Florida Workers' Compensation
Health Care Provider
Reimbursement Manual, 2020 Edition

Notice of Proposed Rule Changes
Draft Rule 69L-7.020, F.A.C.
Hearing Date: 05/06/2021

SUMMARY OF CHANGES PROPOSED RULE 69L-7.020, F.A.C.

RULE REVISION OVERVIEW:

Proposed Draft Rule 69L-7.020, Florida Administrative Code (F.A.C.), incorporates the following updates to the Florida Division of Workers' Compensation Health Care Provider Reimbursement Manual, 2020 Edition; changes are made in punctuation, grammar, and section/paragraph titles for clarity and consistency throughout the manual; changes have been made in the sections entitled "Program Requirements", and "Medical Records" to make the current policy language consistent with the Florida Division of Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers and the Florida Division of Workers' Compensation Reimbursement Manual for Hospitals; the CPT copyright statement was stricken from the policy section and placed in the page footer; corrections have been made to phone numbers, fax numbers, and website references in Appendix B; references to the word "will" and "shall" are stricken and replaced with the word "must"; references to "Part A", "Part B", and "Part C" are stricken and replaced with references to "in this manual" as applicable; references to "contract price" are updated to read, "according to an agreed upon contract price" when applicable; "The MRA" has been updated to "The MRA in this Manual"; the acronym "HCP" was changed to "Health Care Provider"; "Advanced Registered Nurse Practitioner" is corrected and updated to "Advanced Practice Registered Nurse"; and updates are made to the schedule of maximum reimbursement allowances to incorporate the 2020 Medicare conversion factor and 2020 Medicare relative value units.

RULE HISTORY:

Rule 69L-7.020, F.A.C., the Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2008 Edition (Effective Feb. 4, 2009)

Rule 69L-7.020, F.A.C., the Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2015 Edition (Effective July 1, 2016)

Rule 69L-7.020, F.A.C., the Florida Workers' Compensation Health Care Provider Reimbursement Manual, 2016 Edition (Effective July 1, 2017)

PROPOSED CHANGES - POST 03/04/2021 HEARING DATE:

Page #	Section/Paragraph Titles	Text Change
6	Purpose	The Manual contains the schedule of Maximum Reimbursement Allowances (MRAs) approved by the Three-Member Panel for reimbursing health care providers. Unless otherwise specified in this Manual, the terms "insurer" and "carrier" are used interchangeably and have the same meanings as defined in section 440.02, F.S., and may also refer to a service company, Third-Party Administrator (TPA), or any other entity acting on behalf of a carrier for the purposes of administering workers' compensation benefits for its insured(s). The policies, procedures, principles, and standards in this Manual are in addition to the requirements established by Rule Chapter 69L-7, F.A.C.

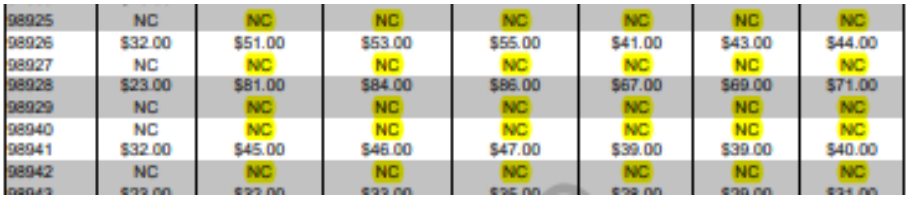
Page #	Section/Paragraph Titles	Text Change
6	Fraud Statement	Any health care provider that makes claims for services provided to the claims-handling entity on a recurring basis may make one personally signed attestation to the claims-handling entity as required by section 440.105(7), F.S., which must satisfy the requirement for all claims submitted to the claims-handling entity for the calendar year in which the signed attestation is submitted. Any person who, knowingly and with intent to injure, defraud, or deceive any employer or worker, insurance company, or self-insured program, files a statement of medical bill containing any false or misleading information commits insurance fraud, punishable as provided in section 817.234, F.S.
6	Carrier Responsibilities	A carrier is responsible for meeting its obligations under this Manual and is accountable regardless of any business arrangements with any service company, TPA, submitter, or any entity acting on behalf of the carrier under which claims are paid, adjusted, disallowed or denied to health care providers. Carriers must inform ~~in-state and out-of-state~~ health care providers of the specific reporting, billing, and submission requirements of Rule Chapter 69L-7, F.A.C., and any terms of settlement or apportionment, when known, and provide the specific address for submitting the medical bill. Carriers must comply with the requirements of Rule Chapter 69L-7, F.A.C., which includes the reporting requirements of the Florida Medical EDI Implementation Guide (MEIG). Pursuant to paragraph 440.13(3)(e), F.S., carriers must have procedures for receiving, reviewing, documenting and responding to requests for authorization. Such procedures must be made available to the Department, upon request.
6	Health Care Provider Responsibilities	A health care provider is required to meet their obligations under this Manual, regardless of any business arrangement with any entity under which medical bills are prepared, processed, or submitted to the carrier. ~~Health care providers must provide the carrier additional form completion requirements or supporting documentation beyond those required in Rule Chapter 69L-7, F.A.C., which the carrier may require for a reimbursement decision when the carrier informs the health care provider, in writing, at the time services are authorized.~~ ~~At the time of request for authorization, a health care provider should inform the carrier of any anticipated services or procedures that are not listed in the Fee Schedule according to this Manual.~~ Reimbursement for services or procedures not listed in the Fee Schedule must be made according to an agreed upon contract price. Therefore, at the time of request for authorization, a health care provider should inform the carrier of any services or procedures that are not listed in the Fee Schedule.

Page #	Section/Paragraph Titles	Text Change
6	Prior Authorization of Services	Both Florida health care providers and out-of-state providers must have authorization by the Workers' Compensation carrier ~~or a self-insured employer~~ prior to: • Rendering initial care, remedial medical services, and pharmacy services; or • Making a referral for the injured worker to facilities or other health care providers. At the time of authorization for medical service(s), a carrier must inform out-of-state health care providers of the specific reporting, billing, and submission requirements of this Manual and provide the specific address for submitting a medical bill. Exceptions to prior authorization are: • Federal facilities; • Emergency services and care, defined in section 395.002, F.S.; or • A health care provider referral for emergency treatment resulting from emergency services.
7	Billing New Procedure Codes Not Listed in the Fee Schedule	In the event that a new CPT® or HCPCS Level II® code is created in the CPT® or HCPCS Level II® manuals released subsequent to the applicable manual incorporated by reference in rule, the health care provider may bill the newly created CPT® code or HCPCS Level II® code. ~~At the time of request for authorization, a health care provider should inform the carrier of any anticipated services or procedures that are not listed in the fee schedule.~~ Reimbursement for services or procedures not listed in the fee schedule must be made according to an agreed upon contract price. Examples include: • Services or procedures not described in the incorporated CPT® manual requiring the use of an unlisted procedure code for billing; and • CPT or HCPCS Level II codes with a substantial description change or newly adopted codes in the CPT manual published subsequent to this Manual. **Note:** See **Codes with No MRAs** in this Manual.
7 (Previously Page 8)	Carrier Use of Codes, Descriptors, and References	Carriers must use the codes and descriptions, modifiers, guidelines ~~policies~~, definitions, and instructions of the incorporated reference material as specified in Rule 69L-7.020, F.A.C., prior to making reimbursement decisions. In addition, where not inconsistent with instructions in this Manual, carriers may utilize the National Correct Coding Initiative (NCCI) edits in effect on the date(s) of service as part of the bill review process.

Page #	Section/Paragraph Titles	Text Change
Previously Page 8	~~Notice of Privacy Practices~~	~~All health care providers must, except in emergency treatment situations, make a good faith effort to obtain a written acknowledgement of receipt of notice of privacy practices no later than the first day of providing medical services to a workers' compensation insured patient. If not obtained, the health care provider must document its good faith efforts to obtain such acknowledgement and the reason why the acknowledgement was not obtained.~~ ~~In the event a patient, guardian, curator, or personal representative requests restriction(s) of the use or disclosure of identifiable health information that would prevent disclosure as necessary for treatment or payment for health care services, the health care provider must notify the carrier immediately, if possible, or by close of business on the next regular state of Florida business day.~~
Previously Page 9	~~Medical Records~~	~~Health care providers must create and maintain medical records of all workers' compensation claimants and may not release any identifying medical record(s) or protected health information, except as allowed or required by law.~~
Previously Page 9	~~Mandatory Disclosure~~	~~Unless otherwise prohibited by law, and subject to the confidentiality requirements of state and federal law(s), upon request of the Division, Office of Judges of Compensation Claims, injured worker, employer, or carrier, health care providers must produce any and all medical records, reports, and information regarding an injured worker relevant to the particular injury or illness for which compensability has been accepted or for which it is necessary to determine compensability.~~
9	Billing to Carriers	When requested by the carrier ~~I~~it is the responsibility of all health care providers to furnish, without charge, the following documentation ~~to the carrier with the medical bill~~: • A complete report regarding the patient's symptoms, findings, and plan of treatment pursuant to reporting requirements of Form DFS-F5-DWC-25 (DWC-25); • An operative or procedural report when a surgical procedure is performed; • A narrative report when a consultation or an independent medical examination is rendered; and • Copies of any additional medical records~~, when requested at the time of authorization by the employer/carrier or designated entity~~ . Failure of the health care provider to submit documentation ~~forward additional information, when~~ requested by the carrier ~~at the time of authorization,~~ may result in the billed service(s) being disallowed, adjusted, or denied for payment ~~until sufficient documentation is provided to render a determination~~.

Page #	Section/Paragraph Titles	Text Change
9	Copying Charges for Medical Records	Any copying charges for medical records shall be paid pursuant to ~~An injured worker or injured worker's attorney requesting copies of medical records must reimburse the health care provider for copying charges according to~~ paragraph 440.13(4)(b), F.S.~~, and Rule Chapter 69L-7, F.A.C., and the health care provider may charge no more than $0.50 per page for copying the records and the providers actual direct costs for X-rays, microfilm, or other non-paper records.~~ ~~No other copy charges or search charges may be charged to the injured worker or the injured worker's attorney as part of the services provided to the injured worker by the health care provider.~~
Previously Page 9	~~Disclosure to Injured Workers, Employers, and Carriers~~	~~A health care provider, upon written request, must furnish the injured worker, injured worker's attorney, employer, carrier, carrier's designee, or carrier's attorney relevant portions of his or her office chart, records, and reports. The relevant portions sought must be related to the particular injury or illness for which compensation is sought.~~
Previously Page 9	~~Injured Worker's Requests~~	~~A health care provider may charge an injured worker or his or her representatives no more than $0.50 per page for copies of written medical records. The relevant portions of the medical record sought must be related to the particular injury or illness for which compensation is sought.~~ ~~Payment must be made to a health care provider by the requesting party at the health care provider's actual cost for x-rays, microfilm, or other non-written records.~~
Previously Page 10	~~Carrier's Requests~~	~~A health care provider must provide, upon request, a copy of the injured worker's medical records and reports regarding the work-related injury to the carrier, or a carrier's designee, or attorney.~~ ~~A health care provider, upon request, must furnish the carrier, carrier's designee, or carrier's attorney all non-written medical records.~~
12	Codes with No MRAs	A carrier must reimburse a health care provider according to an agreed upon contract price for procedure codes with no MRAs. ~~At the time of request for authorization, a health care provider should inform the carrier of any anticipated services or procedures that do not have MRAs according to this Manual.~~ Examples include: • Services or procedures not described in the incorporated CPT® manual requiring the use of an unlisted procedure code for billing; and • CPT® or HCPCS Level II® codes with a substantial description change or newly adopted codes in the incorporated reference material published subsequent to this Manual.

Page #	Section/Paragraph Titles	Text Change
19	Consultations	A consultation is a type of service provided by a physician whose opinion or advice regarding evaluation or management of a specific problem is requested by another physician or other appropriate resource. A physician must be reimbursed for consultations, confirmatory consultations, and follow-up consultation services. Reimbursement for consultations must include a review of all submitted medical records, paper and non-paper; a physical examination of the injured worker; and a written report. ~~The consultant's opinion and any services that were ordered or performed must be communicated by written report to the requesting physician or other appropriate source.~~
22	Medication via Infusion Pumps	A special reimbursement provision is allowed for identification of the loading dose of medication(s) administered via infusion pump. Health care providers must utilize an appropriate HCPCS Level II® code when billing. Reimbursement must be: • Twenty percent (20%) above the acquisition invoice cost of the drug; or • According to an agreed upon contract price. Manufacturer's Shipping and Handling will be reimbursed at the actual cost on the invoice.
23	Non-Reimbursable Drugs and Supplies	Reimbursement must not be made for oral vitamins, nutrient preparations, or dietary supplements. Reimbursement must not be made for medical food pursuant to section 440.13(3)(k), F.S., as defined in 21 U.S.C. s. 360ee (b) (3), unless ~~the self-insured employer or~~ the carrier in its sole discretion authorizes the provision of such food. Authorization may be limited by frequency, type, dosage, and reimbursement amount of such food as part of a proposed written course of medical treatment.

Page #	Section/Paragraph Titles	Text Change
24	Reimbursable Materials and Supplies	Materials and supplies not incidental to a service or a procedure must be reimbursed using the specific HCPCS Level II® supply codes. When a more specific code is not available for reimbursable materials and supplies, the health care provider must bill using the HCPCS Level II® miscellaneous supply code A9999 and submit the following documentation: • A detailed description of the supply or material and the unique medical need for the injured worker; and • A copy of the acquisition invoice cost of the item billed, including unit(s) of supply and unit pricing information. ~~Circle the items on any invoice that are provided specifically to the injured worker.~~ Shipping and handling cost must be documented on the same sales invoice submitted with the bill which includes the material or supply. Reimbursement must be: • Twenty percent (20%) above the cost of the material(s) or supply(ies) based on submission of the acquisition invoice cost that substantiates the health care provider's purchase; or • According to an agreed upon contract price. Shipping and handling are reimbursed separately at the provider's actual cost.
364	Maximum Reimbursement Allowances – Medicine	The reimbursement allowances for CPT codes 98925, 98927, 98929, 98940, and 98942 were corrected to "NC".  98925 NC NC NC NC NC NC NC 98926 $32.00 $51.00 $53.00 $55.00 $41.00 $43.00 $44.00 98927 NC NC NC NC NC NC NC 98928 $23.00 $81.00 $84.00 $86.00 $67.00 $69.00 $71.00 98929 NC NC NC NC NC NC NC 98940 NC NC NC NC NC NC NC 98941 $32.00 $45.00 $46.00 $47.00 $39.00 $39.00 $40.00 98942 NC NC NC NC NC NC NC
370	Health Care Providers Who Bill on the DWC-9	Health care providers who render direct billable services for which reimbursement is sought from a carrier, must report and bill for such services on a DWC-9 by entering their name along with their DOH license number in Field 33b on the DWC-9. ~~At the time of request for authorization, a health care provider should inform the carrier of any anticipated services or procedures that are not listed in the fee schedule.~~ Reimbursement for services or procedures not listed in the fee schedule must be made according to an agreed upon contract price. Examples include: • Services or procedures not described in the incorporated CPT® manual requiring the use of an unlisted procedure code for billing; and • CPT® codes with a substantial description change or newly adopted codes in the CPT® manual published subsequent to this Manual.

Page #	Section/Paragraph Titles	Text Change
375	Appendix C: Medicare Payment Localities (Counties)	St. Lucie and Seminole counties were missing from the tables. Seminole county was added to "Locality 01/Locality 02", St. Lucie county was added to "Locality 03", and Indian River was re-formatted to display on the same line.

Locality 01/Locality 02:

Alachua	Hamilton	Orange
Baker	Hardee	Osceola
Bay	Hendry	Pasco
Bradford	Hernando	Pinellas
Brevard	Highlands	Polk
Calhoun	Hillsborough	Putnam
Charlotte	Holmes	Santa Rosa
Citrus	Jackson	Sarasota
Clay	Jefferson	Seminole
Columbia	Lafayette	St. Johns
De Soto	Lake	Sumter
Dixie	Leon	Suwannee
Duval	Levy	Taylor
Escambia	Liberty	Union
Flagler	Madison	Volusia
Franklin	Manatee	Wakulla
Gadsden	Marion	Walton
Gilchrist	Nassau	Washington
Glades	Okaloosa	
Gulf	Okeechobee	

Locality 03:
Broward
Collier
Indian River
Lee
Martin
Palm Beach
St. Lucie

Locality 04:
Dade
Monroe