Amendment No. ____ (for drafter's use only)

| | CHAMBER ACTION |
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| | Senate • House |
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| 5 | ORIGINAL STAMP BELOW |
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| 11 | Representative(s) Simmons, Brown, and Waters offered the |
| 12 | following: |
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| 14 | Amendment (with title amendment) |
| 15 | On page 3, between lines 25 & 26 of the bill |
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| 17 | insert: |
| 18 | Section 3. Paragraph (b) of subsection (5) of section |
| 19 | 627.736, Florida Statutes, is amended to read: |
| 20 | 627.736 Required personal injury protection benefits; |
| 21 | exclusions; priority; claims |
| 22 | (5) CHARGES FOR TREATMENT OF INJURED PERSONS |
| 23 | (b)1. An insurer or insured is not required to pay a |
| 24 | claim made by a broker or by a person making a claim on behalf |
| 25 | of a broker. However, this sub-paragraph shall not be |
| 26 | construed to require reimbursement for persons not otherwise |
| 27 | reimbursable. |
| 28 | 2. Charges for medically necessary cephalic |
| 29 | thermograms, peripheral thermograms, spinal ultrasounds, |
| 30 | extremity ultrasounds, video fluoroscopy, and surface |
| 31 | electromyography shall not exceed the maximum reimbursement |

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allowance for such procedures as set forth in the applicable fee schedule or other payment methodology established pursuant to s. 440.13.

- 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 or the American Board of Chiropractic Orthopedics shall not exceed 200 percent of the allowable amount under the participating physician fee schedule of Medicare Part B for year 2001, in effect on June 19, 2001 for the area in which the treatment was rendered, adjusted annually in February of each year, beginning with February 2003, by an additional amount equal to the prior year's annual Medical Care Item of the Consumer Price Index for All Urban Consumers as determined by the Bureau of Labor Statistics of the United States Department of Labor 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 requirements of subparagraph 3. shall not exceed the applicable fee schedule or other payment methodology established pursuant to s. 440.13.
 - 5. From June 19, 2001 Effective upon this act becoming

a law and before November 1, 2001, allowable amounts that may 1 2 be charged to a personal injury protection insurance insurer 3 and insured for magnetic resonance imaging services shall not 4 exceed 200 percent of the allowable amount under the participating physician fee schedule of Medicare Part B for 5 year 2001 in effect on June 19, 2001, for the area in which 6 7 the treatment was rendered. Beginning November 1, 2001, allowable amounts that may be charged to a personal injury 8 9 protection insurance insurer and insured for magnetic 10 resonance imaging services shall not exceed 175 percent of the 11 allowable amount under the participating physician fee 12 schedule of Medicare Part B for year 2001 in effect on June 13 19, 2001, for the area in which the treatment was rendered, adjusted annually in February of each year, beginning with 14 15 February 2003, by an additional amount equal to the prior year's annual Medical Care Item of the Consumer Price Index 16 17 for All Urban Consumers as determined by the Bureau of Labor 18 Statistics of the United States Department of Labor medical Consumer Price Index for Florida, except that allowable 19 20 amounts that may be charged to a personal injury protection 21 insurance insurer and insured for magnetic resonance imaging services provided in facilities accredited by the American 22 College of Radiology or the Joint Commission on Accreditation 23 24 of Healthcare Organizations shall not exceed 200 percent of 25 the allowable amount under the participating physician fee schedule of Medicare Part B for year 2001 in effect on June 26 27 19, 2001, for the area in which the treatment was rendered, adjusted annually in February of each year, beginning with 28 February 2003, by an additional amount equal to the prior 29 30 year's annual Medical Care Item of the Consumer Price Index for All Urban Consumers as determined by the Bureau of Labor 31

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Statistics of the United States Department of Labor medical
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    Consumer Price Index for Florida. This paragraph does not
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    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
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    licensed under chapter 395.
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    ======= T I T L E
                                 A M E N D M E N T =========
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    And the title is amended as follows:
           On page 1, line 5
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    after "effect;", insert:
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           amending s. 627.736, F.S.; revising provisions
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           for charges for treatment of injured persons;
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