

RULE HEARING RELATING TO
PROPOSED RULE CHAPTER 69L-31, F.A.C.
Utilization and Reimbursement Dispute Rules

STATE OF FLORIDA, DEPARTMENT OF FINANCIAL SERVICES

Wednesday, October 7, 2020

9:30 A.M.

*** THIS PROCEEDING IS OPEN TO THE PUBLIC VIA PHONE AND ONLINE***

You may join the meeting from your computer, tablet or smartphone at the time of the meeting.
GoToMeeting Link: <https://global.gotomeeting.com/join/168552765>

You can also dial in using your phone.
United States (Toll Free): (866) 899-4679
United States: (571) 317-3116
Access Code: 168-552-765

1. Call to order.
2. Opening remarks by the Presiding Officer.
3. Presentations by any affected persons, or evidence and argument on all issues under consideration relating to the proposed adoption of Rule Chapter 69L-31, F.A.C., appropriate to inform the Department of Financial Services of their contentions pursuant to the provisions of section 120.54, F.S., regarding hearings.
4. Concluding remarks by the Presiding Officer.
5. Adjournment.

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 document that identifies the amount of disallowance or adjustment of payment that corresponds with the medical bill submitted by the Health Care Provider;~~ 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, 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 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. ~~Instructions for submission of the Petition Form are included on the bottom 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 ~~provided~~ 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, ~~any relevant section(s) of evidence based practice guidelines the Petitioner relied upon to support the Medical Necessity of the services in the contested line item(s) (in the absence of, or deviation from, the evidence based practice guidelines, the Petitioner may provide a signed document from 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); either 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, or 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 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. 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 FS. Law Implemented 440.13(7), 440.13(11) FS. 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, 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 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 EOBR code 10 or 11 (used to deny payment because the service rendered is for a non-compensable injury or illness) was used as a reason to deny payment for the line item(s) the Petitioner contends was improperly denied, a copy of the Form DFS F2 DWC 12, Notice of Denial, adopted in Rule 69L 3.025, F.A.C., that was sent to the injured worker and Health Care Provider pursuant to Rule 69L 56.4012, F.A.C., must be included as part of the~~

~~supporting documentation. 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 relied upon evidence based practice guidelines to support the disallowance of payment for the Medical Necessity of services in the Notice of Disallowance or Adjustment, the Carrier may submit the relevant section(s) of the evidence based practice guidelines, along with a signed document from the Carrier's medical director confirming that the relevant section(s) of the evidence based practice guidelines is the reason for the disallowance or adjustment of payment. Absent any relevant section(s) of evidence based practice guidelines, the Carrier may provide a Peer Review to support the disallowance of payment for the Medical Necessity of services in the contested line item(s) in the Notice of Disallowance or Adjustment. 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 paragraphs (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), 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.

(1) The Department will render a written determination on whether the Carrier properly adjusted or disallowed payment by relying upon ~~the applicable reimbursement schedules, practice parameters, protocols of treatment, and standards and policies set forth in chapter 440, F.S. (and the rules promulgated therefrom)~~ 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 resolve assist in resolving 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. 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 ~~only~~ address the specific line item(s) in the Notice of Disallowance or Adjustment that the Petitioner contends were improperly disallowed or adjusted.

(3) ~~If Failure by the Carrier has failed to issue an EOBR that meets the requirements set forth in paragraph 69L-31.004(3)(a) of Rule 69L-7.740(14), F.A.C., 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. the~~

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

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 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 Services (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. ~~Service by 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., even if the Carrier's receipt of the documents is confirmed. 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 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. 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., statute, even if the Carrier's carrier delivery and receipt of the documents is petition 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 ~~ten twenty~~ (40 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 have ~~ten twenty~~ (40 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 ~~all supporting documentation submitted to the Department,~~ one copy set of all documents and records in support of the petition have been sent 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 mailing service.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7), 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(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~~ final order, the Petitioner may voluntarily withdraw its Petition Form.

(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), 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.



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, authorized? Yes No

If No, was the Providers treatment "Emergency Care"? Yes No

If authorization was obtained, please provide a copy of the authorization.

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



**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 EOBR 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 the Petitioner authorized to treat the injured worker for the date(s) of service in dispute? 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)(i), F.S.

If No, did the Petitioner submit a request of authorization? Yes No

If authorization was requested, provide a copy of the Petitioner's authorization request and a copy of the carrier's response.

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
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