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CHAMBER ACTION

<u>Senate</u>	.	<u>House</u>
Comm: WD	.	
3/18/2008	.	
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	.	

1 The Committee on Banking and Insurance (Posey) recommended the
 2 following **amendment to amendment (355928)**:

3
 4 **Senate Amendment (with directory and title amendments)**

5 Between lines 7 and 8

6 insert:

7
 8 Section 1. Paragraph (a) of subsection (5) of section
 9 627.736, Florida Statutes, is amended to read:

10 627.736 Required personal injury protection benefits;
 11 exclusions; priority; claims.--

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

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

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

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

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

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

43 c. For emergency services and care as defined by s.
44 395.002(10) provided in a facility licensed under chapter 395
45 rendered by a physician or dentist, and related hospital
46 inpatient services rendered by a physician or dentist, the usual
47 and customary charges in the community.

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

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

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

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

75 4. Subparagraph 2. does not allow the insurer to apply any
76 limitation on the number of treatments or other utilization
77 limits that apply under Medicare or workers' compensation. An



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78 insurer that applies the allowable payment limitations of
 79 subparagraph 2. must reimburse a provider who lawfully provided
 80 care or treatment under the scope of his or her license,
 81 regardless of whether such provider would be entitled to
 82 reimbursement under Medicare due to restrictions or limitations
 83 on the types or discipline of health care providers who may be
 84 reimbursed for particular procedures or procedure codes.

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

91
 92 ===== T I T L E A M E N D M E N T =====

93 And the title is amended as follows:

94 On line 82, delete "false and fraudulent insurance claims;"
 95 and insert:

96 motor vehicle insurance; amending s. 627.736, F.S.;
 97 revising the schedule of maximum charges on which an
 98 insurer may base a limited reimbursement for certain
 99 medical services, supplies, and care for injured persons
 100 covered by personal injury protection; specifying a
 101 minimum amount for the applicable fee schedule or payment
 102 limitation under Medicare for such reimbursements;