Amendment No. 1aa (for drafter's use only)

Ī	CHAMBER ACTION Senate House
1	
2	
3	· ·
4	<u> </u>
5	ORIGINAL STAMP BELOW
6	
7	
8	
9	
10	
11	Representative(s) Waters offered the following:
12	
13	Amendment to Amendment (160207)
14	On page 17, line 15 through page 18, line 20
15	remove from the amendment: all of said lines
16	
17	and insert in lieu thereof:
18	3. Payments by an insurer for medically necessary
19	nerve conduction testing when done in conjunction with a
20	needle electromyography procedure and both are performed and
21	billed solely by a physician licensed under chapter 458,
22	chapter 459, chapter 460, or chapter 461 who is also certified
23	by the American Board of Electrodiagnostic Medicine or by a
24	board recognized by the American Board of Medical Specialties
25	or who holds diplomate status with the American Chiropractic
26	Neurology Board or its predecessors shall not exceed 200
27	percent of the payment amount under Medicare Part B for year
28	2001, adjusted annually by an additional amount equal to the
29	medical Consumer Price Index for Florida.
30	4. Payments by an insurer for medically necessary
31	nerve conduction testing that does not meet the requirements

Amendment No. 1aa (for drafter's use only)

of subparagraph 3. shall not exceed the applicable fee 1 2 schedule or other payment methodology established pursuant to 3 s. 440.13. 4 5. Effective upon this act becoming a law and before November 1, 2001, payments for magnetic resonance imaging 5 services shall not exceed 200 percent of the payment amount 6 7 under Medicare Part B for year 2001. Beginning November 1, 2001, payments for magnetic resonance imaging services shall 8 not exceed 150 percent of the payment amount under Medicare 9 10 Part B for year 2001, adjusted annually by an additional 11 amount equal to the medical Consumer Price Index for Florida, 12 except that payments for magnetic resonance imaging services 13 provided in facilities accredited by the American College of Radiology or the Joint Commission on Accreditation of 14 15 Healthcare Organizations shall not exceed 200 percent of the payment amount under Medicare Part B for year 2001, adjusted 16 17 annually by an additional amount equal to the medical Consumer 18 Price Index for Florida. This paragraph does not apply to charges for magnetic resonance imaging services and nerve 19 conduction testing for inpatients and emergency services and 20 care as defined in chapter 395 rendered by facilities licensed 21 22 under chapter 395. 23 24 25 26 27 28 29 30 31