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Proposed Committee Substitute by the Committee on Banking and Insurance

1 A bill to be entitled

2 An act relating to motor vehicle insurance; amending s.
3 627.736, F.S.; revising the schedule of maximum charges on
4 which an insurer may base a limited reimbursement for
5 certain medical services, supplies, and care for injured
6 persons covered by personal injury protection; specifying
7 a minimum amount for the applicable fee schedule or
8 payment limitation under Medicare for such reimbursements;
9 providing an effective date.

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11 Be It Enacted by the Legislature of the State of Florida:

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13 Section 1. Paragraph (a) of subsection (5) of section
14 627.736, Florida Statutes, is amended to read:

15 627.736 Required personal injury protection benefits;
16 exclusions; priority; claims.--

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

18 (a)1. Any physician, hospital, clinic, or other person or
19 institution lawfully rendering treatment to an injured person for
20 a bodily injury covered by personal injury protection insurance
21 may charge the insurer and injured party only a reasonable amount
22 pursuant to this section for the services and supplies rendered,
23 and the insurer providing such coverage may pay for such charges
24 directly to such person or institution lawfully rendering such
25 treatment, if the insured receiving such treatment or his or her
26 guardian has countersigned the properly completed invoice, bill,
27 or claim form approved by the office upon which such charges are



969448

597-05876-08

28 | to be paid for as having actually been rendered, to the best
29 | knowledge of the insured or his or her guardian. In no event,
30 | however, may such a charge be in excess of the amount the person
31 | or institution customarily charges for like services or supplies.
32 | With respect to a determination of whether a charge for a
33 | particular service, treatment, or otherwise is reasonable,
34 | consideration may be given to evidence of usual and customary
35 | charges and payments accepted by the provider involved in the
36 | dispute, and reimbursement levels in the community and various
37 | federal and state medical fee schedules applicable to automobile
38 | and other insurance coverages, and other information relevant to
39 | the reasonableness of the reimbursement for the service,
40 | treatment, or supply.

41 | 2. The insurer may limit reimbursement to 80 percent of the
42 | following schedule of maximum charges:

43 | a. For emergency transport and treatment by providers
44 | licensed under chapter 401, 200 percent of Medicare.

45 | b. For emergency services and care provided by a hospital
46 | licensed under chapter 395, 75 percent of the hospital's usual
47 | and customary charges.

48 | c. For emergency services and care as defined by s.
49 | 395.002(10) provided in a facility licensed under chapter 395
50 | rendered by a physician or dentist, and related hospital
51 | inpatient services rendered by a physician or dentist, the usual
52 | and customary charges in the community.

53 | d. For hospital inpatient services, other than emergency
54 | services and care, 200 percent of the Medicare Part A prospective
55 | payment applicable to the specific hospital providing the
56 | inpatient services.

57 | e. For hospital outpatient services, other than emergency



969448

597-05876-08

58 | services and care, 200 percent of the Medicare Part A Ambulatory
59 | Payment Classification for the specific hospital providing the
60 | outpatient services.

61 | f. For all other medical services, supplies, and care, 200
62 | percent of the applicable Medicare Part B fee schedule for
63 | participating physicians. However, if such services, supplies, or
64 | care is not reimbursable under Medicare Part B, the insurer may
65 | limit reimbursement to 80 percent of the maximum reimbursable
66 | allowance under workers' compensation, as determined under s.
67 | 440.13 and rules adopted thereunder which are in effect at the
68 | time such services, supplies, or care is provided. Services,
69 | supplies, or care that is not reimbursable under Medicare or
70 | workers' compensation is not required to be reimbursed by the
71 | insurer.

72 | 3. For purposes of subparagraph 2., the applicable fee
73 | schedule or payment limitation under Medicare is the fee schedule
74 | or payment limitation in effect at the time the services,
75 | supplies, or care was rendered and for the area in which such
76 | services were rendered, except that it may not be less than the
77 | applicable 2007 Medicare Part B fee schedule for participating
78 | physicians for medical services, supplies, and care subject to
79 | Medicare Part B.

80 | 4. Subparagraph 2. does not allow the insurer to apply any
81 | limitation on the number of treatments or other utilization
82 | limits that apply under Medicare or workers' compensation. An
83 | insurer that applies the allowable payment limitations of
84 | subparagraph 2. must reimburse a provider who lawfully provided
85 | care or treatment under the scope of his or her license,
86 | regardless of whether such provider would be entitled to
87 | reimbursement under Medicare due to restrictions or limitations



969448

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88 | on the types or discipline of health care providers who may be
89 | reimbursed for particular procedures or procedure codes.

90 | 5. If an insurer limits payment as authorized by
91 | subparagraph 2., the person providing such services, supplies, or
92 | care may not bill or attempt to collect from the insured any
93 | amount in excess of such limits, except for amounts that are not
94 | covered by the insured's personal injury protection coverage due
95 | to the coinsurance amount or maximum policy limits.

96 | Section 2. This act shall take effect upon becoming a law.