provide proof of service of the curative documentation upon the Petitioner will constitute failure to submit requested documentation to the Department and a waiver of all objections to the petition.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), (11) FS. History—New 11-28-06, Formerly 59A-31.004, Amended 8-2-21.

69L-31.005 Written Determinations.

(1) The Department will render a written determination on whether the Carrier properly adjusted or disallowed payment pursuant to Section 440.13(7)(c), F.S., by relying on the Petition Form, Response Form, and all supporting documentation submitted to the Department by the Petitioner and the Carrier to support their respective positions. The Department will use an Expert Medical Advisor (EMA), in accordance with Section 440.13(9)(b), F.S., to assist in resolving Reimbursement Disputes associated with the disallowance or adjustment of payment based upon Medical Necessity of the services in the Notice of Disallowance or Adjustment when both the Petitioner (pursuant to paragraph 69L-31.003(3)(e), F.A.C.) and Carrier (pursuant to paragraph 69L-31.004(3)(b), F.A.C.) have provided documentation to support their respective decisions on the Medical Necessity of the services. If an EMA is utilized by the Department, all forms and documentation received pursuant to Rules 69L-31.003 and 69L-31.004, F.A.C., will be forwarded to the EMA.

(2) In its written determination, the Department will address the specific line item(s) in the Notice of Disallowance or Adjustment that the Petitioner contends were improperly disallowed or adjusted.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), (9), (11) FS. History—New 11-28-06, Formerly 59A-31.005, Amended 8-2-21.

69L-31.006 Consolidation of Petitions.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(e) FS. History—New 11-28-06, Formerly 59A-31.006, Repealed 8-2-21.

69L-31.007 Service of Petition on Carrier and All Affected Parties.

(1) The Petitioner must effectuate service on the Carrier and on all affected parties by serving a copy of the Petition Form, and all supporting documentation submitted to the Department, by United States Postal Service (USPS) certified mail on the specific entity identified on the Notice of Disallowance or Adjustment as the entity the Carrier designates to receive service of the Petition Form and all supporting documentation on behalf of the Carrier and all affected parties. If the Notice of Disallowance or Adjustment does not specifically identify the name and mailing address of the entity the Carrier designates to receive service on behalf of the Carrier and all affected parties, as required by subsection 69L-7.740(14), F.A.C., the Petitioner may effectuate service of the Petition Form upon the Carrier and all affected parties by serving a copy of the Petition Form and copies of all documents and records in support of the Petition Form by United States Postal Service (USPS) certified mail upon the entity who issued the Notice of Disallowance or Adjustment. Service by delivery other than USPS certified mail or service by common carrier does not constitute service by USPS certified mail, as required by Section 440.13(7)(a), F.S., even if the Carrier's delivery and receipt of the documents are confirmed.

(2) If a Carrier has not been properly served in accordance with this rule, the Petitioner will be notified by the Department of the deficiency in service. The Petitioner will have twenty (20) calendar days from receipt of the notice of deficiency in service to provide the Department with proof the deficiency in service identified in the notice of deficiency has been cured by proper service. If the Department does not receive proof of proper service within twenty (20) calendar days after Petitioner's receipt of the notice of deficiency, the petition will be dismissed with prejudice. For purposes of this rule, "proof of proper service" means that a copy of the Petition Form, and one copy set of all documents and records in support of the petition have been delivered by USPS certified mail to the proper entity at the proper address as set forth in this rule, and a certified mail receipt number is provided to the Department to confirm service.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), (11) FS. History—New 11-28-06, Formerly 59A-31.007, Amended 8-2-21.

69L-31.008 Computation of Time.

(1)(a) The forty-five (45) day time period within which a Petition Form must be submitted to the Department begins upon receipt of the Notice of Disallowance or Adjustment by the Health Care Provider or by an entity designated by the Health Care Provider to receive such notice on behalf of the Health Care Provider.

(b) The Health Care Provider must document receipt of the Notice of Disallowance or Adjustment by either: 1) using a date stamp that clearly reflects the date of receipt of the Notice of Disallowance or Adjustment by the Health Care Provider; or 2) using a verifiable login process. A date-stamped Notice of Disallowance or Adjustment will be accepted as proof of the date of receipt. A copy of the applicable portion of the login roster showing the date of login of the Notice of Disallowance or Adjustment will be accepted as proof of the date of receipt through a verifiable login process.

(c) If receipt cannot be established through a date stamp or verifiable login process, the Petitioner may provide a copy of the envelope in which the Notice of Disallowance or Adjustment was sent that clearly and legibly shows the postmark date, in which case receipt will be deemed to be five (5) calendar days after the postmark date.

(d) If the Petitioner does not establish the date of its receipt of the Notice of Disallowance or Adjustment by any of the methods set forth in this subsection through documentation accompanying the Petition Form, the Health Care Provider's receipt of the Notice of Disallowance or Adjustment will be deemed to be five (5) calendar days after the issue date on the Notice of Disallowance or Adjustment. An affidavit attesting to the date of receipt will not be accepted as proof of the date of receipt.

(2) Petitioning the Department to resolve a Reimbursement Dispute is effectuated upon submission of the Petition Form and supporting documentation to the Department. The timeliness of a Petition Form will be calculated based on the date of submission of the Petition Form to the Department in accordance with subsection (4), below.

(3) The thirty (30) day time period within which a Response Form must be submitted to the Department begins upon the date the Carrier receives the Petition Form, which will be established by the USPS certified mail receipt date. If the Department issues a notice of deficiency to the Petitioner, then the thirty (30) day time period within which a Response Form must be submitted to the Department begins upon the date the Carrier receives the curative documentation, which will be established by the USPS certified mail receipt date. Timely submission by the Carrier to the Department of the Response Form and supporting documentation will be determined based on the date of submission of the Response Form and supporting documentation to the Department in accordance with subsection (4), below.

(4) Submission of a Petition Form or Response Form to the Department must be by USPS mail, by common carrier, or by hand delivery. If submission is by USPS mail, the date of submission to the Department will be the postmark date placed on the envelope by USPS. If submission is by common carrier, the date of submission to the Department will be the common carrier pick-up date. If submission is by hand delivery, the date of submission will be the date the Petition Form or Response Form is hand delivered to the receptionist at the hand delivery address listed on the forms (which can only be accomplished Monday through Friday, between 8:00 a.m. and 5:00 p.m., Eastern Time, excluding state of Florida holidays).

(5) Time periods established for petitioning the Department to resolve a Reimbursement Dispute or responding to a Petition Form are not tolled by any of the following actions: requesting an on-site audit; conducting an on-site audit; referral of the Health Care Provider for peer review consultation; or an independent medical examination of the injured employee.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), (11) FS. History—New 11-28-06, Formerly 59A-31.008, Amended 8-2-21.

69L-31.009 Carrier Response Requirements.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(b) FS. History—New 11-28-06, Formerly 59A-31.009, Repealed 8-2-21.

69L-31.010 Effect of Non-Response by Carrier.

Rulemaking Authority 440.13(7), 440.591 FS. Law Implemented 440.13(7)(b) FS. History—New 11-28-06, Formerly 59A-31.010, Repealed 8-2-21.

69L-31.011 Complete Record.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(c) FS. History—New 11-28-06, Formerly 59A-31.011, Repealed 8-2-21.

69L-31.012 Joint Stipulation of the Parties.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7) FS. History—New 11-28-06, Formerly 59A-31.012, Repealed 8-2-21.

69L-31.013 Petition Withdrawal.

(1) The Petitioner may voluntarily withdraw its Petition Form prior to the conclusion of a final hearing or the issuance of a final order, whichever occurs first, or participate in an informal disposition under Section 120.57(4), F.S.

(2) The withdrawal must be in writing and must clearly indicate:

(a) The case number assigned by the Department; or

(b) The name of the Petitioner requesting withdrawal, the name of the Carrier against which the Reimbursement Dispute has been initiated, the date(s) of service identified on the Petition Form, and the identity of the injured employee to whom medical services were delivered.

(3) Upon the Department's receipt of a written request for withdrawal of a Petition Form, the Department will close its file on the matter without further action.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), (11) FS. History—New 11-28-06, Formerly 59A-31.013, Amended 8-2-21.

69L-31.014 Overutilization Issues Raised in Reimbursement Dispute Resolution.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(b), 440.13(7)(c) FS. History—New 11-28-06, Formerly 59A-31.014, Repealed 8-2-21.

69L-31.015 Managed Care Arrangements.

Rulemaking Authority 440.13(7)(e), 440.134(25)(e), 440.591 FS. Law Implemented 440.13(7) FS. History—New 11-28-06, Formerly 59A-31.015, Repealed 5-22-14.