

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Galvano offered the following:

2
3 **Amendment (with title amendment)**

4 Between lines 117-118 and insert:

5 Section 3. Paragraph (a) of subsection (5) of section
6 627.736, Florida Statutes, is amended to read:

7 627.736 Required personal injury protection benefits;
8 exclusions; priority; claims.--

9 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--

10 (a)1. Any physician, hospital, clinic, or other person or
11 institution lawfully rendering treatment to an injured person
12 for a bodily injury covered by personal injury protection
13 insurance may charge the insurer and injured party only a
14 reasonable amount pursuant to this section for the services and
15 supplies rendered, and the insurer providing such coverage may
16 pay for such charges directly to such person or institution

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17 lawfully rendering such treatment, if the insured receiving such
18 treatment or his or her guardian has countersigned the properly
19 completed invoice, bill, or claim form approved by the office
20 upon which such charges are to be paid for as having actually
21 been rendered, to the best knowledge of the insured or his or
22 her guardian. In no event, however, may such a charge be in
23 excess of the amount the person or institution customarily
24 charges for like services or supplies. With respect to a
25 determination of whether a charge for a particular service,
26 treatment, or otherwise is reasonable, consideration may be
27 given to evidence of usual and customary charges and payments
28 accepted by the provider involved in the dispute, and
29 reimbursement levels in the community and various federal and
30 state medical fee schedules applicable to automobile and other
31 insurance coverages, and other information relevant to the
32 reasonableness of the reimbursement for the service, treatment,
33 or supply.

34 2. The insurer may limit reimbursement to 80 percent of
35 the following schedule of maximum charges:

36 a. For emergency transport and treatment by providers
37 licensed under chapter 401, 200 percent of Medicare.

38 b. For emergency services and care provided by a hospital
39 licensed under chapter 395, 75 percent of the hospital's usual
40 and customary charges.

41 c. For emergency services and care as defined by s.
42 395.002(10) provided in a facility licensed under chapter 395
43 rendered by a physician or dentist, and related hospital

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44 inpatient services rendered by a physician or dentist, the usual
45 and customary charges in the community.

46 d. For hospital inpatient services, other than emergency
47 services and care, 200 percent of the Medicare Part A
48 prospective payment applicable to the specific hospital
49 providing the inpatient services.

50 e. For hospital outpatient services, other than emergency
51 services and care, 200 percent of the Medicare Part A Ambulatory
52 Payment Classification for the specific hospital providing the
53 outpatient services.

54 f. For all other medical services, supplies, and care, 200
55 percent of the allowable amount under the participating
56 physicians schedule of applicable Medicare Part B fee schedule.
57 However, if such services, supplies, or care is not reimbursable
58 under Medicare Part B, the insurer may limit reimbursement to 80
59 percent of the maximum reimbursable allowance under workers'
60 compensation, as determined under s. 440.13 and rules adopted
61 thereunder which are in effect at the time such services,
62 supplies, or care is provided. Services, supplies, or care that
63 is not reimbursable under Medicare or workers' compensation is
64 not required to be reimbursed by the insurer.

65 3. For purposes of subparagraph 2., the applicable fee
66 schedule or payment limitation under Medicare is the fee
67 schedule or payment limitation in effect at the time the
68 services, supplies, or care was rendered and for the area in
69 which such services were rendered, except that it may not be
70 less than the allowable amount under the participating
71 physicians schedule applicable 2007 Medicare Part B for 2007 fee

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72 ~~schedule~~ for medical services, supplies, and care subject to
73 Medicare Part B.

74 4. Subparagraph 2. does not allow the insurer to apply any
75 limitation on the number of treatments or other utilization
76 limits that apply under Medicare or workers' compensation. An
77 insurer that applies the allowable payment limitations of
78 subparagraph 2. must reimburse a provider who lawfully provided
79 care or treatment under the scope of his or her license,
80 regardless of whether such provider would be entitled to
81 reimbursement under Medicare due to restrictions or limitations
82 on the types or discipline of health care providers who may be
83 reimbursed for particular procedures or procedure codes.

84 5. If an insurer limits payment as authorized by
85 subparagraph 2., the person providing such services, supplies,
86 or care may not bill or attempt to collect from the insured any
87 amount in excess of such limits, except for amounts that are not
88 covered by the insured's personal injury protection coverage due
89 to the coinsurance amount or maximum policy limits.

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92 **T I T L E A M E N D M E N T**

93 Remove line 17 and insert:
94 dismissed; amending s. 627.736, F.S.; revising the schedule of
95 maximum charges on which an insurer may base a limited
96 reimbursement for certain medical services, supplies, and care
97 for injured persons covered by personal injury protection;
98 specifying a minimum amount for the applicable fee schedule or

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99 payment limitation under Medicare for such reimbursements;
100 providing effective dates.

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