Amendment No. \_\_\_\_ Barcode 833848

	CHAMBER ACTION <u>Senate</u> <u>House</u>
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1	WD/2R . 05/01/2003 11:11 AM .
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11	Senator Cowin moved the following amendment:
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13	Senate Amendment (with title amendment)
14	On page 38, line 25, through
15	page 45, line 18, delete those lines
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17	and insert:
18	(5) CHARGES FOR TREATMENT OF INJURED PERSONS
19	(a) Any physician, hospital, clinic, or other person
20	or institution lawfully rendering treatment to an injured
21	person for a bodily injury covered by personal injury
22	protection insurance may charge only a reasonable amount for
23	the services and supplies rendered, and the insurer providing
24	such coverage may pay for such charges directly to such person
25	or institution lawfully rendering such treatment, if the
26	insured receiving such treatment or his or her guardian has
27	countersigned the invoice, bill, or claim form approved by the
28	Department of Insurance upon which such charges are to be paid
29	for as having actually been rendered, to the best knowledge of
30	the insured or his or her guardian. In no event, however, may
31	such a charge be in excess of the amount the person or 1

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Amendment No. \_\_\_\_ Barcode 833848

institution customarily charges for like services or supplies in cases involving no insurance.

- (b)1. An insurer or insured is not required to pay a claim made by a broker or by a person making a claim on behalf of a broker.
- 2. Charges for medically necessary cephalic thermograms, peripheral thermograms, spinal ultrasounds, extremity ultrasounds, video fluoroscopy, and surface electromyography shall not exceed the maximum reimbursement allowance for such procedures as set forth in the applicable 10 11 fee schedule or other payment methodology established pursuant 12 to s. 440.13.
  - 3. Allowable amounts that may be charged to a personal injury protection insurance insurer and insured for medically necessary nerve conduction testing when done in conjunction with a needle electromyography procedure and both are performed and billed solely by a physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461 who is also certified by the American Board of Electrodiagnostic Medicine or by a board recognized by the American Board of Medical Specialties or the American Osteopathic Association or who holds diplomate status with the American Chiropractic Neurology Board or its predecessors shall not exceed 200 percent of the allowable amount under Medicare Part B for year 2001, for the area in which the treatment was rendered, adjusted annually by an additional amount equal to the medical Consumer Price Index for Florida.
- 4. Allowable amounts that may be charged to a personal injury protection insurance insurer and insured for medically necessary nerve conduction testing that does not meet the 31 requirements of subparagraph 3. shall not exceed the

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Amendment No. Barcode 833848

applicable fee schedule or other payment methodology established pursuant to s. 440.13.

5. Effective upon this act becoming a law and before November 1, 2001, allowable amounts that may be charged to a personal injury protection insurance insurer and insured for magnetic resonance imaging services shall not exceed 200 percent of the allowable amount under Medicare Part B for year 2001, for the area in which the treatment was rendered. Beginning November 1, 2001, allowable amounts that may be charged to a personal injury protection insurance insurer and insured for magnetic resonance imaging services shall not exceed 175 percent of the allowable amount under Medicare Part B for year 2001, for the area in which the treatment was rendered, adjusted annually by an additional amount equal to the medical Consumer Price Index for Florida, except that allowable amounts that may be charged to a personal injury protection insurance insurer and insured for magnetic resonance imaging services provided in facilities accredited by the American College of Radiology or the Joint Commission on Accreditation of Healthcare Organizations shall not exceed 200 percent of the allowable amount under Medicare Part B for year 2001, for the area in which the treatment was rendered, adjusted annually by an additional amount equal to the medical Consumer Price Index for Florida. This paragraph does not apply to charges for magnetic resonance imaging services and nerve conduction testing for inpatients and emergency services and care as defined in chapter 395 rendered by facilities licensed under chapter 395.

(c) The Department of Health, in consultation with the appropriate professional licensing boards, shall adopt, by 31 rule, a list of diagnostic tests deemed not be medically

Amendment No. \_\_\_\_ Barcode 833848

1	necessary for use in the treatment of persons sustaining
2	bodily injury covered by personal injury protection benefits
3	under this section. The initial list shall be adopted by
4	January 1, 2004, and shall be revised from time to time as
5	determined by the Department of Health, in consultation with
6	the respective professional licensing boards. Inclusion of a
7	test on the list of invalid diagnostic tests shall be based on
8	lack of demonstrated medical value and a level of general
9	acceptance by the relevant provider community and shall not be
10	dependent for results entirely upon subjective patient
11	response. Notwithstanding its inclusion on a fee schedule in
12	this subsection, an insurer or insured is not required to pay
13	any charges or reimburse claims for any invalid diagnostic
14	test as determined by the Department of Health.
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17	======== T I T L E A M E N D M E N T =========
18	And the title is amended as follows:
19	On page 2, lines 17-19, delete those lines
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21	and insert:
22	tests; deleting certain provisions
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