

OUTLINE OF WORKERS' COMPENSATION REIMBURSEMENT

I. Introduction

Reimbursement for Medical Services in the Florida Workers' Compensation System is governed, first of all by the language in §440.13, Fla. Stat., relating to medical treatment, as well as §440.015, Fla. Stat., the Legislative Intent section. Other provisions come into play, including but not limited to §440.44, Fla. Stat., which instructs the Division of Workers' Compensation and Judges of Compensation Claims, as well as the Division of Administrative Hearings as a whole, to assume an active and forceful role in the administration of the Act, so as to ensure that the system operates efficiently and with maximum benefit to both employers and employees. Medical reimbursement is also governed by policy and rules enacted by the Division of Workers' Compensation, typically set forth in Chapter 69L, F.A.C., as well as the three separately promulgated reimbursement manuals for general health care providers, as well as hospitals and ambulatory surgery centers. These rules and manuals incorporate multiple other documents and industry-wide standards and forms which must be used in the medical bill process.

II. General Criteria for Payment

Before a bill can be paid in the Florida Workers' Compensation System, the following criteria should be satisfied:

- a. Request for authorization
- b. Authorization by the Carrier – either actual or implied at law
- c. Documentation of medical treatment actually provided by a duly licensed provider
- d. Medical treatment that was medically necessary
- e. Medical treatment that was causally related to the compensable injury
- f. If challenged by the carrier through peer review/IME process, proof that the treatment is not overutilization, and otherwise complies with practice parameters and standards of care required in §440.13(14) and (15), Fla. Stat.

III. Billing and Bill Review Process

A. The Bill

Under the Statute, the medical provider or their authorized billing representative must submit its medical bill on the Division-required form with complete information as required in the provider billing rule and the appropriate reimbursement manual.

The provider must also include all medical documentation supporting payment, which at a minimum, includes medical treatment notes signed by the provider showing provision of authorized treatment, as well as the form depicting the name and licensure of the provider, and the name and information of the billing entity.

B. Bill Review and EOB

Upon receipt of a complete medical bill, the carrier, or its designated servicing entity, or its “designated claim handling entity”, has 45 days to issue an Explanation of Bill Review (EOB) or (EOBR), along with a “minimum partial payment” if there is a dispute over some portion of payment. The carrier bill reviewer may extend the 45 day deadline by sending an appropriate request for more information, pursuant to Rule. Various “back and forth” steps are often taken in this process to obtain necessary information, including documentation that all line item services on a particular bill are substantiated. In some cases, the provider may submit a “Request for Reconsideration” once the initial EOB and payment have been issued.

C. Bill Dispute – Provider Petition

Once the initial EOB is issued, the provider has 45 days in which to file a Petition for Reimbursement Dispute with the Division of Workers’ Compensation, on the Division-approved form. The form must be fully completed, and must include all supporting documentation required by rule.

The Division requires the provider to include documentation demonstrating that the disputed service or bill was for actually authorized treatment, or that it was authorized by virtue of “emergency” or by virtue of a valid request with expiration of the carrier’s statutorily required response time.

The rules also require documentation, including medical documents, showing the service was actually provided and that the treatment was related to the alleged accident. Additional documentation, such as basis for payment, and any contract or managed care arrangement information should be provided as well. Failure to provide such document typically leads to the Division issuing a “Notice of Deficiency” which gives the provider a certain amount of time to provide the documentation, or face dismissal of the Petition.

The provider’s Petition must be served on the carrier and the provider must maintain proof of service upon filing with the Division.

D. Bill Dispute – Carrier Response to Petition

The carrier has 30 days from receipt of a Petition for Reimbursement Dispute in which to file a response. The carrier response must be made on the Division-required form, with appropriate completion of all information that is relevant to any adjustment or payment defense. The carrier may provide additional information, including a “Continuation of Response”, along with additional documentation that it believes is relevant to resolution of the dispute. Failure by the carrier to file a response results in a waiver of any arguments the carrier would otherwise be entitled to raise.

E. Dispute Determination

The Division renders a "Determination" based on the documentation submitted by both the provider and the carrier, in compliance with the statute and its own rules. Unfortunately, some portions of the rules and use of "fee schedules" conflict with the stated legislative intent of the law, that all payments ordered by the Department must be based on, or limited by, a "maximum reimbursement allowance" or an agreed upon price, and that all payments must be commercially reasonable. Historically, because of prior versions of the statute and use over time, the Division has decided that, where no maximum reimbursement allowance has been published in a reimbursement manual, the "fee schedule" results in a payment to a provider at either 60% of the billed charge or 75% of the billed charge, as the case may be.

Notice of Proposed Rule

DEPARTMENT OF FINANCIAL SERVICES

Division of Workers' Compensation

RULE NOS.:RULE TITLES:

- 69L-31.002 Definitions
- 69L-31.003 Petition Form
- 69L-31.004 Carrier Response Form
- 69L-31.005 Petition Requirements
- 69L-31.006 Consolidation of Petitions
- 69L-31.007 Service of Petition on Carrier and Affected Parties
- 69L-31.008 Computation of Time
- 69L-31.009 Carrier Response Requirements
- 69L-31.010 Effect of Non-Response by Carrier
- 69L-31.011 Complete Record
- 69L-31.012 Joint Stipulation of the Parties
- 69L-31.013 Petition Withdrawal
- 69L-31.014 Overutilization Issues Raised in Reimbursement Dispute Resolution

THE FULL TEXT OF THE PROPOSED RULE IS:

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 rule 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.

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, revised MM/YYYY, (DFS Form 3160-0023, effective September 8, 2006) is hereby incorporated by reference herein. This form may be obtained on the Department's website Internet at <https://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> 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 for Resolution of Reimbursement Dispute Form. The Department will not accept any other form or document in lieu of the Petition Form. Instructions for submission of the Petition Form are included on the bottom of the Petition Form. Any submission seeking to contest the disallowance or adjustment of payment by a carrier pursuant to section 440.13(7)(a), F.S., must include a completed Petition for Resolution of Reimbursement Dispute 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: ~~documentation substantiating the contract was in effect for the line item(s) in dispute and the provision which governs reimbursement for the services;~~

(i) 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

(ii) 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

(iii) 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

(iv) 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, 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, along with supporting medical notes and records for the line item in dispute.

~~(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; and~~

(fg) 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. If the Department does not receive the curative documentation and proof of service of the curative documentation upon the Carrier 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 F.S. Law Implemented 440.13(7), 440.13(7)(a), 440.13(11) F.S. History--New 11-28-06, Formerly 59A-31.003, Amended .

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, revised MM/YYYY, (DFS Form 3160-0024, effective September 8, 2006) is hereby incorporated by reference herein. This form may be obtained on the Department's website Internet at <https://www.myfloridacfo.com/Division/WC/PublicationsFormsManualsReports/Forms/Default.htm> or by contacting the Department at (850)413-1613.

~~(2) The Carrier Response to Petition for Resolution of Reimbursement Dispute Form shall be considered a required element of the requested documentation to the Department under section 440.13(7)(b), F.S. The Carrier Response to Petition for Resolution of Reimbursement Dispute Form is shall be the only form accepted by the Department upon which a Carrier may submit to the Department its response, pursuant to section 440.13(7)(b), F.S., to a Petition Form for Resolution of Reimbursement Dispute. 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, 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 reviews or utilization reviews for inclusion in the Expert Medical Review (EMA), that support the disallowance of payment.

(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 paragraphs (3)(d) or (3)(i) of section 440.13, F.S.

(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 Carrier Response to Petition for Resolution of Reimbursement Dispute Form, accompanied by all required items, will shall result in the issuance of a notice of deficiency by the Department. The A Carrier will shall have twenty (20) ten (10) 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 identified in the Department's notice of deficiency. Failure to timely cure the deficiency and provide proof of service of the curative documentation upon the Petitioner will shall 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), 440.13(7)(b), 440.13(11) FS. History--New 11-28-06, Formerly 59A-31.004, Amended.

Substantial rewording of Rule 69L-31.005 follows. See Florida Administrative Code for present text.

69L-31.005 Written Determinations Petition Requirements.

(1) The Department will render a written determination on whether the Carrier properly adjusted or disallowed payment by relying upon those guidelines in section 440.13(7)(c), F.S., along with the Petition Form, and 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, in accordance with section 440.13(9)(b), F.S., to assist in resolving resolve Reimbursement Disputes associated with the disallowance or adjustment of payment based upon: 1) overutilization; or 2) 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.

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

(3) Failure by the Carrier to issue an EOBR that meets the requirements of 69L-7.740(14) may result in a determination in favor of the Petitioner, along with one or more of the following penalties in sections 440.13(7)(f) and 440.525, F.S., and Rule 69L-24.007, F.A.C.

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

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.

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

(1) The Petitioner must shall effectuate service on upon the Carrier and on all affected parties by serving a copy of the Petition Form, and all supporting documentation submitted to the Department documents and records in support of the petition, by United States Postal Service (USPS) certified mail on the specific entity identified on the Notice of Disallowance or Adjustment Explanation of Bill Review 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 Explanation of Bill Review 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 paragraph 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 Explanation of Bill Review at the address from which the Explanation of Bill Review.

~~(2) A Petition for Resolution of Reimbursement Dispute must be served upon the carrier and all affected parties by United States Postal Service (USPS) certified mail. Service upon the carrier shall include one copy set of all documents and records submitted to the Department in support of the petition.~~

~~(3) Service by certified mail means service by United States Postal Service (USPS) certified mail. Service by United States Postal Service (USPS) 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., statute, even if the Carrier's carrier delivery and receipt of the documents is petition are confirmed.~~

~~(2) (4) If a C~~arrier has not been properly served in accordance with this rule subsection, the Petitioner will be notified by the Department of the deficiency in service. The Petitioner will shall have twenty ~~ten~~ (2040) 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 ~~ten~~ (2040) 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 sent by United States Postal Service (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 mailing.

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

Substantial rewording of Rule 69L-31.008 follows. See Florida Administrative Code for present text.

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) 440.13(7)(a) and (b), 440.13(11) FS. History--New 11-28-06, Formerly 59A-31.008, Amended.

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.

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.

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.

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.

69L-31.013 Petition Withdrawal.

- (1) Prior to the issuance of a determination, the Petitioner may voluntarily withdraw its Petition Form for Resolution of Reimbursement Dispute.
- (2) Subsequent to the issuance of a determination but prior to the issuance of a final order, the petition may only be withdrawn by agreement of both parties. In the withdrawal, the Petitioner must either provide a statement that Petitioner has conferred with Carrier and the Carrier consents to the withdrawal, or provide written consent from the Carrier.
- (3) The withdrawal must of a petition shall be in writing and must clearly indicate:
 - (a) The case number assigned by the Department; or

~~(b) The name of the Petitioner health care provider or facility requesting withdrawal;~~ (b) The name of the Carrier against which whom the Reimbursement Dispute petition has been initiated;~~(c) The date(s) of service identified on the Petition Form, covered by the petition;~~ and (d) The identity of the injured employee to whom medical services were delivered.

(4) ~~Upon the Department's The result of receipt by the Department of a written request for withdrawal of a Petition Form, the Department will close its file on the matter without further action~~ petition shall be dismissal of the determination case by the Department.

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

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) and (c), FS. History—New 11-28-06, Formerly 59A-31.014, Repealed .



DEPARTMENT OF FINANCIAL SERVICES
Division of Workers' Compensation - Bureau of Monitoring and Audit

PETITION FOR RESOLUTION OF REIMBURSEMENT DISPUTE FORM

A Petition for Resolution of Reimbursement Dispute (Petition Form) must be served on the Department within forty-five (45) days after the Petitioner's receipt of a Notice of Disallowance or Adjustment, pursuant to Rule 69L-31.003, Florida Administrative Code (F.A.C.).

PETITIONER NAME: _____ EMAIL (optional): _____
 [MUST BE "Health Care Provider" as defined in section 440.13(1)(g), Florida Statutes (F.S.)]

MAILING ADDRESS: _____

If the Petition Form is submitted by an entity acting on behalf of the Petitioner, please provide:

ENTITY NAME: _____ EMAIL (optional): _____
 MAILING ADDRESS: _____

Name of injured employee the service(s) was provided to: _____

Date(s) of service applicable to petition: _____

1. Date of receipt of the Notice of Disallowance or Adjustment from the Carrier: _____

Select the method used to establish the date of receipt of the Notice of Disallowance or Adjustment:

- Date Stamp** (a date-stamped Notice of Disallowance or Adjustment will be accepted as proof of date of receipt by date stamp).
- Verifiable Login Process** (a copy of the applicable portion of the login roster showing a date of login of the Notice of Disallowance or Adjustment will be accepted as proof of receipt through a verifiable login process).
- Postmark Date** (a copy of the envelope in which the Notice of Disallowance or Adjustment was sent which clearly and legibly shows the postmark date will be accepted as proof of receipt by postmark date).

If the Petitioner does not establish the date of receipt by any of the methods set forth in this section, the Petitioner's receipt of the Notice of Disallowance or Adjustment will be deemed to be five (5) calendar days from the issue date on the Notice of Disallowance or Adjustment.

2. Provide the name, mailing address, and certified mail receipt number for the copy of the Petition Form served by United States Postal Service certified mail on the entity the Carrier designated on the Notice of Disallowance or Adjustment to receive service of the Petition Form on behalf of the Carrier and all affected parties; or if no such entity was designated by the Carrier, upon the entity that sent the notice.

United States Postal Service certified mail number: _____

3. What does the Petitioner assert is the correct reimbursement amount for the service(s) in dispute that were disallowed or adjusted?

\$ _____ Attach to the Petition Form a detailed calculation of the amount the Petitioner asserts is correct.

4. Was the service(s) for which payment was disallowed or adjusted provided pursuant to a contract? Yes No

If "Yes," and Petitioner is disputing that payment is being made at an amount less than the amount prescribed in such contract, provide the documentation substantiating the contract was in effect for the line item(s) in dispute and provide the provision which governs reimbursement for service(s).

If "Yes," and Petitioner is disputing the applicability of the contract to the line item(s) in dispute, 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 "No," but the services in the Notice of Disallowance or Adjustment were alleged by Carrier as being provided pursuant to a contract and there had been a contract that was no longer in effect for the line item(s) in dispute, provide documentation substantiating that there was no contract in effect for the line item(s) in dispute.



DEPARTMENT OF FINANCIAL SERVICES
Division of Workers' Compensation - Bureau of Monitoring and Audit

PETITION FOR RESOLUTION OF REIMBURSEMENT DISPUTE FORM

5. Pursuant to paragraph 69L-7.730(1)(b), F.A.C., at the time of authorization or upon receipt of emergency care, did the claim administrator or entity acting on behalf of the Carrier request in writing supporting documentation? Yes No
 If "Yes," please specify the documentation requested and, in accordance with paragraph 69L-31.003(3)(c), F.A.C., provide a copy of the documentation the Petitioner provided in response to the request.

6. Was the service(s) for which payment was disallowed or adjusted based upon lack of authorization by the Carrier? Yes No
 If "Yes," provide all of the Petitioner's documentation, records, and correspondence related to the authorization or request for authorization.

Please indicate the date the Health Care Provider sent the request for authorization: _____

Please indicate the date the Carrier received the request for authorization, if known: _____

Did the Carrier respond to the request for authorization? Yes No

If "Yes," please provide the Carrier's response and indicate the date the Carrier responded to the request for authorization: _____

837.06 False official statements. – Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

_____	_____
Signature	Date
_____	_____
Print Name	Telephone Number

The Petition Form, accompanied by the supporting documentation outlined in Rule 69L-31.003, F.A.C., must be submitted to the Department by mail or hand delivery to:

DIVISION OF WORKERS' COMPENSATION, MEDICAL SERVICES SECTION
 C/O DEPARTMENT OF FINANCIAL SERVICES
 200 EAST GAINES STREET
 TALLAHASSEE, FLORIDA 32399-4232



DEPARTMENT OF FINANCIAL SERVICES
Division of Workers' Compensation - Bureau of Monitoring and Audit

**CARRIER RESPONSE TO PETITION
 FOR RESOLUTION OF REIMBURSEMENT DISPUTE FORM**

The Carrier Response to Petition for Resolution of Reimbursement Dispute (Response Form) must be filed with the Department within thirty (30) days after receipt of the Petition for Resolution of Reimbursement Dispute Form pursuant to Rule 69L-31.004, Florida Administrative Code (F.A.C).

CARRIER NAME: _____ **EMAIL (optional):** _____
 [MUST BE "Carrier" as defined in section 440.13(1)(c), Florida Statutes (F.S.)]

MAILING ADDRESS: _____

If the Response Form is submitted by an entity acting on behalf of the Carrier, please provide:

ENTITY NAME: _____ **EMAIL (optional):** _____

MAILING ADDRESS: _____

PETITIONER NAME: _____

Name of injured employee the service(s) was provided to: _____

Date(s) of service applicable to petition: _____

1. Provide the name, mailing address, and proof of delivery to the Petitioner (i.e., delivery confirmation) for the copy of the Response Form and all supporting documentation served on the Department in response to the petition.

Petitioner Name: _____
 Petitioner Mailing Address: _____
 Proof of Delivery: _____

2. What does the Carrier assert is the correct reimbursement amount for the service(s) in dispute on the Petition Form?
 \$ _____

Attach to the Response Form a detailed calculation of the amount the Carrier asserts is the correct reimbursement, a copy of each Notice of Disallowance or Adjustment issued to the Petitioner, and documents supporting the Carrier's disallowance or adjustment.

3. Was the service(s) for which payment was disallowed or adjusted provided pursuant to a contract? Yes No

If "Yes," provide the documentation substantiating the contract was in effect for the line item(s) in dispute and provide the provision which governs reimbursement for medical service(s)/treatment.

4. Was a Notice of Denial issued under Rule 69L-56.4012, F.A.C., for any services or line items in dispute on the Petition Form? Was EOB Code 10 or 11 used on any line item in dispute to deny payment? Yes No

If yes, submit a copy of the Form DFS-F2-DWC-12, Notice of Denial, that was sent to the injured worker and Health Care Provider pursuant to Rule 69L-56.4012, F.A.C.

5. Pursuant to paragraph 69L-7.730(1)(b), F.A.C., at the time of authorization or notice of emergency care, did the claim administrator or the entity acting on behalf of the Carrier request in writing any supporting documentation? Yes No

If "Yes," please specify the documentation requested and provide a copy of the documentation received from the Health Care Provider.



DEPARTMENT OF FINANCIAL SERVICES
Division of Workers' Compensation - Bureau of Monitoring and Audit

**CARRIER RESPONSE TO PETITION
 FOR RESOLUTION OF REIMBURSEMENT DISPUTE FORM**

6. Was the service(s) for which payment was disallowed or adjusted authorized by the Carrier? Yes No

If "No," 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 440.13(3)(d), F.S., or paragraph 440.13(3)(l), F.S.

Did the Carrier receive a request for authorization from the Health Care Provider for the service(s), which was disallowed or adjusted? Yes No

If "Yes," please indicate the date the Carrier received the Health Care Provider's request for authorization: _____

Did the Carrier respond to the request for authorization? Yes No

If "Yes," please provide the Carrier's response and indicate the date the Carrier responded to the request for authorization: _____

 Signature

 Date

 Print Name

 Telephone Number

837.06 False official statements. - Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

The Response Form, accompanied by all supporting documentation, must be submitted to the Department by mail or hand delivery to:

DIVISION OF WORKERS' COMPENSATION, MEDICAL SERVICES SECTION
 C/O DEPARTMENT OF FINANCIAL SERVICES
 200 EAST GAINES STREET
 TALLAHASSEE, FLORIDA 32399-4232