

Bill No. CS for CS for SB 1092

Amendment No. Barcode 721354

<u>Senate</u>	CHAMBER ACTION	<u>House</u>
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11 Senator Campbell moved the following amendment to amendment
 12 (255388):

14 **Senate Amendment**

15 On page 17, line 4, through page 18, line 9, delete
 16 those lines

18 and insert:

19 3. Allowable amounts that may be charged to a personal
 20 injury protection insurance insurer and insured for medically
 21 necessary nerve conduction testing when done in conjunction
 22 with a needle electromyography procedure and both are
 23 performed and billed solely by a physician licensed under
 24 chapter 458, chapter 459, chapter 460, or chapter 461 who is
 25 also certified by the American Board of Electrodiagnostic
 26 Medicine or by a board recognized by the American Board of
 27 Medical Specialties or the American Osteopathic Association
 28 or who holds diplomate status with the American Chiropractic
 29 Neurology Board or its predecessors shall not exceed 200
 30 percent of the allowable amount under Medicare Part B for year
 31 2001, for the area in which the treatment was rendered,

Bill No. CS for CS for SB 1092

Amendment No. ____ Barcode 721354

1 adjusted annually by an additional amount equal to the medical
2 Consumer Price Index for Florida.

3 4. Allowable amounts that may be charged to a personal
4 injury protection insurance insurer and insured for medically
5 necessary nerve conduction testing that does not meet the
6 requirements of subparagraph 3. shall not exceed the
7 applicable fee schedule or other payment methodology
8 established pursuant to s. 440.13.

9 5. Effective upon this act becoming a law and before
10 November 1, 2001, allowable amounts that may be charged to a
11 personal injury protection insurance insurer and insured for
12 magnetic resonance imaging services shall not exceed 200
13 percent of the allowable amount under Medicare Part B for year
14 2001, for the area in which the treatment was rendered.
15 Beginning November 1, 2001, allowable amounts that may be
16 charged to a personal injury protection insurance insurer and
17 insured for magnetic resonance imaging services shall not
18 exceed 175 percent of the allowable amount under Medicare Part
19 B for year 2001, for the area in which the treatment was
20 rendered, adjusted annually by an additional amount equal to
21 the medical Consumer Price Index for Florida, except that
22 allowable amounts that may be charged to a personal injury
23 protection insurance insurer and insured for magnetic
24 resonance imaging services provided in facilities accredited
25 by the American College of Radiology or the Joint Commission
26 on Accreditation of Healthcare Organizations shall not exceed
27 200 percent of the allowable amount under Medicare Part B for
28 year 2001, for the area in which the treatment was rendered,
29 adjusted annually by an additional amount equal to the medical
30 Consumer Price Index for Florida. This paragraph does not
31 apply to charges for magnetic resonance imaging services and

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Amendment No. ____ Barcode 721354

1 nerve conduction testing for inpatients and emergency services
 2 and care as defined in chapter 395 rendered by facilities
 3 licensed under chapter 395.

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