



Florida Department of Labor and Employment Security  
Division of Workers' Compensation  
Director's Office

**Jeb Bush**  
*Governor*

**Mary B. Hooks**  
*Secretary*

**Margaret R. Young**  
*Director*

**To:** All Carriers, Self-Insurers, Providers of Medical Services and Other Interested Parties

**From:** Margaret R. Young, Director *my*

**Date:** September 19, 2001

**Re:** Rule 38F-7.020, Florida Administrative Code  
Florida Workers' Compensation Health Care Provider Fee For Service Reimbursement Manual,  
2001 Edition

This bulletin is to notify all interested parties that Rule 38F-7.020, Florida Administrative Code, has been revised and is attached for review. The Florida Workers' Compensation Health Care Provider Fee For Service Reimbursement Manual, 2001 Edition, is adopted by reference as part of this rule and is effective September 30, 2001. This bulletin supercedes Bulletin 145, dated February 18, 1993; Bulletin 197, dated July 14, 1997; Bulletin 201, dated December 18, 1997; and Bulletin 203, dated August 31, 1998.

The administrative rule and manual are available for printing free of charge on the Internet at the Division of Workers' Compensation web site at: [http://www2.myflorida.com/les/wc/fee\\_service\\_man\\_72001.htm](http://www2.myflorida.com/les/wc/fee_service_man_72001.htm)

A paper copy of the 2001 Edition of the manual may be purchased from the Division's Bureau of Rehabilitation and Medical Services. Instructions for purchasing a manual are on the Division's web site at: <http://www2.myflorida.com/les/wc/pdf/DocOrderForm.pdf>

Payment by check or money order made payable to the "Workers' Compensation Administration Trust Fund" in the amount of \$25.00 must be mailed with the attached document order form to:

Bureau of Rehabilitation and Medical Services  
2728 Centerview Drive  
Suite 101, Forrest Building  
Tallahassee, Florida 32399-0664.

Questions regarding this bulletin should be directed to the Medical Services Unit at (850) 410-4622.

Attachments

**Bulletin No. 229**

**38F-7.020 Florida Workers' Compensation Health Care Provider Fee for Service Reimbursement Manual.**

(1) The Florida Workers' Compensation Health Care Provider Fee for Service Reimbursement Manual, 2001 Edition, is adopted by reference as part of this rule. The manual contains reimbursement policies and maximum reimbursement allowances for physician services, non-physician services, pharmaceutical and medical supplies, as well as basic instructions and information for all providers and insurance carriers in the preparation and reimbursement of bills for medical services. The Florida Workers' Compensation Health Care Provider Fee for Service Reimbursement Manual, 2001 Edition, is available for inspection during normal business hours at the Division of Workers' Compensation, Bureau of Rehabilitation and Medical Services, 101 Forrest Building, 2728 Centerview Drive, Tallahassee, Florida 32399-0664, or via the Division's home page at <http://www2.myflorida.com/les/wc/>.

(2) The Physicians' Current Procedural Terminology (CPT™), 4th Edition, copyright 1999, American Medical Association (cover states "Current Procedural Terminology CPT™ , 2000 Standard Edition"); the Current Dental Terminology (CDT-3), 3<sup>rd</sup> Edition, copyright 1999, American Dental Association (cover states "Current Dental Terminology (CDT-3), Version 2000"); and 2000 HCPCS (HCPCS), 11<sup>th</sup> Edition, copyright 1999, Ingenix, are adopted by reference as part of this rule. When a procedure or service is performed, which is not listed in the Florida Workers' Compensation Health Care Provider Fee for Service Reimbursement Manual, 2001 Edition, the provider must use a code contained in either the CPT™, CDT-3 or HCPCS.

Specific Authority 440.13(7), 440.13(8), 440.13(11), 440.13(12), 440.13(13), 440.13(14), 440.591 F.S.

Law Implemented 440.13(6), 440.13(7), 440.13(8), 440.13(11), 440.13(12), 440.13(13), 440.13(14) F.S.

History--New 10-1-82, Amended 3-16-83, 11-6-83, 5-21-85, Formerly 38F-7.20, Amended 4-1-88, 7-20-88, 6-1-91, 4-29-92, 2-18-96, 9-1-97, 12-15-97, 9-17-98, 9-30-01.

**FLORIDA WORKERS' COMPENSATION  
DOCUMENTS AVAILABLE ON INTERNET AND FOR PURCHASE**

<b>DOCUMENTS AVAILABLE ON INTERNET</b>	
<b>Forms</b> ( <a href="http://www2.myflorida.com/les/wc/forms.html#38f7">http://www2.myflorida.com/les/wc/forms.html#38f7</a> )	<b>Rules</b> ( <a href="http://fac.dos.state.fl.us/faconline/chapter38.pdf">http://fac.dos.state.fl.us/faconline/chapter38.pdf</a> )
DWC-8 Notification of Initial Treatment	Rule 38F-7.020 (Health Care Provider Fee For Service Reimbursement Manual)
DWC-9a MMI/PI Determination Certification Form	Rule 38F-7.100 (Reimbursement Manual for Ambulatory Surgical Centers)
DWC-10 Statement of Charges for Drugs and Medical Supplies	Rule 38F-7.501 (Reimbursement Manual for Hospitals)
DWC-21 Reemployment Services Billing Form	Rule 38F-7.602 (Billing Procedures/Non-Hospital Medical Services)
DWC-22 Reemployment Status Review Form	Rule 38F-7.603 (Reporting MMI/PI)
DWC-23 Request for Screening Form	Rule 38F-7.604 (Permanent Impairment)
DWC-96 Qualified Rehabilitation Provider Application	Rule 38F-7.605 (Disputed Reimbursement Resolution)
DWC-97 Health Care Provider Application for Certification	Rule 38F-53 (HCP Certification)
DWC-98 Expert Medical Advisor Application and Contract for Certification	Rule 38F-54 (EMA)
	Rule 38F-55 (Reemployment Services)

<b>MANUALS AVAILABLE ON INTERNET</b>
Health Care Provider Fee For Service Reimbursement Manual, 2001 Edition (Rule and Manual) ( <a href="http://www2.myflorida.com/les/wc/fee_service_man_72001.htm">http://www2.myflorida.com/les/wc/fee_service_man_72001.htm</a> )
Reimbursement Manual for Hospitals, 1999 Edition (Rule and Manual) ( <a href="http://www2.myflorida.com/les/wc/pdf/Hospital(062901).pdf">http://www2.myflorida.com/les/wc/pdf/Hospital(062901).pdf</a> )

<b>MANUALS FOR PURCHASE</b>	<b>EACH</b>	<b>QTY.</b>	<b>SUB-TOTAL</b>
Health Care Provider Fee For Service Reimbursement Manual, 2001 Edition (Rule and Manual)			
Reimbursement Manual for Ambulatory Surgical Centers, 1992 Edition (Rule and Manual)			
Reimbursement Manual for Hospitals, 1999 Edition (Rule and Manual)			
	<b>Total</b>		

Name	Address	<p align="center"><b>Manual Purchase Instructions</b></p> <p>1. Complete form and print. 2. Make check payable to: <b>WC Administration Trust Fund.</b> 3. Send check and form to: <b>Florida Workers' Compensation Bureau of Rehab &amp; Med. Services</b> 2728 Centerview Drive, Suite 101 Tallahassee, FL 32399-0664.</p>
City	State	
Zip Code	Area Code and Telephone Number	