



Report to the Three-Member-Panel Regarding the Resolution of Medical Reimbursement Disputes pursuant to paragraph 440.13(12)(j), Florida Statutes

Fiscal Year 2023 - 2024

Florida Department of Financial Services
Division of Workers' Compensation
Medical Services Section
January 2025

Introduction and Overview

The Department of Financial Services (Department) is required to produce an annual report to the Three-Member Panel summarizing the resolution of reimbursement disputes and actions regarding reports of health care provider violations pursuant to paragraph 440.13(12)(j), Florida Statutes (F.S.).

The Medical Services Section administers four programs pursuant to section 440.13, F.S.; policy development and implementation of several health care provider reimbursement manuals; certification of Expert Medical Advisors (EMA); determination on whether any health care provider has engaged in a pattern or practice of overutilization or in violation of the Workers' Compensation Laws or administrative rules; and the resolution of medical reimbursement and utilization disputes relating to medical treatment and services. This report will highlight the activities within the medical reimbursement and utilization dispute program during Fiscal Year (FY) 2023-2024.

Resolution of Reimbursement Disputes

The Medical Services Section is responsible for resolving medical reimbursement disputes between health care providers and carriers. The reimbursement disputes must be filed within 45 days from the health care provider’s receipt of the notice of disallowance or adjustment of payment.

During FY 2023-2024, 3.7 million medical bills were filed with the Division, and, of these 3.7 million medical bills, the Medical Services Section received 10,317 reimbursement disputes. Additionally, the Medical Services Section closed a total of 8,560 petitions during the same period. Out of the 8,560 petitions closed, 4,366 resulted in the issuance of determinations, and 4,194 resulted in dismissals.

Petitions Received by Provider Type During the FY					
	19-20	20-21	21-22	22-23	23-24
Practitioner	2,274	4,412	4,547	5,801	6,057
Hospital Outpatient	1,361	983	1,339	2,074	2,936
Hospital Inpatient	611	794	1,033	1,283	726
ASC	361	322	322	594	598
Other	-----	-----	-----	5	-----
Total	4,607	6,511	7,241	9,757	10,317

Petition Determinations Issued by Provider Type During the FY					
	19-20	20-21	21-22	22-23	23-24
Practitioner	344	1,791	1,222	1,123	3,400
Hospital Outpatient	811	450	478	838	766
Hospital Inpatient	31	17	11	28	37
ASC	171	163	181	225	163
Total	1,357	2,421	1,892	2,214	4,366

Petition Dismissals Issued by Provider Type During the FY					
	19-20	20-21	21-22	22-23	23-24
Practitioner	1,977	1,343	2,177	2,865	2,604
Hospital Outpatient	466	357	334	602	588
Hospital Inpatient	123	189	185	218	791
ASC	160	122	122	204	211
Other	-----	-----	-----	4	-----
Total	2,726	2,011	2,818	3,893	4,194

During FY 2023-2024, the primary reason for the issuance of a dismissal was related to the voluntary withdrawal of the petition by the petitioner.

Petitions Dismissals Issued by Reason During the FY					
	19-20	20-21	21-22	22-23	23-24
Petition Withdrawn	2,030	1,322	2,331	3,222	3,579
Failure to Cure Deficiency	322	351	304	446	382
Untimely Filed	186	233	105	108	111
Lack of Jurisdiction	56	47	60	91	96
Duplicate Petition	18	27	17	21	17
Not Ripe for Resolution	112	26	1	3	2
Non-HCP	0	1	0	1	0
Managed Care	0	0	0	0	0
Lack of Authorization	2	1	0	1	0
Settlement Agreement	0	0	0	0	2
Other Reason	4	3	0	0	4
Billing Error	0	0	0	0	1
Total	2,730	2,011	2,818	3,893	4,194