

WELCOME TO FLORIDA WORKERS' COMPENSATION

Listed below is information that you will need when treating Florida workers' compensation patients. Do not hesitate to contact the Agency if you need additional assistance, (850) 922-6481. We are available 8am - 5pm, Monday - Friday, to assist you and/or your staff.

** All health care providers **MUST receive authorization** from the carrier (WC insurance companies) **PRIOR** to treating the patients.

Reimbursement Manual

The Florida Workers' Compensation Health Care Provider Fee for Service Reimbursement Manual 2004, 2nd edition (effective 7-4-04) is available at <http://www.fldfs.com/WC> (the Division of Workers' Compensation website) under **69L-7.020, F.A.C., 2nd Edition PDF version**. You may download or print a copy of this manual at no charge.

For chiropractic providers, print only pages 1-127 and 360-376. Schedule B pertains only to surgery and Schedule C applies to reimbursement to physicians licensed under Chapter 458 & 459, Florida Statutes.

You may purchase a copy of the manual for \$0.50 per page (there are 376 pages). An order form is available on the Division of Workers' Compensation page, noted above, listed under 'Publications'.

Billing

The Florida Workers' Compensation Billing, Filing and Reporting Rule (rule 69L-7.602, effective July 4, 2004, instructs health care providers how to bill for services and which billing forms to use.

To obtain a copy of the **Billing, Filing and Reporting Rule** (rule 69L-7.602, Florida Administrative Code), click on this link: <http://www.fldfs.com/WC/pdf/69L-7602FAC.pdf> you may print this copy (print all pages)

To obtain specific **instructions for completion of the DWC-9 (HCFA-1500)** medical services billing form, you may access the web address: <http://www.fldfs.com/WC/pdf/DWC-9instrHCP.pdf>

Treatment and Status Reporting Form

The **DWC-25, required Florida Workers' Compensation Uniform Medical Treatment/Status Reporting Form with instructions** may be obtained by clicking this link:

<http://www.fldfs.com/WC/pdf/DWC-25.pdf>

Additional information is available in the DWC-25 Completion Tutorial at this link:

[http://www.fdhc.state.fl.us/MCHQ/Managed Health Care/WCMC/Docs/Florida%20Workers%20Compensation%20DWC-25.ppt](http://www.fdhc.state.fl.us/MCHQ/Managed_Health_Care/WCMC/Docs/Florida%20Workers%20Compensation%20DWC-25.ppt) (It might be helpful to print out the tutorial to review as this is a new form).

Attached is a quick reference guide for DWC-25 Completion and Submission (see page 3)

Florida Law

In order to access a copy of the **Florida Statutes** (FS):

Access the Division of WC web site (<http://www.fldfs.com/WC/>); locate the list on the left side of the screen; scroll down to “**Ch.440, FL Statute**”. This enables you to view or print a copy of Chapter 440, which contains the statutes relating to Florida Workers’ Compensation. Subsection, **440.13 F.S.**, is the section specific to medical services.

Provider Certification

According to Florida workers’ compensation law, s.440.13 (3)(a), F.S., a health care provider must be certified. You can access a copy of the certification application by clicking on this link:

http://www.fdhc.state.fl.us/MCHQ/Managed_Health_Care/WCMC/Docs/WC_Healthcare_Prov_App.pdf

This will open the certification application that may be printed for completion. Complete the application. **Mark number 4 as 'N/A' as this education requirement was rescinded as of October 1, 2001.** Mail the signed and accurately completed application to the address noted at the top of the application.

Additionally, you will want to review the **Health Care Provider Certification Rule, 59A-29, Florida Administrative Code**. This document may be accessed by clicking this link: <http://fac.dos.state.fl.us/faconline/chapter59.pdf>. Scroll down to 59A-29. When printing this document, identify only pages 298 - 302 or you will print the entire chapter.

Health Care Provider Certification Database

If you have ARNP, PA or therapist employees and want to check if they are certified, access this link: http://www.fdhc.state.fl.us/workers_comp/owa/workers_comp.providers.wc_index

Carrier/Insurer Database

To access an alphabetized table of Carriers/Insurers licensed to do business in Florida, click on this link: http://www.fldfs.com/Data/CompanySearch/show_results.asp

Division of WC E-Mail List

In order to stay current on changes in Florida Workers’ Compensation, please access the Division of Workers’ Compensation home page at < <http://www.fldfs.com/WC/> > . On the right side of the page, locate the light-gray box labeled “**E-Alert**”. Entering your email address will put you on the Division’s mailing list. **E-Alert will send you a message when rules have been adopted notifying when they are effective.**

I hope this information is useful to you. If I may be of further assistance, please contact me at (850) 410-1730 or through my e-mail address: coxmyerw@fdhc.state.fl.us

WHO COMPLETED THE DWC-25	SPECIAL CIRCUMSTANCES	WHO GETS A COPY OF THE DWC-25	SUBMISSION TIMEFRAME
Primary Treating Physician (or ARNP/PA under direction of the primary treating physician)	Initial treatment following first report of the work-related injury	Carrier/Insurer Employer	Within 3 days following treatment
	Subsequent, follow-up office services	Carrier/Insurer Employer (upon request)	By close of the business the day following date of service
	Establishment of MMI/ assignment of PIR	Carrier/Insurer Employer (upon request)	By close of the business the day following date of service
		Employee	Within 3 business days following the visit
Upon the occurrence of an actionable event (which may or may not involve a face-to-face encounter with the patient) or at a maximum of 30 days from submission of the prior DWC-25	Carrier/Insurer Employer (upon request)	By close of the business the day following the date of the actionable event or at a maximum of 30 days from submission of the prior DWC-25	
Consulting/Referral Physician (or ARNP/PA under direction of the consulting/referral physician)	Initial consult and any subsequent visits	Carrier/Insurer Employer (upon request)	By close of the business the day following date of service
	Establishment of MMI/ assignment of PIR	Carrier/Insurer Employer (upon request) Primary treating physician (upon direction of the carrier/insurer)	By close of the business the day following date of service
		Employee	Within 3 business days following the visit
Subsequent, follow-up office visits or services	Carrier/Insurer Employer (upon request) Primary treating physician (upon direction of the carrier/insurer)	By close of the business the day following date of service	
Referral Physician providing ongoing treatment	Upon the occurrence of an actionable event (which may or may not involve a face-to-face encounter with the patient) or at a maximum of 30 days from submission of the prior DWC-25	Carrier/Insurer Employer upon request)	By close of the business the day following the date of the actionable event or at a maximum of 30 days from submission of the prior DWC-25
Non-treating physician	Establishment of MMI/Assignment of PIR	Carrier Employer (upon request) Employee Primary treating physician	Within 10 business days following the visit