

Notice of Development of Rulemaking

DEPARTMENT OF FINANCIAL SERVICES

Division of Worker's Compensation

RULE NOS.:RULE TITLES:

- 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
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- 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
- 69L-31.016 Reimbursement Disputes Involving a Contract or Workers' Compensation Managed Care Arrangement

PURPOSE AND EFFECT: Rules are being amended which govern the process for resolution of disputes between workers' compensation carriers and health care providers. Revised forms are adopted. Rule 69L-31.005, F.A.C., is amended to provide greater detail regarding materials required to be included in a petition for dispute resolution. Rule 69L-31.008, F.A.C., is revised to provide clarity regarding computation of the time period to submit a petition for dispute resolution. The time period in Rule 69L-31.009, F.A.C., for a carrier to respond to a petition is expanded from 10 to 30 days. New Rule 69L-31.016, F.A.C., is proposed to limit the scope of the dispute resolutions to compliance with standards under Chapter 440, F.S., and exclude issues of contract interpretation. Changes are also made to provide several minor edits, primarily for the purpose of clarity.

SUBJECT AREA TO BE ADDRESSED: The resolution of reimbursement disputes by the Florida Department of Financial Services pursuant to paragraph 440.13(7)(e), F.S.

RULEMAKING AUTHORITY: 440.13(7)(e), 440.591 FS.

LAW IMPLEMENTED: 440.13(7) (a), (b), (c), (e) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: January 12, 2016, 9:30 a.m.

PLACE: Room 109, Hartman Building, 2012 Capital Circle Southeast, Tallahassee, Florida

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 5 days before the workshop/meeting by contacting: Pamela Macon, telephone: (850)413-1708, e-mail: Pamela.Macon@MyFloridaCFO.com If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Pamela Macon, Chief, Bureau of Monitoring and Audit, Division of Workers' Compensation, Department of Financial Services, address: 200 East Gaines Street, Tallahassee, Florida 32399-4232, telephone: (850)413-1708, e-mail: Pamela.Macon@MyFloridaCFO.com

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS:

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

69L-31.003 Petition for Resolution of Reimbursement Dispute Form.

(1) The Petition for Resolution of Reimbursement Dispute Form, DFS-F6-DWC 3160-0023, Revised _____ (Petition Form) (DFS Form 3160-0023, effective September 8, 2006), is hereby incorporated by reference in this

rule chapter. This form may be obtained on the Department's website Internet at <http://www.myfloridacfo.com/Division/WC/pdf/DFS-3160-0023.pdf> <http://www.myfloridacfo.com/wc/forms.html> or by contacting the Department at (850)413-1613.

(2) A petition to contest carrier disallowance or adjustment of payment pursuant to paragraph Section 440.13(7)(a), F.S., must be submitted on the ~~Petition for Resolution of Reimbursement Dispute Form~~ and shall be the only form accepted by the Department. ~~Any submission seeking to contest the disallowance or adjustment of payment by a carrier pursuant to Section 440.13(7)(a), F.S., must include a completed Petition for Resolution of Reimbursement Dispute Form.~~

Rulemaking Authority 440.13(7)(e) FS. Law Implemented 440.13(7)(a) FS. History—New 11-28-06, Formerly 59A-31.003, Amended _____.

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

(1) The Carrier Response to Petition for Resolution of Reimbursement Dispute Form, ~~DFS-F6-DWC 3160-0024, Revised _____ (Response Form) (DFS Form 3160-0024, effective September 8, 2006),~~ is hereby incorporated by reference in this rule chapter. This form may be obtained on the Department's website Internet at <http://www.myfloridacfo.com/Division/WC/pdf/DFS-3160-0024.pdf> <http://www.myfloridacfo.com/wc/forms.html> or by contacting the Department at (850)413-1613.

(2) ~~The Response Form shall be the only form accepted by the Department upon which a carrier may submit its response to a petition to contest carrier disallowance or adjustment of payment. The Carrier Response to Petition for Resolution of Reimbursement Dispute Form shall be considered a required element of the requested documentation to the Department under Section 440.13(7)(b), F.S. The Carrier Response to Petition for Resolution of Reimbursement Dispute Form shall be the only form accepted by the Department upon which a carrier may submit to the Department its response to a Petition for Resolution of Reimbursement Dispute. Any submission by a carrier pursuant to Section 440.13(7)(b), F.S., that does not include a completed Carrier Response to Petition for Resolution of Reimbursement Dispute Form shall result in a notice of deficiency by the Department. A carrier shall have ten (10) calendar days from receipt of the notice of deficiency to cure the deficiency identified in the Department's notice of deficiency. Failure to timely cure the deficiency shall constitute failure to submit requested documentation to the Department.~~

Rulemaking Authority 440.13(7)(e) FS. Law Implemented 440.13(7)(b) FS. History—New 11-28-06, Formerly 59A-31.004, Amended _____.

69L-31.005 Petition Form Requirements and Reasons for Dismissal.

(1) All references to a "carrier" in this rule chapter include any entity acting on the carrier's behalf in administering the carrier's workers' compensation medical claims. All references to a "petitioner" in this rule chapter are to the health care provider submitting a petition to contest carrier disallowance or adjustment of payment.

(2) ~~The Department in its determination shall address only the specific line item(s) in the Explanation of Bill Review (EOBR) or notice of disallowance or adjustment of payment that the health care provider contends were improperly disallowed or adjusted. The Department will not address any disallowance or adjustment of payment where the basis for the disallowance or adjustment of payment by the carrier involves denial of compensability of the claim or assertion that the specific services provided are not medically necessary.~~

(3)~~(4) The petitioner shall submit all documentation. All documents and records that support supporting the allegations contained in the Petition Form petition must accompany the petition. The supporting documentation shall include a hard copy of the items listed below. A petition that is accompanied by all items specified below will not be dismissed for failure to submit supporting documents and records:~~

(a) A copy of each ~~EOBR~~Explanation of Bill Review or notice of disallowance or adjustment of payment received from the carrier ~~providing notice of disallowance or adjustment of payment in this dispute.~~

(b) A copy of ~~all the medical bill or~~ medical bills or ~~request(s) request~~ for reimbursement sent to the carrier for which payment was disallowed or adjusted by the carrier on the contested ~~EOBR~~Explanation of Bill Review(s) or notice of disallowance or adjustment of payment.

(c) One copy set of all related medical documentation and records submitted to the carrier in support of the medical service(s), bill(s) or request(s) for reimbursement which are the subject of this dispute.

~~(d) If the answer to question 5 on the Petition for Resolution of Reimbursement Dispute Form is yes, a copy of all applicable provision(s) of the reimbursement contract.~~

~~(d) (e) If the reimbursement dispute involves carrier authorization of non-emergency treatment, a copy of the provider's Provider's documentation of authorization by the carrier for non-emergency treatment for the date(s) of service addressed in the Petition Form covered by the petition.~~

~~(e) (f) If the reimbursement dispute involves carrier notification of emergency treatment, a copy of the documentation ~~Documentation~~ of health care provider notification to the carrier, pursuant to paragraph Section 440.13(3)(b), F.S., for emergency treatment or admission following emergency treatment for the date(s) of service addressed in the Petition Form included in the petition.~~

~~(f) If the reimbursement dispute involves physician dispensed medication, a copy of the Prescription (Legend) Drug Pedigree documenting the ownership and distribution history of the medication dispensed and a copy of the invoice documenting the physician's purchase of the medication dispensed.~~

~~(g) If the reimbursement dispute involves hospital services, documentation of the hospital's charge master as of the date of service and for the medical services billed.~~

~~(h) If the reimbursement dispute involves Surgical Implants, a copy of the acquisition invoice(s) from the health care facility for Surgical Implants and Associated Disposable Instrumentation billed, and the record or implant log reflecting the utilization of items.~~

~~(i) If the reimbursement dispute involves supplies not incidental to the medical services, a copy of the acquisition invoice(s) from the health care provider for supplies billed, and the record or medical services notes reflecting the utilization of items.~~

~~(4)(2) The Petition Form shall be dismissed if:~~

~~(a) The Petition Form is not accurately completed; or~~

~~(b) The Petition Form is submitted to the Department more than forty-five (45) calendar days from the health care provider's receipt of the EOBR or notice of disallowance or adjustment of payment from the carrier; or~~

~~(c) The Petition Form is a duplicate of a previously submitted Petition Form with all of the same issues; health care provider; carrier; and date(s) of service; or~~

~~(d) The supporting documentation required in section (3) of this rule is missing or incomplete; or~~

~~(e) The carrier (for purposes pertaining to receipt of service in this rule chapter, "carrier" shall include any entity the carrier has designated to receive service on the carrier's behalf) has not been properly served in accordance with Rule 69L-31.007, F.A.C.~~

~~(2) If the petitioner does not submit a completed Petition for Resolution of Reimbursement Dispute Form, accompanied by all of the items specified in subsection 69L-31.005(1), F.A.C., the petitioner will be notified by the Department of the deficiency in submission. The petitioner shall have ten (10) 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 ten (10) days after petitioner's receipt of the notice of deficiency, the petition will be dismissed with prejudice.~~

~~(3) Documents and records accompanying the petition must be submitted in hard copy.~~

~~Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7) FS. History—New 11-28-06, Formerly 59A-31.005, Amended _____.~~

69L-31.006 Consolidation of Petitions.

(1) If multiple ~~petitions~~ Petition Forms addressing the same substantive issue(s) have been filed by a petitioner contesting disallowance or adjustment of payment by the same carrier, the Department may, in its discretion, consolidate the ~~petitions~~ Petition Forms into a single determination.

(2) If the Department consolidates multiple ~~petitions~~ Petition Forms into a single determination, the timetable for rendering a determination upon a consolidated ~~petitions~~ Petition Forms shall be ~~expanded to~~ 120 calendar days after ~~the Department's~~ Department receipt of all documentation.

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, Amended _____.

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

(1) The petitioner shall effectuate service ~~upon~~ on the carrier and on all affected parties by serving a copy of the Petition ~~petition~~ Form and all supporting documentation submitted to the Department ~~documents and records in support of the petition~~, by United States Postal Service (referred to as “USPS” in this rule chapter) certified mail on the specific entity identified on the Explanation of Bill Review (EOBR) or notice of disallowance or adjustment of payment as the entity the carrier designates to receive service of the Petition Form on behalf of the carrier and all affected parties. If the ~~EOBR~~ Explanation of Bill Review or notice of disallowance or adjustment of payment 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 subsection 69L-7.740(14) ~~paragraph 69L-7.602(5)(q)~~, F.A.C., the petitioner may effectuate service of the Petition ~~petition~~ Form ~~upon~~ on the carrier and all affected parties by serving a copy of the petition and copies of all documentation ~~documents and records~~ in support of the Petition ~~petition~~ Form by ~~United States Postal Service (USPS)~~ certified mail upon the entity who issued the ~~EOBR~~ Explanation of Bill Review or notice of disallowance or adjustment of payment at the address from which the ~~EOBR~~ Explanation of Bill Review or notice of disallowance or adjustment of payment was issued.

(2) ~~A~~ The Petition Form for Resolution of Reimbursement Dispute must be served ~~upon~~ on the carrier and all affected parties by ~~United States Postal Service (USPS)~~ certified mail. Service ~~upon~~ on the carrier shall include one copy ~~set~~ of all documents and records submitted to the Department in support of the Petition ~~petition~~ Form.

(3) Service by certified mail means service by ~~United States Postal Service (USPS)~~ certified mail. Service by common carrier or service ~~Service by USPS~~ ~~United States Postal Service~~ delivery other than USPS certified mail ~~or service by common carrier~~ does not constitute service by USPS certified mail, as required by paragraph 440.13(7)(a), F.S. statute, even if carrier delivery and receipt of the petition are confirmed.

(4) If a carrier or the entity the carrier designates to receive service has not been properly served in accordance with this rule subsection, the Petition Form shall be dismissed. ~~petitioner will be notified by the Department of the deficiency in service. The petitioner shall have ten (10) 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 ten (10) 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 ~~petition~~ Form and one copy ~~set~~ of all documentation ~~documents and records~~ in support of the Petition ~~petition~~ Form have been sent by ~~United States Postal Service (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 and service. If the petitioner unsuccessfully attempts to effectuate service on the carrier, its designated entity, or the entity issuing the EOBR or notice of disallowance or adjustment of payment at the service address as it is listed on the EOBR or notice of disallowance or adjustment of payment because the service address as listed is incorrect or invalid, the Petition Form will not be dismissed.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(a) FS. History—New 11-28-06, Formerly 59A-31.007, Amended _____.

69L-31.008 Computation of Time.

(1)(a) An Explanation of Bill Review (EOBR) that meets the requirements of paragraph 69L-7.740(14), F.A.C., constitutes a notice of disallowance or adjustment of payment for the purposes of calculating the forty-five (45) day time period in subsection 440.13(7), F.S.

(b) In addition, any document issued by or on behalf of the carrier that includes the following information constitutes a notice of disallowance or adjustment of payment for the purposes of calculating the forty-five (45) day time period in subsection 440.13(7), F.S.

1. The document must identify the amount of disallowance or adjustment of payment that corresponds with the medical bill submitted by the health care provider.

2. The document must identify the name and address of the entity issuing the notice of disallowance or adjustment of payment.

3. The document must contain a statement indicating that the document is issued for purposes of noticing the health care provider of the disallowance or adjustment of payment for purposes of subsection 440.13(7), F.S.

4. The document must identify specific EOBR codes related to the adjudication of each line item billed pursuant to Rule 69L-7.740, F.A.C.

(c) The forty-five (45) day time period within which a Petition Form must be served upon the Department begins upon receipt of the EOBR or notice of disallowance or adjustment of payment by the health care provider or by an entity designated by the provider to receive such notice on behalf of the health care provider.

(d) The health care provider shall document receipt of the EOBR or notice of disallowance or adjustment of payment using a date stamp that clearly reflects date of receipt of the EOBR or notice of disallowance or adjustment of payment by the health care provider or by using a verifiable login process. Documentation of receipt through a date stamp or verifiable login process shall accompany the Petition Form. A date-stamped EOBR or notice of disallowance or adjustment of payment will be accepted as proof of date of receipt. A copy of the applicable portion of the login roster showing the date of login of the EOBR or notice of disallowance or adjustment of payment will be accepted as proof of date of receipt through a verifiable login process.

~~(1) Pursuant to paragraph 69L 7.602(5)(q), F.A.C., notice of disallowance or adjustment of payment, which begins the thirty (30) day time period in Section 440.13(7), F.S., shall only be through receipt of an Explanation of Bill Review issued by or on behalf of a carrier. Therefore, the thirty (30) day time period within which a petition must be served upon the Department begins upon receipt of the Explanation of Bill Review by the health care provider or by an entity designated by the provider to receive such notice on behalf of the health care provider. The health care provider shall document receipt of the Explanation of Bill Review using a date stamp, which clearly reflects date of receipt, or by using a verifiable login process. Documentation of receipt through a date stamp or verifiable login process shall accompany the petition. A date stamped Explanation of Bill Review will be accepted as proof of date of receipt by date stamp. A copy of the applicable portion of the login roster showing the date of login of the Explanation of Bill Review will be accepted as proof of receipt through a verifiable login process. If receipt cannot be established through a date stamp or verifiable login process, the health care provider may provide with the petition a copy of the envelope in which the Explanation of Bill Review was sent which clearly and legibly shows the postmark date, in which case receipt will be deemed to be five (5) calendar days from the postmark date on the envelope in which the Explanation of Bill Review was sent. If the health care provider does not establish the date of its receipt of the Explanation of Bill Review by any of the methods set forth in this subsection through documentation accompanying the Petition, the health care provider receipt of the Explanation of Bill Review will be deemed to be five (5) calendar days from the issue date on the Explanation of Bill Review. An affidavit attesting to date of receipt will not be accepted as proof of date of receipt.~~

~~(2) Petitioning the Department to resolve a reimbursement dispute shall be effectuated upon service of the Petition petition Form upon on the Department. The timeliness of a Petition petition Form for Resolution of Reimbursement Dispute shall be calculated based upon service of the Petition petition Form upon on the Department. Service upon on the Department shall be by United States Postal Service (USPS) mail, by common carrier, or by hand delivery. If service is by United States Postal Service (USPS) mail, the date of service on the Department shall be the postmark date placed on the envelope by USPS and does not include handwritten postmarks or those issued in-house by the health care provider via metered mail. If service is by common carrier, the date of service on the Department shall be the common carrier pick-up date. If service on the Department is by hand delivery, the date of service is the date the petition is hand delivered to: Receptionist, Hartman Building, 2012 Capital Circle Southeast, Tallahassee, Florida. Service on the Department by hand delivery is available Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time, excluding state holidays.~~

~~(3) Carrier date of receipt of the Petition petition Form by USPS certified mail will be established by reference to the United States Postal Service (USPS) certified mail receipt date. Timely submission by the carrier to the Department of the carrierCarrier Response to Petition for Resolution of Reimbursement Dispute Form and accompanying documentation to the Department shall be determined based upon the date of service of the carrierCarrier Response to Petition for Resolution of Reimbursement Dispute Form and accompanying documentation to on the Department. If service on the Department is by United States Postal Service (USPS) mail, the date of service shall be the postmark date placed on the envelope by USPS, and does not include handwritten postmarks or those issued in-house by the health care provider via metered mail. If service on the Department is by~~

common carrier, the date of service shall be the common carrier pick-up date. If service on the Department is by hand delivery, the date of service is the date the petition is hand delivered to: Receptionist, Hartman Building, 2012 Capital Circle Southeast, Tallahassee, Florida. Service by hand delivery is available Monday through Friday between 8:00 a.m. and 5:00 p.m., Eastern Time, excluding state holidays.

(4) 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 worker. Neither the request for, nor the conducting of, an on-site audit, nor the referral of the health care provider for peer review consultation, nor independent medical examination shall toll the time period for petitioning the Department for the resolution of a reimbursement dispute as set forth in Section 440.13(7)(a), F.S., or the time period for the carrier to submit requested documentation under Section 440.13(7)(b), F.S.

(5) If a health care provider submits a Petition Form with multiple notices of disallowance or adjustment of payment or EOBR for the same claimant, date(s) of service and services, the Department will base timeliness of the Petition Form on the latest notice of disallowance or payment or EOBR that includes reimbursement.

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(a), (b) FS. History—New 11-28-06, Formerly 59A-31.008, Amended _____.

69L-31.009 Carrier Response Requirements.

(1) ~~The carrierCarrier Response to Petition for Resolution of Reimbursement Dispute Form, accompanied by all supporting documentation requested information, must be served upon on the Department within no later than thirty (30) ten (10) days after the carrier's receipt of a copy of the Petition petition Form by United States Postal Service (USPS) certified mail. However, where the Carrier has received curative documentation from the Petitioner pursuant to subsection 69L 31.005(2), F.A.C., the Carrier Response to Petition for Resolution of Reimbursement Dispute Form, accompanied by all requested information, must be served upon the Department within ten (10) calendar days after receipt, by the carrier of the curative documentation from the Petitioner. The carrier's response to the Petition petition Form must include an accurately a completed carrier Response to Petition for Resolution of Reimbursement Dispute Form (DFS Form 3160-0024, effective September 8, 2006). Failure of the carrier to meet these requirements constitutes waiver of all objections to the petition.~~

(2) The carrier shall provide to the petitioner, using a delivery method ~~which provides~~ providing confirmation of date of delivery, at the petitioner's mailing address provided on the ~~Petition for Resolution of Reimbursement Dispute Form~~, a copy of the carrier Response to ~~Petition for Resolution of Reimbursement Dispute Form~~, and one copy ~~set of all accompanying documentation information served upon on~~ of all accompanying documentation information served upon on the Department in response to the ~~Petition petition Form~~. The carrier shall document the delivery tracking information on the carrier Response Form in such detail that the Department can verify the health care provider's receipt of the carrier Response Form and accompanying documentation.

(3) ~~Documents and records accompanying the carrier's Response to Petition for Resolution of Reimbursement Dispute Form must be in hard copy.~~

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, Amended _____.

69L-31.010 Effect of Non-Response by Carrier.

~~Failure of by the carrier to timely submit an accurately completed a carrierCarrier Response to Petition for Resolution of Reimbursement Dispute Form (DFS Form 3160-0024, effective September 8, 2006) and accompanying documentation substantiating its disallowance or adjustment of payment constitutes a waiver of all objections to the petition Petition Form, pursuant to paragraph 440.13(7)(b), F.S. Waiver of all objections to the Petition petition Form shall result in the Department determination and applicable final order being based solely upon the allegations and supporting documentation submitted by the petitioner.~~

Rulemaking Authority 440.13(7), 440.591 FS. Law Implemented 440.13(7)(b) FS. History—New 11-28-06, Formerly 59A-31.010, Amended _____.

69L-31.011 Complete Record.

The evidentiary record upon which the Department's determination will be made shall be the ~~Petition for Resolution of Reimbursement Dispute~~ Form and all supporting documentation ~~documents and records~~ accompanying the Petition ~~petition~~ Form, and the carrier's ~~Carrier's Response to Petition for Resolution of Reimbursement Dispute~~ Form and all accompanying documents. ~~However, if the petitioner and carrier enter into a joint stipulation of the parties pursuant to Rule 69L-31.012, F.A.C., the evidentiary record upon which the Department's determination will be made shall also include all additional supporting documentation submitted to the Department by the parties within the 10 calendar day period provided for in Rule 69L-31.012, F.A.C.~~

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, Amended.

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, the petitioner may voluntarily withdraw its ~~Petition for Resolution of Reimbursement Dispute~~ Form.

(2) The withdrawal ~~of a petition~~ must ~~shall~~ be in writing and ~~must~~ clearly indicate:

- (a) The name of the health care provider or facility requesting withdrawal;
- (b) The name of the carrier against whom the petition reimbursement dispute has been initiated;
- (c) The date(s) of service ~~covered by~~ addressed in the Petition ~~petition~~ Form; and
- (d) The identity of the injured employee worker to whom medical services were delivered.

(3) Receipt ~~The result of receipt~~ by the Department of a written request for withdrawal of a ~~petition~~ Petition Form shall result in closure of the Department's file in the matter without further action ~~be dismissal of the determination case by the Department.~~

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(a), (c) FS. History—New 11-28-06, Formerly 59A-31.013, Amended.

69L-31.014 Overutilization Issues Raised in Reimbursement Dispute Resolution.

If the carrier, in its ~~Carrier Response~~ Form ~~to Petition for Resolution of Reimbursement Dispute~~, asserts that a basis for disallowing the health care provider's claim for reimbursement is overutilization by the health care provider and submits documentation substantiating the assertion, ~~that a basis for disallowing petitioner's claim for payment is overutilization~~ and the Department, in its discretion, determines that the reimbursement dispute cannot be resolved without addressing the overutilization issue, the Department will issue a determination ~~pursuant to Section 440.13(7), F.S., finding~~ that the reimbursement dispute cannot be resolved under subsection ~~Section~~ 440.13(7), F.S., and is being converted to a proceeding under either subsection ~~Sections~~ 440.13(8) ~~and~~ or 440.13(11), F.S., ~~or both.~~

Rulemaking Authority 440.13(7)(e), 440.591 FS. Law Implemented 440.13(7)(b), 440.13(7)(c) FS. History—New 11-28-06, Formerly 59A-31.014, Amended.

69L-31.016 Reimbursement Disputes Involving a Contract or Workers' Compensation Managed Care Arrangement.

Department reimbursement dispute determinations issued pursuant to subsection 440.13(7), F.S., will be guided only by applicable reimbursement schedules, practice parameters, and protocols of treatment described in Chapter 440, F.S. The Department will not apply, interpret, or otherwise consider the provisions of contracts, rate agreements, or workers' compensation managed care arrangements which the parties may have entered into and which may specify reimbursement amounts.

Rulemaking Authority 440.13(7)(e), FS. Law Implemented 440.13(7), FS. History—New