

Division of Workers' Compensation

Wednesday, August 24, 2022

Regulatory and Legislative Update

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Assistant Director

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850-413-1927

2022 Legislative Session

OSGR 7018

HB 689

HB 959

OSGR 7018

- OGSR/Injured or Deceased Employee/Department of Financial Services
 - ✓ 7/1/2017
 - ✓ Removed sunset provision
 - ✓ S. 440.1851, F.S.

HB 689

- Adds correctional officers which expands their eligibility for certain workers' compensation benefits, including PTSD.
- Different list than first responders
- Qualifying event OR diagnosis...whichever is later
 - Changed for both first responders and correctional officers

HB 959

Key Workers' Compensation Provisions

- Requires an exemption applicant's driver's license number or identification card number to be *valid* for the department to process the application.
- Eliminates the social security number requirement for a workers' compensation exemption applicant.
- Requires a workers' compensation exemption applicant to certify he or she has completed an online workers' compensation coverage and compliance tutorial developed by the department.
- Adds language to the Certificate of Election to Be Exempt stating the exemption is not a license issued by the Department of Business and Professional Regulation (DBPR) and to go to DBPR's website to verify an exemption holder's licensure status.
- Eliminates the scope of business or trade to be listed on the notice of election to be exempt.

HB 959

- Revises the timeframe to allow more days for an employer to submit business records to the department before the department can take an administrative action.
- The timeframe to calculate a penalty for employer non-compliance penalty formula is reduced from a 24-month period to a 12-month period for first-time offenders. The 24-month period will remain for employers who were previously issued a stop-work order or materially understated payroll.
- Provides an employer who has not been issued a Stop-Work Order or an enforcement action an opportunity to reduce their penalty by 15% by correctly answering 80% of the questions from a Division of Workers' Compensation on-line workers' compensation coverage and compliance tutorial.

HB 959

- ~~Allows a carrier to reimburse a health care provider the lesser of the provider's billed charge or the maximum reimbursement allowance, if an agreed-upon contract price is not in effect.~~
- Adds email as a means for a carrier to provide informational brochures to an injured worker and employer, respectively.
- Modifies the timeframe to three business days rather than calendar days for a carrier to provide the informational brochure to an injured worker.
- ~~Schedules of maximum reimbursement allowances adopted by the Three-Member Panel will not be subject to legislative ratification.~~

Regulatory Activities

- 2020 edition of the Health Care Provider Reimbursement Manual
 - Was submitted for legislative ratification and exemption...
- 2020 edition of the Hospital Reimbursement Manual
 - Outpatient reimbursement based upon 60% or 75% of usual and customary charges; updated methodology resulting in MRAs for every outpatient procedure
 - Inpatient per diem schedule is strict per diem
- 2020 edition of the Ambulatory Surgical Center
 - Updated methodology resulting in MRAs for every outpatient procedure

Regulatory Activities

- Billing and Reporting Rules
 - 69L-7.730
 - 69L-7.740
- BOC Rulemaking
 - 69L-6 Chapter
 - 69L-6.007 adopted, effective 8/22/2022 (Broken Arm Poster)
- PTSD rule
 - 69L-3.009
- Rule Chapter 3
- Rule Chapter 56

What's on My Radar for 2022

- Network arrangements/contracts
- Explanation of Bill Reviews
- Carrier response to Petitions for Reimbursement Disputes
- Medical authorization procedures
- Communicating with injured workers and the Division
- Future audit components
- **COMMUNICATION!**

Questions?

Thank you!

Icebreaker!



How Small Acts of Non-Compliance Lead to Costly Penalties and Litigation

Charlene Miller

Bureau Chief of Monitoring & Audit

Leslie Caraballo

Senior Management Analyst Supervisor

Bureau of Employee Assistance and Ombudsman Office

Division of Workers' Compensation

Tallahassee, FL

Bureau of Employee Assistance and Ombudsman Office

- Initiates contacts with injured workers to discuss their rights and responsibilities
- Mitigates claim disputes between the IW and the Insurer
- Provides reemployment services to eligible injured employees

Bureau of Monitoring & Audit

Overall monitoring and auditing of carrier performance.

- Monitoring accuracy of benefit payments
- Assessing penalties for late reporting, benefit payments, or medical payments
- Collection, quality control, analysis and reporting of medical data
- Providing technical assistance to customers, training, and audit workshops

Trivia

According to 440.185, how many days from the actual knowledge of the injury or death, does the employer have to report the notice of injury?

7 days!

Which Florida Administrative Code specifically addresses the late filing of forms?

69L-24.006(1)(b)

The Story of EAO and M&A

What is Happening at the State Level

- More collaboration between EAO and M&A
 - Following up on specific claims
- Audit Notification Data Sharing
- Expanded technology to streamline processes
 - Virtual audits
 - Internal cross-training
 - Monthly Case Law



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

Dear Injured Employee:

Your employer's insurance carrier is providing this information to you on behalf of the Employee Assistance Office of the Division of Workers' Compensation.

The Employee Assistance Office of the Division of Workers' Compensation is a state bureau within the Florida Department of Financial Services. We provide the following services:

- Serves as a resource for injured workers and employers by providing information about the workers' compensation system.
- Educates and informs injured workers, employers, carriers, health care providers, and managed care arrangements about their responsibilities under the law.
- Provides assistance in avoiding any problems or disputes regarding your claim.

Within three (3) days after receiving notice that you have been injured, the workers' compensation insurance carrier will mail you an informational brochure explaining your rights and responsibilities as well as the carrier's obligations. It contains valuable information you need to know about the workers' compensation system. You may have received the informational brochure along with this letter. You can also obtain the brochure by calling us at 1-800-342-1741 or e-mailing us at: wceao@myfloridafco.com.

You can also visit one of our local Employee Assistance Offices to receive personal, one-on-one service. To locate the office nearest you, call the toll free 1-800 number above or visit the Division's website at: <https://www.myfloridafco.com/Division/DWC/EmployeeAssistanceOffices.html>.

Sincerely,

Employee Assistance Office
Division of Workers' Compensation
Florida Department of Financial Services

Educational Resources

- Stakeholder Education
 - New educational videos are being created and added to the website based upon common scenarios and questions received on audit and the Helpline

The screenshot displays the website for the Division of Workers' Compensation. At the top, it features the logo of Jimmy Patronis, Florida's Chief Financial Officer, and navigation links for CFO, NEWS, AGENCY, and ESPAÑOL. The main header identifies the 'DIVISION OF WORKERS' COMPENSATION' and includes a search bar. A breadcrumb trail shows the path: MYFLORIDACFO.COM > DIVISION > WC > VIDEOS > HOME. The page title is 'Educational Videos'. The introductory text states: 'The purpose of presenting this expanding collection of short videos is to help educate our stakeholders on an assortment of topics. Click an icon below to view educational videos about various aspects of Florida's workers' compensation system.' Below this text are four buttons: 'Videos for Employees', 'Videos for Employers', 'Videos for Carriers', and 'Videos for Self-Insurers'. A section titled 'List of all available Educational Videos:' contains a dropdown menu with 'Select...' and an 'Open' button. At the bottom, a feedback email address is provided: Workers.CompService@myfloridacfo.com. The left sidebar contains a 'QUICK LINKS' section with items such as 'Proof of Coverage', 'Exemption Information', 'FAQs', 'WC System Guide', 'Coverage Assistance', 'Educational Videos', 'Benefit Calculators', 'DWC Event Calendar', and 'Report Suspected Non-Compliance'.

How EAO and M&A have come together to provide a greater service to stakeholders.



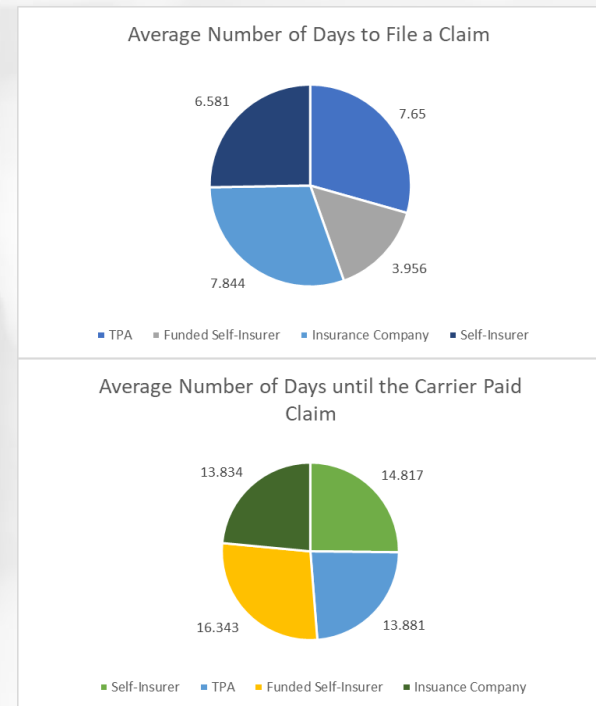
Who's driving your results?

- Are you allowing other entities to drive your results?
 - Failing to participate can lead to penalties
 - CPS Penalties and Missed Timely Payments
 - Total amount for underpaid claims
 - Increased EAO Complaints
 - Allowing another entity to drive without active participation of the carrier leads to more intervention from the Division
 - DWC wants to be here as your advocate and to empower you to execute the workers' compensation system



What is the CPS penalty dollar amount associated with late form filing for FROI

Category	Industry Avg. FY 20/21	Industry Avg. FY 21/22
Indemnity FROI Filing Penalty	\$3,500,000.00	\$1,300,000.00
Penalty & Interest for Late Payments	\$639,564.53	\$528,486.30
Medical Timely Filing	\$468,905.00	\$253,100.00
Medical Timely Payments	\$449,970.00	\$389,700.00
R&R	\$22,350.00	\$127,100.00
Total Amount of Underpaid + P&I	\$326,901.00	\$472,177.00



The Story of the Carriers

- Audit Data Story

Category	Industry Avg. FY 15/16	Industry Avg. FY 16/17	Industry Avg. FY 17/18	Industry Avg. FY 18/19	Industry Avg. FY 19/20	Industry Avg. FY 20/21	Industry Avg. FY 21/22
Untimely Indemnity Payments	\$1,988	\$1,096	\$1,858	\$1,413	\$1,568	\$2,705	\$1,697
Untimely First Reports of Injury	\$1,578	\$853	\$1,227	\$753	\$853	\$1,185	\$1,329
Pattern and Practice Penalties	\$7,850	\$5,526	\$5,739	\$4,801	\$6,471	\$5,833	\$5,975
Total Penalty Per Audit	\$11,416	\$7,475	\$8,824	\$7,017	\$8,892	\$9,723	\$9,002
Percentage Timely Payment	91.65%	92.81%	93.06%	94.27%	93.67%	91.41%	93.69%
Overpayment Amount	\$7,709	\$6,364	\$8,676	\$11,337	\$7,007	\$11,953	\$10,132
Underpayment Amounts	\$6,755	\$4,739	\$10,617	\$9,194	\$10,756	\$9,906	\$11,516

What is the #1 method to ensure accurate and timely payments?

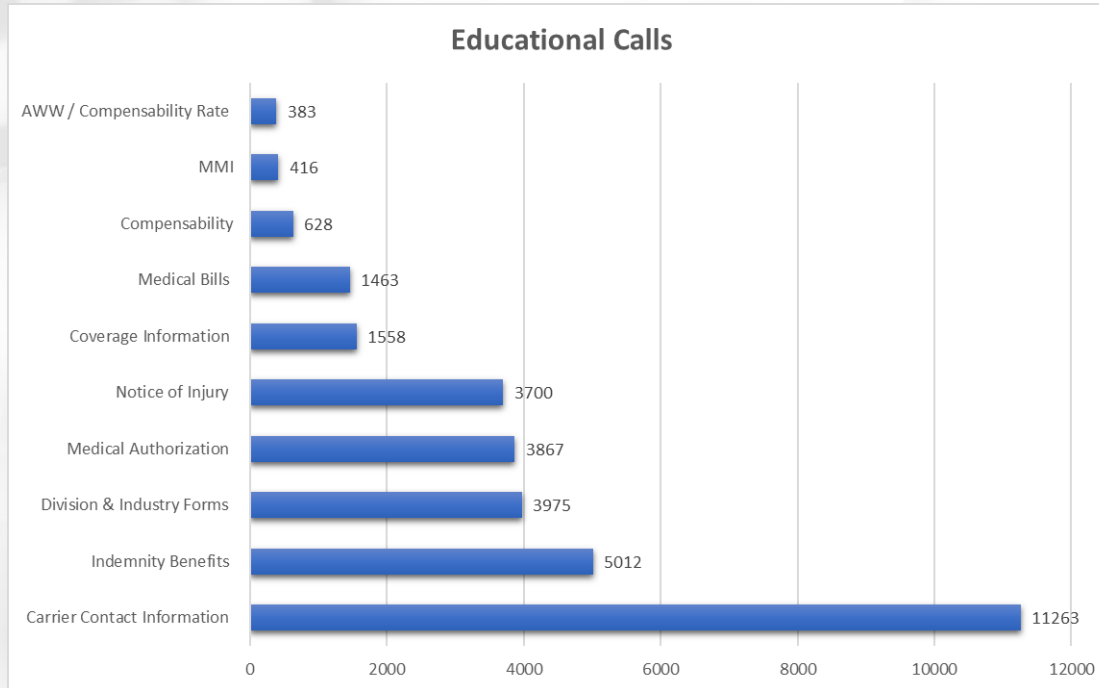


Communication

The Story of the Carriers

Category	Industry Avg. FY 17/18	Industry Avg. FY 18/19	Industry Avg. FY 19/20	Industry Avg. FY 20/21	Industry Avg. FY 21/22
Notices of Change % Timely	74%	75%	71%	68%	75%
Notices of Denial % Timely	88%	92%	88%	88%	86%
Claim Cost Reports % Timely	87%	91%	88%	88%	91%
Letter % Timely	93%	94%	89%	92%	89%
Brochure % Timely	94%	94%	90%	92%	89%

Most frequent calls received by EAO



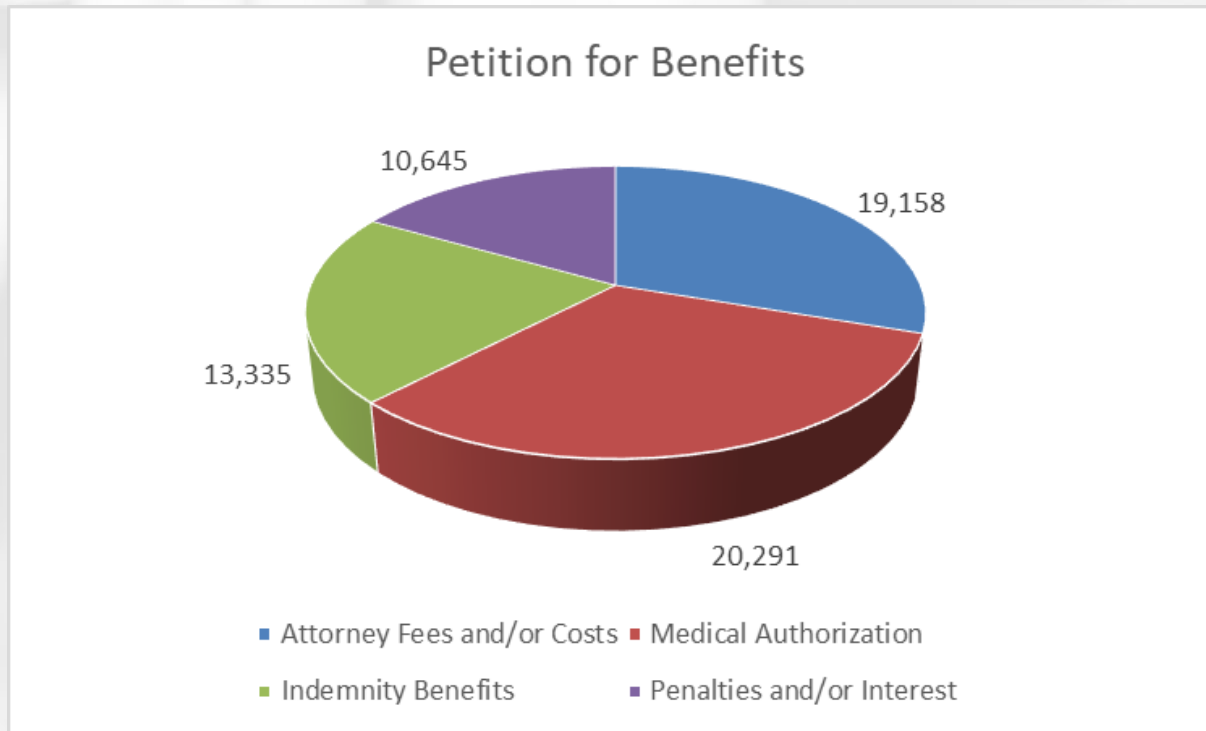
What was recovered?

Fiscal Year 2021/2022

Category	Amounts Recovered
Impairment Benefits	\$58,487.97
Mileage	\$3,845.44
Other	\$150.00
Penalties & Interest	\$22,030.29
Permanent Total	\$14,944.22
Temporary Partial	\$182,083.04
Temporary Total	\$180,327.37
Unpaid Medical Bill	\$11,607.96
Grand Total	\$473,476.29

What are the top reasons for Petitions?

A 3-month snapshot



• Explanation of Bill Review

- Are you communicating the adjudication of the bill to the health care provider?
- How do you ensure the appropriate contract is applied to the bill
- What steps have you taken to ensure the health care provider understands the terms of the contract, and participating in the resolution when a provider disagrees in your payment amount?
- What methods are in place to ensure the single line agreements/written letter of agreements will be appropriately applied to the bill?
- When there is insufficient documentation (Code 41), what methods are in place for the health care provider to successfully resubmit the bill for additional payment and avoid getting caught up in the vicious circle of duplicate billing?
- Are you ensuring that when sending an EOB and check that there are sufficient funds in the reserves to make sure that check is cut?
- Reimbursement Dispute Process –
 - Are you providing carrier responses?
 - Contract details are the insurers responsibility to provide

How to Create a Successful Claims Atmosphere

- Communication!
 - Create a plan. Who should you contact? How often?
 - Are you answering your phones and emails?
- Build relationships with your injured workers, employers, and medical
- Explain to an IW their rights and responsibilities
 - Most IW's have no idea what they need to do in light of an injury
 - Walk them through the process with kid gloves
 - Explain changes in their claim and what it means for them
 - Keep the IW abreast of any personnel changes
 - Something as simple as making sure the IW has your phone number prevents a call to the Division
- Make timely and accurate benefit payments
- Timely medical appointments and communicate any delays

A Destructive Claim Path

- Lack of communication
- Delayed medical authorization
- Delay of Indemnity
- Litigation
- Involvement of Rule Nisi

What Can You do to Help Bridge the Gap?

- Create an internal point of contact to help facilitate IW contact
- Create a path for medical providers to communicate
- Take advantage of technology and modernized systems
- Evaluate Staff on a monthly basis based on DWC audit standards
- Effectively communicate
- Create a partnership with the Division
 - Dedicated email boxes and contacts
- Request and share Division feedback
 - Claims EDI Report Card
 - Insurance Regulatory Report

DWC Resources

- Utilize the Division as an advocate for all stakeholders
- EAO Help Line - [Bureau of Employee Assistance \(myfloridacfo.com\)](https://www.myfloridacfo.com/bureau-of-employee-assistance)
- DWC Website - [Division of Workers' Compensation \(myfloridacfo.com\)](https://www.myfloridacfo.com/division-of-workers-compensation)
- Educational Training Videos - [Home \(myfloridacfo.com\)](https://www.myfloridacfo.com/home)
- Benefit Calculators - [Benefit Calculators \(myfloridacfo.com\)](https://www.myfloridacfo.com/benefit-calculators)
- All our contact information is here - [About the Division \(myfloridacfo.com\)](https://www.myfloridacfo.com/about-the-division)

Questions



Medical Services Section Update

Theresa Pugh

Program Administrator

Medical Services Section

Medical Services Section Core Functions

- Expert Medical Advisor certification and Expert Medical Advisor database maintenance.
- Reimbursement dispute resolution.
- Investigation and determination of healthcare provider utilization patterns, billing practices, or violations of law or rules that may require penalties.
- Medical services billing, filing, and reporting.
- Development of Workers' Compensation Reimbursement Manuals, in collaboration with the Three-Member Panel.
- Provision of educational and technical support regarding the aspects of medical services in response to inquiries.

Expert Medical Advisors, Rule 69L-30, F.A.C.

- Expert Medical Advisor certification and Expert Medical Advisor database maintenance



Expert Medical Advisors, Rule 69L-30, F.A.C.

- Effective May 18, 2017
 - Reimbursement shall not exceed \$300.00 per hour, per case, not including reasonable expenses associated with travel and the review shall not exceed 8 hours per case unless specifically approved in writing by the Department or JCC
 - Updated 69L-31.005 states that the Department will use an Expert Medical Advisor when resolving disputes that involve medical necessity when BOTH the Petitioner and Carrier have provided documentation to support their decision on medical necessity
- Potential for future rule development
 - Update reimbursement amount

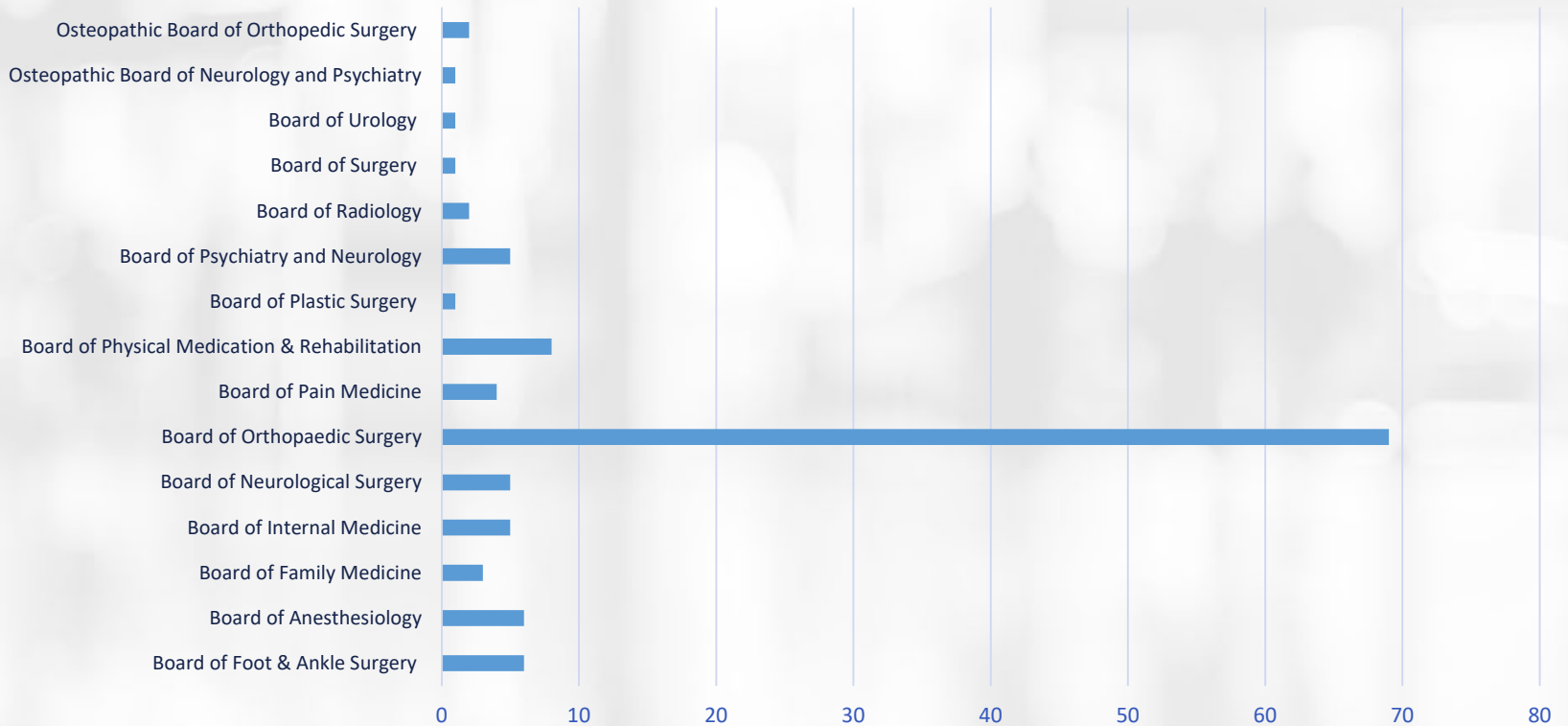
Expert Medical Advisors, Rule 69L-30, F.A.C.

- About 117 Expert Medical Advisors in the database

- We need EMAs in the following specialties:
 - Orthopedics
 - Internal Medicine
 - Neurology and Psychiatry
 - Pain Management
 - Anesthesiology
 - Surgery
 - Radiology
 - Plastic Surgery
 - Foot & Ankle Surgery

Expert Medical Advisors, Rule 69L-30, F.A.C.

EMAs by Board Certification
7/2022



Expert Medical Advisors, Rule 69L-30, F.A.C.

- Qualifications
 - Must complete EMA Tutorial
 - Must hold valid licensure, issued by the Florida Department of Health, with “clear active” status
 - Must demonstrate board certification or board eligibility applicable to the specialty for which the applicant seeks certification
 - Must demonstrate experience in the assignment of permanent impairment ratings to Florida’s injured employees by submitting two DWC-25s
 - Must demonstrate experience in performing Independent Medical Examinations pursuant to Section 440.13(2) or 440.13(5), F.S., by submitting a minimum of two (2) completed Independent Medical Examination reports for a determination of the appropriateness of medical treatment
- Florida DWC EMA Website:
 - Apply for EMA certification:
<https://msuwebportal.fldfs.com/>
 - Search EMA database:
<https://apps.fldfs.com/provider/>

Utilization and Reimbursement Dispute Rule, Rule 69L-31, F.A.C.

- Reimbursement dispute resolution

69L-31.002
Definitions

69L-31.003
Petition for Resolution of
Reimbursement Dispute
Form and Requirements

69L-31.004
Carrier Response to
Petition for Resolution of
Reimbursement Dispute
Form and Requirements

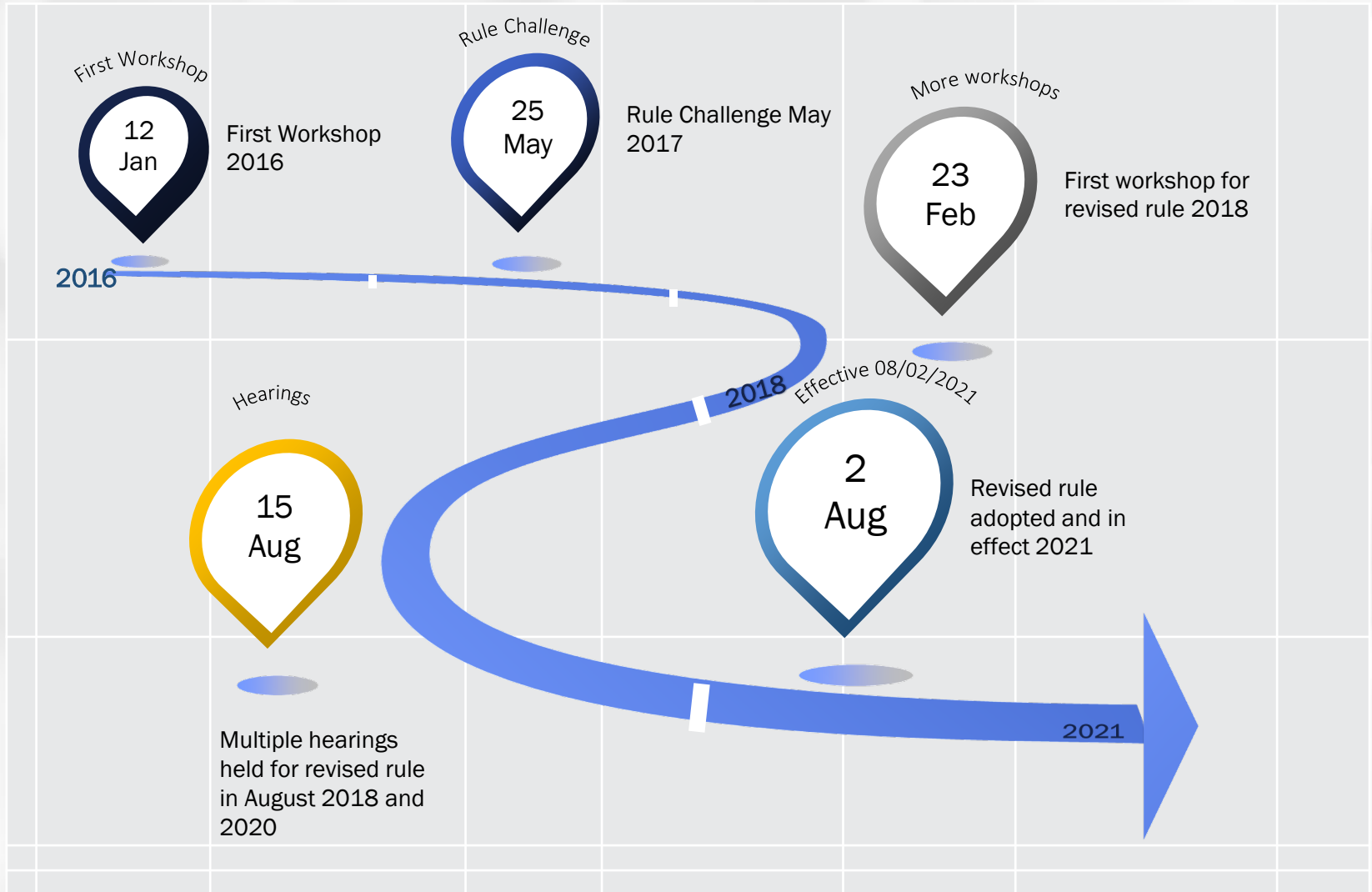
69L-31.005
Written Determinations

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

69L-31.008
Computation of Time

69L-31.013
Petition Withdrawal

69L-31 Rule Development

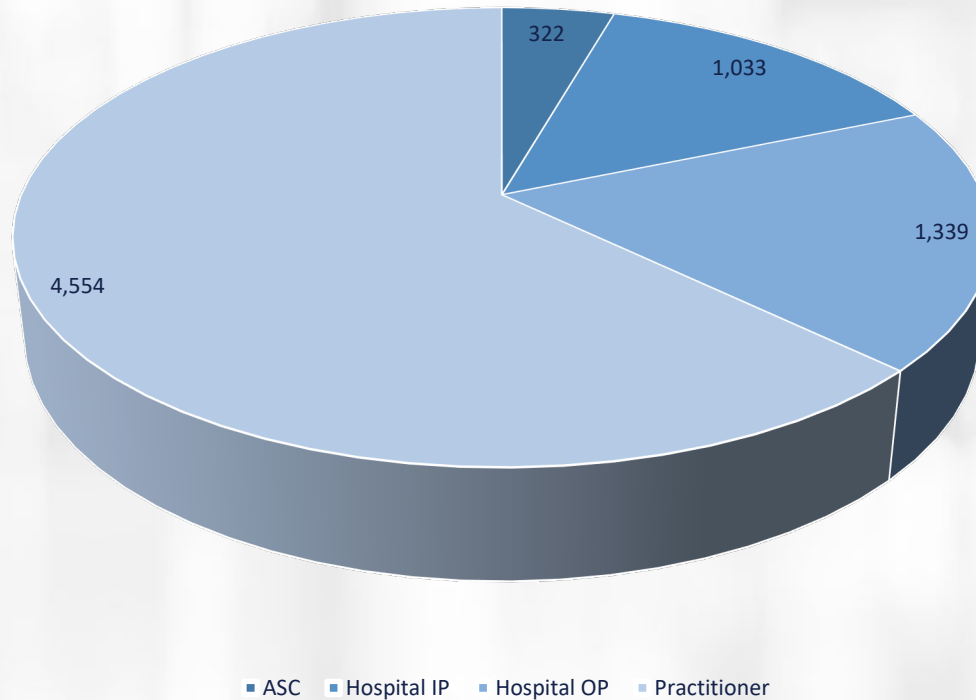


Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

- New petition and carrier response forms
- Both the petitioner and the carrier have twenty days to respond and cure an NOD
- Notice of Disallowance or Adjustment is included in definitions and points to 69L-7.710(1)(y)
- Expert Medical Advisor will be used by the Department to process medical necessity cases in which both the Petitioner and Carrier have provided documentation to support their decision on medical necessity
- Carrier responses should include the Notice of Denial in the supporting documentation, if one was issued
- Petitions can now be withdrawn by the petitioner at any time prior to the issuance of a final order or the conclusion of a final hearing

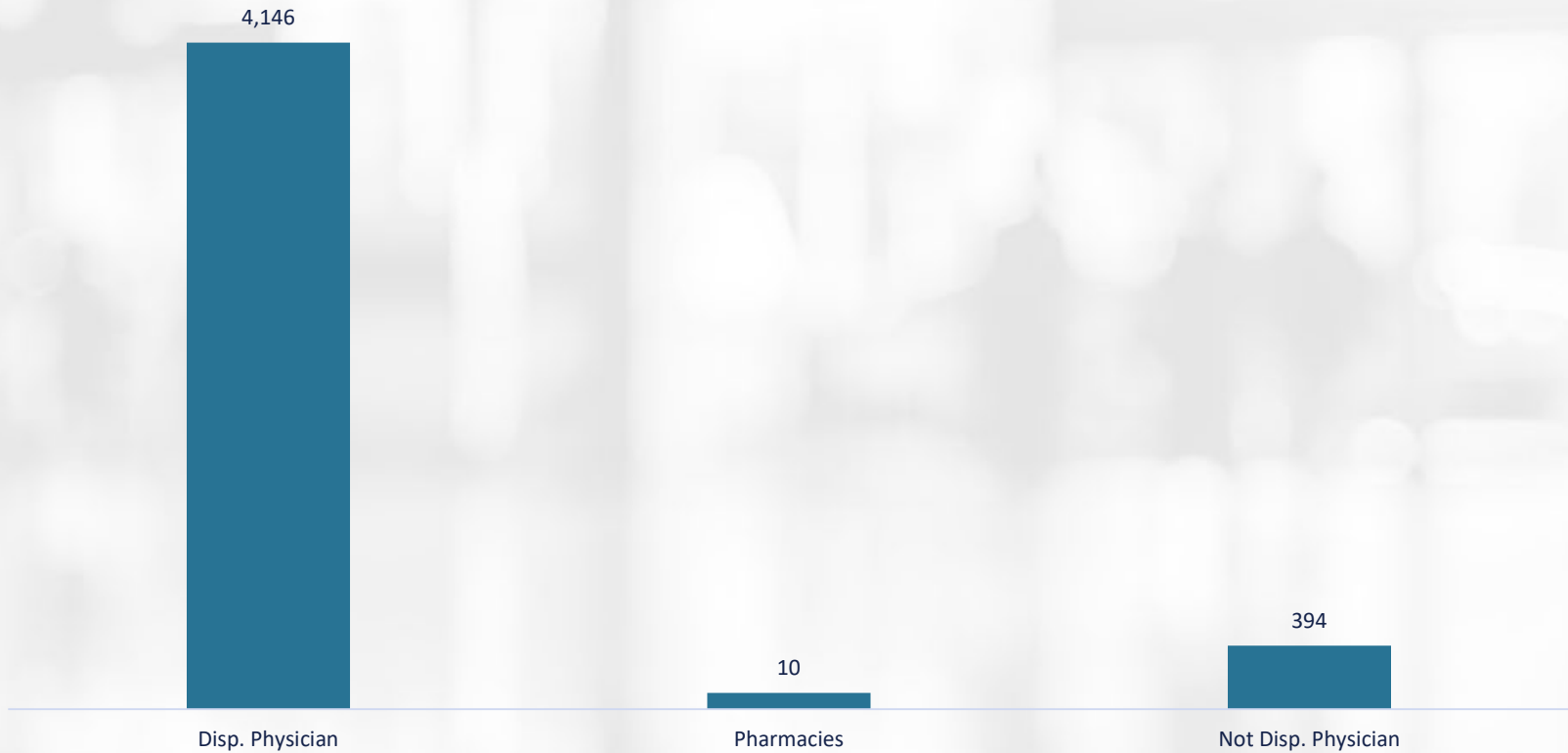
Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

Petitions Received FY 2021 - 2022
(7,200 total)



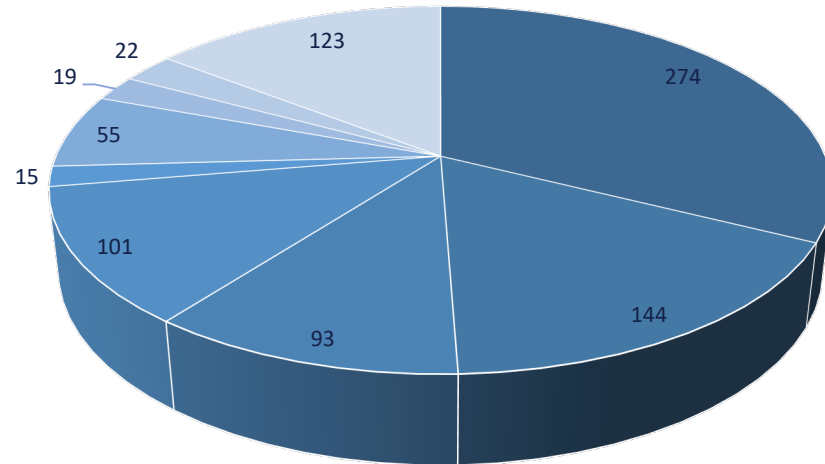
Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

HCP Petitions FY 2021 - 2022



Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

Petitioner NOD Reasons
FY 2021 -2022
846 Total



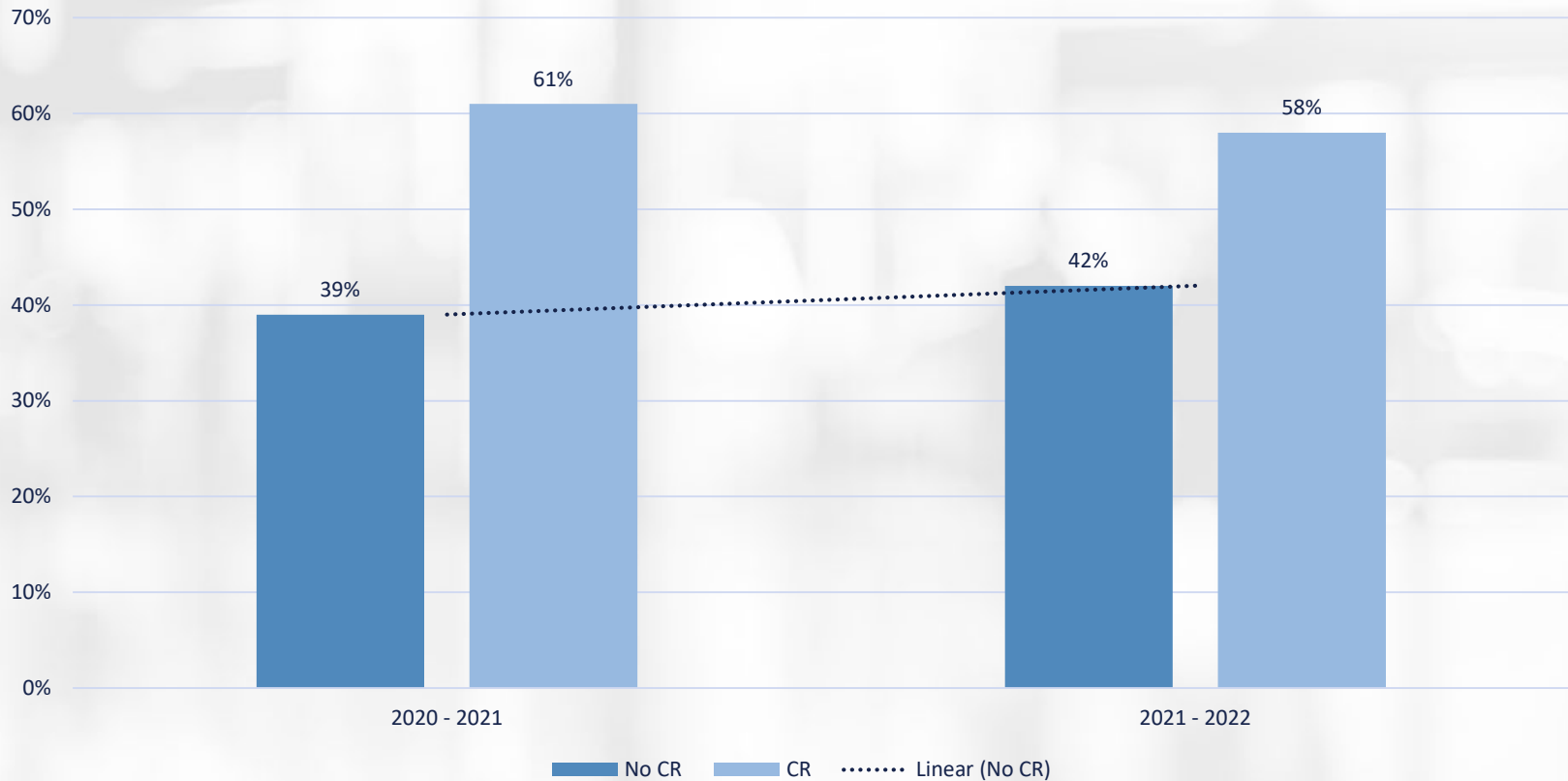
- Proof of service
- Submission of all EOBRs
- Contract Information incomplete
- Form missing or incomplete
- Detailed calculations
- Legible EOBRs
- DOS issue
- Submit all pages of EOBRs
- Other

Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

- Responses to NODs
 - Slightly over 50% of Petitioner NODs mailed received NO response
 - Twenty days to respond and cure
 - Can be sent to the Division by email, US mail, or other delivery service
 - Please identify the documents as a response to an NOD
 - The curative documentation must be served on ALL affected parties
 - Provide proof of service to the Division that all affected parties were served

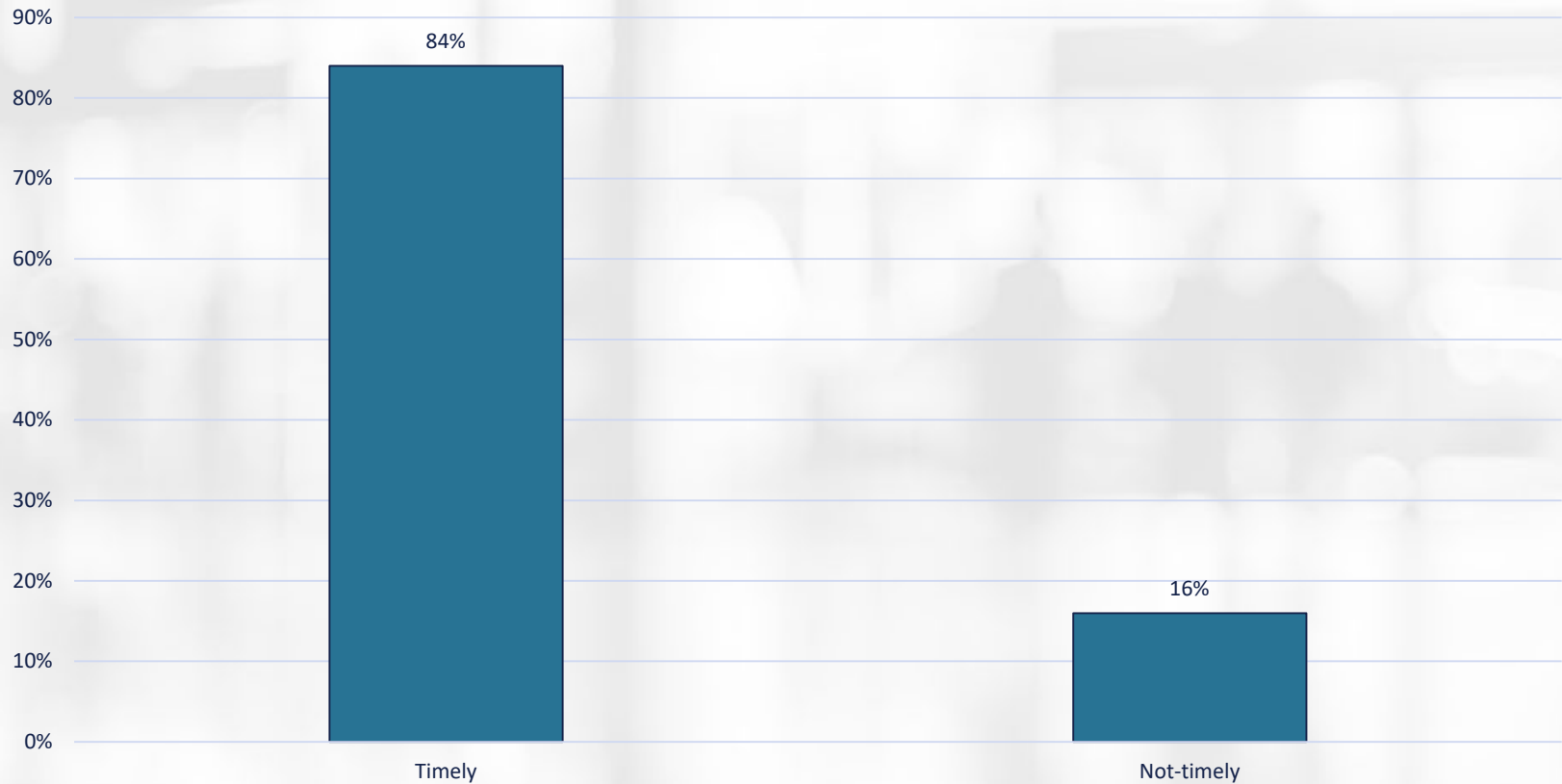
Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

Carrier Responses Received FY 2020 – 2021 Compared to FY 2021 - 2022



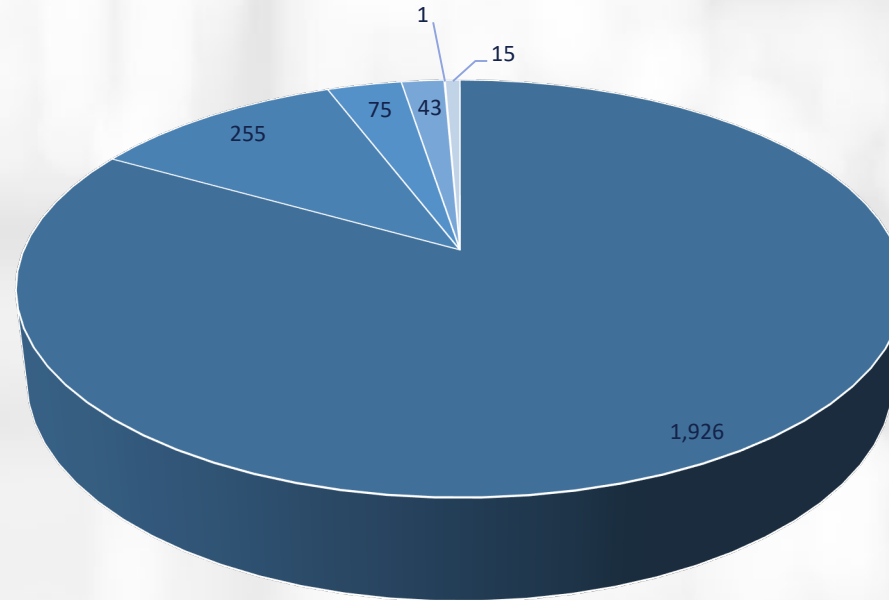
Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C.

Carrier Responses 2021 - 2022



Utilization and Reimbursement Dispute Rule, 69L-31, F.A.C. Total: 2,315

Petition Dismissals FY 2021 – 2022



■ Withdrawn ■ NOD not cured ■ Filed Late ■ No jurisdiction ■ Not ripe ■ Duplicate

Carrier Report of Health Care Provider (HCP) Violations Rule 69L-34, F.A.C.

- Investigation and determination of healthcare provider utilization patterns, billing practices, or violations of law or rules that may require penalties
- Effective September 06, 2011



Carrier Report of Health Care Provider (HCP) Violations Rule 69L-34, F.A.C.

- General Violation types:
 - Improper Billing of Services
 - Improper Reporting of Services
 - Standards of Care Violation, including overutilization
- Referral Submission Types:
 - Manual: Form DFS-F6-DWC-2000, Health Care Provider Violation Referral
 - Health Care Provider Violations Website:
<https://apps8.fldfs.com/hcprov/default.aspx>

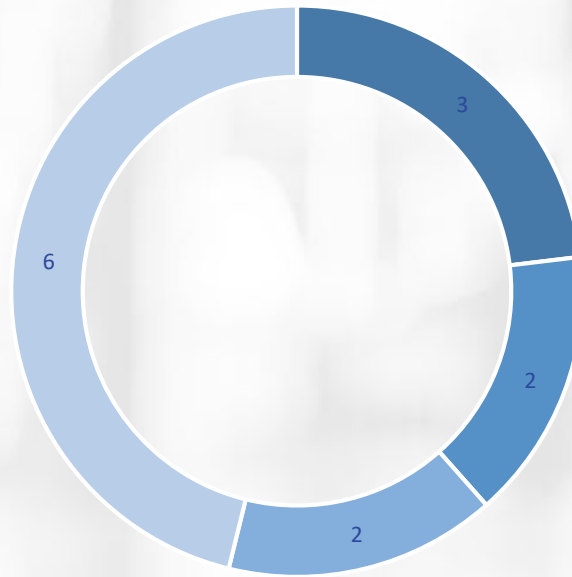
Carrier Report of Health Care Provider (HCP) Violations Rule 69L-34, F.A.C.

- Must be submitted to the Division no later than 180 days after the issuance of an EOBR or other notice of alleged violation
- Include all supportive documentation of the specific violation:
 - Correspondence and written requests between carrier and provider regarding the issue
 - Copies of medical bills and DWC-25 forms
 - Copies of notices of disallowance or adjustment
 - Peer review reports
 - Copies of collection letters
 - Determinations issued by the Division

Carrier Report of Health Care Provider (HCP) Violations Rule 69L-34, F.A.C.

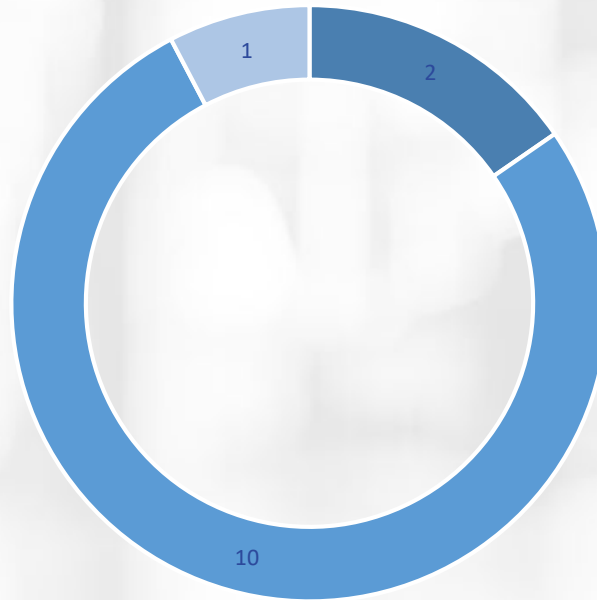
- Incomplete reports:
 - Many only contained the DFS-F6-DWC-2000, Health Care Provider Violation Referral form
 - We will reach out and ask for supporting documentation
 - Incomplete DFS-F6-DWC-2000, Health Care Provider Violation Referral forms
 - Often missing the actual physician that performed the service
 - Only one violation type per form
 - Must serve the health care provider with the report

HCP Violation Breakdown: Referral by Violation Type Received in FY 2021 - 2022



- Collecting payment from injured worker
- Failing to submit records & reports
- Improper billing of services
- Standards of care/overutilization

HCP Violation Breakdown: By Referral Type Received in FY 2021 - 2022



■ Injured Employee ■ Carrier ■ Attorney

Reimbursement Manuals

- Development of Workers' Compensation Reimbursement Manuals, in collaboration with the three-member panel

JIMMY PATRONIS



FLORIDA'S CHIEF FINANCIAL OFFICER



FLORIDA WORKERS' COMPENSATION

Reimbursement Manual

Healthcare Provider Reimbursement Manual, Rule 69L-7.020, 2020 Edition, F.A.C.



- Public meeting and Three-Member Panel meeting in 2020
- Three hearings held in 2021.
- The 2020 edition was adopted October 2021 but was not ratified (est. over \$8M)
- Three-Member panel meeting held April 2022
- Will seek ratification for this edition again
- Incorporates the 2020 Medicare Relative Value Units (RVUs)
- The 2016 edition remains in effect until the 2020 edition is ratified

Reimbursement Manual for Ambulatory Surgical Centers, Rule 69L-7.100, 2020 Edition, F.A.C.

- Public meeting and Three-Member Panel meeting in 2020
- Three-Member Panel meetings held in 2021
- Three-Member panel meeting held April 2022
- The 2015 edition remains in effect as rule development continues



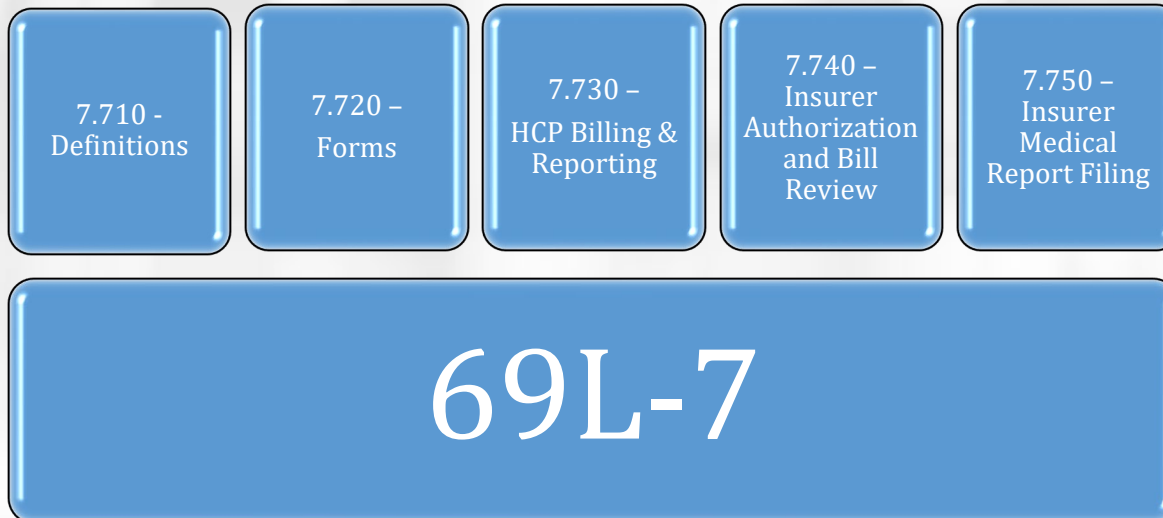
Hospital Reimbursement Manual Rule 69L-7.501, 2020 Edition, F.A.C.

- Public meeting and Three-Member Panel meeting in 2020
- Three-Member Panel meetings held in 2021
- Three-Member panel meeting held April 2022
- The 2014 edition remains in effect as rule development continues



Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Medical services billing, filing, and reporting
 - Effective as of February 18, 2016
 - Rule Development process underway



Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- 69L-7.710: Definitions
 - Initial workshop held July 22, 2020

- 69L-7.720: Forms Incorporated by Reference for Medical Billing, Filing, and Reporting
 - Initial workshop held July 22, 2020

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- 69L-7.730: Health Care Provider Medical Billing, Filing and Reporting
 - Initial workshop held July 22, 2020
 - Second workshop held June 30, 2021

- Rule development process is on-going
 - Workshop to be held September 29, 2022

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- 69L-7.740: Insurer Authorization and Medical Bill Reporting Responsibilities
 - Initial workshop held July 22, 2020
 - Second workshop held January 13, 2021
 - Third workshop held June 30, 2021

- Rule development process is on-going
 - Workshop to be held September 29, 2022

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Florida specific EOBR codes and descriptors
 - Internal reason codes may be appended in addition to Florida specific EOBR codes
 - Use the appropriate FL EOBR Code for each line item
 - Four types of EOBR Codes
 - Denied; disallowed; adjusted and paid; and paid
 - Do not set a default EOBR

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

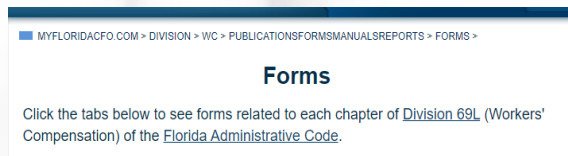
- EOB/Insurer information
 - Clearly indicate the insurer, not just the TPAs, networks, and other third-party bill review entities
 - Clearly indicate the name and address of the entity designated to receive service on behalf of carrier
 - Please make sure to update addresses shown on the EOB/Insurer
 - Conflicting information sometimes contained on same EOB/Insurer
- An EOB/Insurer is required to be sent to the provider except:
 - When using the “send-back” option contained under 69L-7.740(11)
 - When adjudicating bills for pharmaceutical services provided by a pharmacist or pharmacy and a binding contract exists between the insurer and the provider (69L-7.740(14))

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Provider Billing and Insurer Medical Report Filing
- Dispensing Physician Bills VS. Pharmacy Bills
 - Dispensing physician's bill on the DWC-9
 - File via medical EDI using Revision F 09 layout
 - Pharmacist's bill on the DWC-10
 - File via medical EDI using Revision F 10 layout
 - The DWC-10 and the Revision F 10 layout contains additional information:
 - Prescriber's license number
 - Pharmacist's license number
 - DAW code
 - Prescription New or Refill

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Division's Website



- Dispensing Physicians

DFS-F5-DWC-9-A Instructions	Instructions for completion of the DWC-9 when submitted by Licensed Health Care Providers (Rev. 01/01/2015)
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- Pharmacy

DFS-F5-DWC-10-A Instructions	Instructions for completion of the DWC-10 when submitted by pharmacies and home medical equipment providers/suppliers (Rev. 12/08/2015)
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- Form completion instructions are incorporated by rule

FIELD NO.	FIELD NAME	FIELD STATUS	COMMENTS	SUBJECT TO SEND BACK POLICY 69L-7.740(11)(g)
1	EMPLOYEE'S NAME	REQUIRED	Enter the injured employee's name: First, Middle Initial, if applicable, and Last	NO
2	EMPLOYEE'S SOCIAL SECURITY NUMBER OR DIVISION ASSIGNED NUMBER	REQUIRED	Enter the injured employee's Social Security or Division-Assigned Number. Contact the insurer/claim administrator to obtain the Division-Assigned Number if unknown and if there is no known Social Security Number.	YES
3	DATE OF ACCIDENT	REQUIRED	Enter the date of accident, illness or injury, for which services are rendered, in MM/DD/YYYY format.	NO

- Florida Medical EDI Implementation Guide (MEIG)

Record - 10 Conditions for MC's

Req Code	DN	Data Element Name	Business & Technical Condition
MC	15A	Employee Date Of Birth	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	16A	Employee Gender Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	24A	Payment Code	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.
MC	01B	Control Number	Bill Submission Reason Codes 00, 02, 03 & 99: Required unless DN 25A (Pre-Payment/Employee Payment Code/First Fill Code) = E.

Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Form completion instructions DWC-9, DWC- 10, & DWC-11

DFS-F5-DWC-9 (Rev. 02/12) form required to be submitted for dates of service on or after 02/18/2016

DFS-F5-DWC-9	Health Provider Claim Form/CMS-1500 - A copy of the DWC-9 can be obtained from the CMS website
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DFS-F5-DWC-9-A Instructions	Instructions for completion of the DWC-9 when submitted by Licensed Health Care Providers (Rev. 01/01/2015)
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DFS-F5-DWC-9-B Instructions	Instructions for completion of the DWC-9 when submitted by Work Hardening and Pain Management Programs (Rev. 01/01/2015)
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DFS-F5-DWC-9-C Instructions	Instructions for completion of the DWC-9 when submitted by Ambulatory Surgical Centers (For use when billing for dates of services through July 7, 2010) (Rev. 01/01/2015)
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DFS-F5-DWC-10 and DFS-F5-DWC-11 forms required to be submitted for dates of service on or after 02/18/2016.

DFS-F5-DWC-10	Statement of Charges for Drugs And Medical Supplies Form (Rev. 01/01/2015)
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DFS-F5-DWC-10-A Instructions	Instructions for completion of the DWC-10 when submitted by pharmacies and home medical equipment providers/suppliers (Rev. 12/08/2015)
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DFS-F5-DWC-11	Dental Claim Form (Rev. 2012) - A copy of the DWC-11 can be obtained by contacting the American Dental Association .
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DFS-F5-DWC-11-A Instructions	Instructions for completion of the DWC-11 for Dentists (Rev. 01/01/2015)
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Workers' Compensation Medical Reimbursement and Utilization Review, 69L-7 Rule Series

- Form completion instructions DWC-90

DFS-F5-DWC-90 form required to be submitted by hospitals on and after 5/23/2007. The DFS-F5-DWC-90 is required to be used by Ambulatory Surgical Centers, Home Health Agencies, and Nursing Home Facilities on and after July 8, 2010.

DFS-F5-DWC-90	Institutional Billing Form (UB-04) - A copy of the DWC-90 can be obtained from the CMS website (PLEASE NOTE THIS FORM IS NOT AVAILABLE ON THE CMS WEBSITE AT THIS TIME.)
DFS-F5-DWC-90-A Instructions for Hospitals	Instructions for completion of the UB-04 (Rev. 12/08/2015) (For use when billing dates of service on or after 02/18/2016)
DFS-F5-DWC-90-B Instructions for Ambulatory Surgical Centers	Instructions for completion of the UB-04. (Rev. 12/08/2015) (For use when billing dates of service on or after 02/18/2016)
DFS-F5-DWC-90-C Instructions for Home Health Agencies	Instructions for completion of the UB-04. (Rev. 12/08/2015) (For use when billing dates of service on or after 02/18/2016)
DFS-F5-DWC-90-D Instructions for Nursing Home	Instructions for completion of the UB-04. (Rev. 12/08/2015) (For use when billing dates of service on or after 02/18/2016)

Selected Materials Incorporated by Reference, 69L-8 Rule Series

- Rule Chapter 69L-8 currently contains the following:
 - 69L-8.071: Materials for use with the Florida Workers' Compensation Health Care Provider Reimbursement Manual
 - 69L-8.072: Materials for use with the Florida Workers' Compensation Reimbursement Manual for Ambulatory Surgical Centers
 - 69L-8.073: Materials for use with the Florida Workers' Compensation Hospital Reimbursement Manual
 - 69L-8.074: Materials for use throughout Rule Chapter 69L-7, F.A.C.

Selected Materials Incorporated by Reference, 69L-8 Rule Series

- 69L-8.071 and 69L-8.074
 - Effective January 18, 2018
- 69L-8.072 and 69L-8.073
 - Effective February 18, 2016
- The contents of these rules have been moved to the individual reimbursement manual rule texts
- When manuals are adopted, the 8-rule series will be withdrawn

DWC E-Alerts

- Provision of educational and technical support regarding the aspects of medical services in response to inquiries
- <https://www.myfloridacfo.com/Division/wc/>
- Email notifications from the FL Division of Workers' Compensation regarding regulatory activities impacting the workers' compensation system

The screenshot displays the Florida Department of Financial Services website interface. On the left, a dark blue sidebar contains contact information for the Director and other staff. The main content area has a white background with a navigation bar at the top featuring tabs for 'Employers', 'Employees', 'Carriers', 'Providers', and 'EDI'. Below the navigation bar, a 'Popular Links' section is organized into four columns: 'Exemption Info', 'Coverage', 'Top Documents', and 'Popular Databases'. Each column lists several links with document icons. At the bottom of the main content area, there is a 'DWC E-alerts' section with a text prompt and a red 'Register' button.

Exemption Info	Coverage	Top Documents	Popular Databases
Apply Or Renew Exemption	Requirements	WC System Guide	Proof of Coverage
Frequently Asked Questions	Coverage Brochure	Reimbursement Manual	Claims EDI Warehouse
Exemption Brochure	Coverage Assistance	Drug-Free Workplace	Exemption Search
Exemption Educational Video	Election of Coverage	Employee Brochure: English Spanish	Employer Loss Run
	Out-of-State Contractor Information		Stop-Work Orders

DWC E-alerts
To receive important Division notices, register for our email list: [Register](#)



Customer Assistance

850-413-1613

workers.compmedservice@myfloridacfo.com

Medical Services Section
Bureau of Monitoring and Audit
Contact Information

Theresa Pugh, Program Administrator
Medical Services

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Questions



