



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

Jeb Bush  
Governor

Mary B. Hooks  
Secretary

To: All Hospitals, Carriers, Self- Insurers, Third Party Administrators and  
Other Interested Parties

Charles Williams  
Director

From: Charles Williams, Director *ew*

Date: June 26, 2001

Re: Rule Chapter 38F-7.501, Florida Administrative Code  
Florida Workers' Compensation Reimbursement Manual for Hospitals, 1999 Edition

This bulletin is to notify all interested parties that Rule 38F-7.501, Florida Administrative Code, has been revised. The Florida Workers' Compensation Reimbursement Manual for Hospitals, 1999 Edition, and replacement pages 4, 9 and 22 are adopted by reference as part of this rule and are effective July 3, 2001. This bulletin supercedes Bulletin 211, dated October 27, 1999.

A copy of the rule revision is available at the Secretary of State's Florida Administrative Code Online web site at: <http://fac.dos.state.fl.us/fac/> under Chapter 38, Department of Labor and Employment Security. Acrobat Reader 5.0 is required to read this rule. The manual's replacement pages are available free of charge on the Division of Workers' Compensation web site at: <http://www2.myflorida.com/les/wc/> under Publications. A paper copy of the revised manual may be purchased from the Division's Bureau of Rehabilitation and Medical Services. Payment by check or money order made payable to the "Workers' Compensation Administration Trust Fund" in the amount of \$5.00 must be sent with the request to:

Bureau of Rehabilitation & Medical Services  
2728 Centerview Drive  
Suite 101, Forrest Building  
Tallahassee, Fl 32399-0664

In the future, notifications of rule revisions and distribution of Division bulletins will be sent via electronic mail. To receive timely mailings pertaining to medical services, forward the following information to: [BRMS@wcpost.fdles.state.fl.us](mailto:BRMS@wcpost.fdles.state.fl.us).

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**Bulletin No. 226**

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Committee, dated April 1, 2001 (UB-92 Manual). Ordering information can be found in Appendix B to this manual.

B. No reimbursement allowance, basic unit values or relative value guides, conversion factors or scales are included in any part of the above referenced publications.

**Section 3: Authorization.**

A. Hospital emergency services and care do not require authorization at the time they are rendered. If the emergency medical condition or the care results in an emergency hospital admission of the injured employee, the carrier must be notified within 24 hours by telephone.

B. A hospital shall obtain authorization from the carrier prior to providing non-emergency treatment or the inpatient admission of an employee for a work-related injury.

C. Authorization obtained by the hospital from the carrier shall be recorded by the hospital in the injured employee's medical record or billing or financial record including the date on which authorization was received, and the name and title of the person authorizing medical services.

D. The hospital shall inform the carrier at the time of authorization of any known treatment ordered by the physician for non-compensable conditions which the injured employee is to receive during the course of hospitalization.

**Section 4: Precertification and Length of Stay.**

A. The carrier shall precertify the number of days for the hospital stay according to national length of stay standards when



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**Section 10: Claim Form Completion and Reporting Requirements.**

A. A hospital shall use the LES Form DWC-90, also known as UB-92, in billing for medical services it provides to an injured employee.

B. The LES Form DWC-90 must be completed according to the billing guidelines contained in the UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee, dated April 1, 2001 (UB-92 Manual). Ordering information can be found in Appendix B to this manual.

C. A fraud statement shall be on the back of the LES Form DWC-90.

D. Any attachments to the LES Form DWC-90 other than an itemized statement shall be labeled in the upper right corner of the page of the attachment with the injured employee's name, social security number or alien registration number, and date of accident.

E. A hospital shall submit a legible and complete LES Form DWC-90 to the carrier within the following parameters:

(1) Emergency services - within 15 calendar days of discharge from the emergency department.

(2) Outpatient treatment:

(a) Within 15 Calendar days of first service or treatment.

(b) At least every 30 calendar days thereafter for follow-up treatment.



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**Appendix B: Resource Documents**

1. Comprehensive Accreditation Manual for Hospitals: The Official Handbook (CAMH), with CAMH update 2, dated May 1999. Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181. Telephone: (630) 792-5800.
2. Length of Stay by Operation, United States, 1999, ISBN: 1-57372-185-0; ISSN: 1097-3320. HCIA Inc., 300 East Lombard Street, Baltimore, Maryland 21202. Telephone: (800) 568-3282.
3. Length of Stay by Diagnosis, United States, 1999, ISBN: 1-57372-177-8; ISSN: 1099-3312. HCIA Inc., 300 East Lombard Street, Baltimore, Maryland 21202. Telephone: (800) 568-3282.
4. UB-92, National Uniform Billing Data Element Specifications as Adopted by the Florida State Uniform Billing Committee, dated April 1, 2001 (UB-92 Manual). Florida Hospital Association, Post Office Box 531107, Orlando, Florida 32853-1107. Telephone: (407) 841-6230.