

1 A bill to be entitled
 2 An act relating to health care clinics; amending s.
 3 400.9905, F.S.; revising the definition of the term
 4 "clinic" to provide that pt. X of ch. 400, F.S., the
 5 Health Care Clinic Act, does not apply to entities that do
 6 not seek reimbursement from insurance companies for
 7 medical services paid pursuant to personal injury
 8 protection coverage; amending s. 400.9935, F.S.; providing
 9 for a unique identification number for licensed clinics
 10 and entities holding certificates of exemption; requiring
 11 the Office of Insurance Regulation to issue unique
 12 identification numbers, under certain circumstances, and
 13 publish the numbers on its Internet website in a specified
 14 format; amending s. 627.736, F.S.; providing that personal
 15 injury protection insurance carriers are not required to
 16 pay claims or charges for service or treatment billed by a
 17 provider not holding an identification number issued by
 18 the office; providing an effective date.

19
 20 Be It Enacted by the Legislature of the State of Florida:

21
 22 Section 1. Paragraph (m) is added to subsection (4) of
 23 section 400.9905, Florida Statutes, to read:

24 400.9905 Definitions.--

25 (4) "Clinic" means an entity at which health care services
 26 are provided to individuals and which tenders charges for
 27 reimbursement for such services, including a mobile clinic and a
 28 portable equipment provider. For purposes of this part, the term

29 | does not include and the licensure requirements of this part do
 30 | not apply to:

31 | (m) Entities that do not seek reimbursement from insurance
 32 | companies for medical services paid pursuant to personal injury
 33 | protection coverage required by s. 627.736.

34 | Section 2. Subsection (10) is added to section 400.9935,
 35 | Florida Statutes, to read:

36 | 400.9935 Clinic responsibilities.--

37 | (10) Any clinic holding an active license and any entity
 38 | holding a current certificate of exemption may request a unique
 39 | identification number from the Office of Insurance Regulation
 40 | for the purposes of submitting claims to personal injury
 41 | protection insurance carriers for services or treatment pursuant
 42 | to part XI of chapter 627. Upon request, the Office of Insurance
 43 | Regulation shall assign a unique identification number to a
 44 | clinic holding an active license or an entity holding a current
 45 | certificate of exemption. The Office of Insurance Regulation
 46 | shall publish the identification number of each clinic and
 47 | entity on its Internet website in a searchable format that is
 48 | readily accessible to personal injury protection insurance
 49 | carriers for the purposes of s. 627.736(5)(b)1.g.

50 | Section 3. Paragraph (b) of subsection (5) of section
 51 | 627.736, Florida Statutes, is amended to read:

52 | 627.736 Required personal injury protection benefits;
 53 | exclusions; priority; claims.--

54 | (5) CHARGES FOR TREATMENT OF INJURED PERSONS.--

55 | (b)1. An insurer or insured is not required to pay a claim
 56 | or charges:

- 57 a. Made by a broker or by a person making a claim on
 58 behalf of a broker;
- 59 b. For any service or treatment that was not lawful at the
 60 time rendered;
- 61 c. To any person who knowingly submits a false or
 62 misleading statement relating to the claim or charges;
- 63 d. With respect to a bill or statement that does not
 64 substantially meet the applicable requirements of paragraph (d);
- 65 e. For any treatment or service that is upcoded, or that
 66 is unbundled when such treatment or services should be bundled,
 67 in accordance with paragraph (d). To facilitate prompt payment
 68 of lawful services, an insurer may change codes that it
 69 determines to have been improperly or incorrectly upcoded or
 70 unbundled, and may make payment based on the changed codes,
 71 without affecting the right of the provider to dispute the
 72 change by the insurer, provided that before doing so, the
 73 insurer must contact the health care provider and discuss the
 74 reasons for the insurer's change and the health care provider's
 75 reason for the coding, or make a reasonable good faith effort to
 76 do so, as documented in the insurer's file; ~~and~~
- 77 f. For medical services or treatment billed by a physician
 78 and not provided in a hospital unless such services are rendered
 79 by the physician or are incident to his or her professional
 80 services and are included on the physician's bill, including
 81 documentation verifying that the physician is responsible for
 82 the medical services that were rendered and billed; and
- 83 g. For any service or treatment billed by a provider not
 84 holding an identification number issued by the office pursuant

CS/HB 629

2009

85 | to s. 400.9935(10).

86 | 2. The Department of Health, in consultation with the
87 | appropriate professional licensing boards, shall adopt, by rule,
88 | a list of diagnostic tests deemed not to be medically necessary
89 | for use in the treatment of persons sustaining bodily injury
90 | covered by personal injury protection benefits under this
91 | section. The initial list shall be adopted by January 1, 2004,
92 | and shall be revised from time to time as determined by the
93 | Department of Health, in consultation with the respective
94 | professional licensing boards. Inclusion of a test on the list
95 | of invalid diagnostic tests shall be based on lack of
96 | demonstrated medical value and a level of general acceptance by
97 | the relevant provider community and shall not be dependent for
98 | results entirely upon subjective patient response.
99 | Notwithstanding its inclusion on a fee schedule in this
100 | subsection, an insurer or insured is not required to pay any
101 | charges or reimburse claims for any invalid diagnostic test as
102 | determined by the Department of Health.

103 | Section 4. This act shall take effect July 1, 2009.