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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
01/27/2016	.	
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The Committee on Banking and Insurance (Richter) recommended the following:

Senate Amendment (with directory and title amendments)

Delete lines 154 - 217

and insert:

(9) (a) In addition to the methods provided in s. 627.4035(1), the premiums for motor vehicle insurance contracts issued in this state or covering risk located in this state may be paid in cash in the form of a draft or drafts.

(b) If a payment of premium under this subsection by debit card, credit card, or automatic electronic funds transfer is



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11 returned or declined or cannot be processed due to insufficient
12 funds, the insurer may impose an insufficient funds fee of up to
13 \$15 per occurrence pursuant to the policy terms.

14 Section 1. Paragraphs (d) and (h) of subsection (5) of
15 section 627.736, Florida Statutes, are amended to read:

16 627.736 Required personal injury protection benefits;
17 exclusions; priority; claims.—

18 (5) CHARGES FOR TREATMENT OF INJURED PERSONS.—

19 (d) All statements and bills for medical services rendered
20 by a physician, hospital, clinic, or other person or institution
21 shall be submitted to the insurer on a properly completed
22 Centers for Medicare and Medicaid Services (CMS) 1500 form, UB
23 92 forms, or any other standard form approved by the office and
24 ~~or~~ adopted by the commission for purposes of this paragraph. All
25 billings for such services rendered by providers must, to the
26 extent applicable, comply with the CMS 1500 form instructions,
27 the American Medical Association CPT Editorial Panel, and the
28 Healthcare Common Procedure Coding System (HCPCS); and must
29 follow the Physicians' Current Procedural Terminology (CPT), the
30 HCPCS in effect for the year in which services are rendered, and
31 the International Classification of Diseases (ICD) adopted by
32 the United States Department of Health and Human Services for
33 the service year in which the services, supplies, or care is
34 rendered as described in subparagraph (a)2. ~~follow the~~
35 Physicians' Current Procedural Terminology (CPT) or Healthcare
36 Correct Procedural Coding System (HCPCS), or ICD-9 in effect for
37 the year in which services are rendered and comply with the CMS
38 1500 form instructions, the American Medical Association CPT
39 Editorial Panel, and the HCPCS. All providers, other than



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40 hospitals, must include on the applicable claim form the
41 professional license number of the provider in the line or space
42 provided for "Signature of Physician or Supplier, Including
43 Degrees or Credentials." In determining compliance with
44 applicable CPT and HCPCS coding, guidance shall be provided by
45 the ~~Physicians' Current Procedural Terminology (CPT)~~ or the
46 ~~Healthcare Correct Procedural Coding System (HCPCS)~~ in effect
47 for the year in which services were rendered, the Office of the
48 Inspector General, Physicians Compliance Guidelines, and other
49 authoritative treatises designated by rule by the Agency for
50 Health Care Administration. A statement of medical services may
51 not include charges for medical services of a person or entity
52 that performed such services without possessing the valid
53 licenses required to perform such services. For purposes of
54 paragraph (4) (b), an insurer is not considered to have been
55 furnished with notice of the amount of covered loss or medical
56 bills due unless the statements or bills comply with this
57 paragraph and are properly completed in their entirety as to all
58 material provisions, with all relevant information being
59 provided therein.

60 (h) As provided in s. 400.9905, an entity excluded from the
61 definition of a clinic shall be deemed a clinic and must be
62 licensed under part X of chapter 400 in order to receive
63 reimbursement under ss. 627.730-627.7405. However, this
64 licensing requirement does not apply to:

65 1. An entity wholly owned by a physician licensed under
66 chapter 458 or chapter 459, or by the physician and the spouse,
67 parent, child, or sibling of the physician;

68 2. An entity wholly owned by a dentist licensed under



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69 chapter 466, or by the dentist and the spouse, parent, child, or
70 sibling of the dentist;

71 3. An entity wholly owned by a chiropractic physician
72 licensed under chapter 460, or by the chiropractic physician and
73 the spouse, parent, child, or sibling of the chiropractic
74 physician;

75 4. A hospital or ambulatory surgical center licensed under
76 chapter 395;

77 5. An entity that wholly owns or is wholly owned, directly
78 or indirectly, by a hospital or hospitals licensed under chapter
79 395;

80 6. An entity that is a clinical facility affiliated with an
81 accredited medical school at which training is provided for
82 medical students, residents, or fellows; ~~or~~

83 7. An entity that is certified under 42 C.F.R. part 485,
84 subpart H; or

85 8. An entity that is owned by a publicly traded
86 corporation, either directly or indirectly through its
87 subsidiaries, that has \$250 million or more in total annual
88 sales of health care services provided by licensed health care
89 practitioners, if one or more of the persons responsible for the
90 operations of the entity are health care practitioners who are
91 licensed in this state and are responsible for supervising the
92 business activities of the entity and the entity's compliance
93 with state law for purposes of this section.

94
95
96 ===== D I R E C T O R Y C L A U S E A M E N D M E N T =====

97 And the directory clause is amended as follows:



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98 Delete line 115

99 and insert:

100 Statutes, is amended, and a new subsection (9) is added to that
101 section, to read:

102

103 ===== T I T L E A M E N D M E N T =====

104 And the title is amended as follows:

105 Delete lines 17 - 26

106 and insert:

107 payments; authorizing an additional form of payment
108 for certain motor vehicle insurance contract premiums;
109 authorizing an insurer to impose a specified
110 insufficient funds fee under certain circumstances;
111 amending s. 627.736, F.S.; requiring that a certain
112 standard form be approved by the office and adopted by
113 the Financial Services Commission, rather than
114 approved by the office or adopted by the commission;
115 revising standards for compliance for specified
116 billings for medical services; adding a specified
117 entity to a list of entities that are not required to
118 be licensed as a clinic to receive reimbursement under
119 the Florida Motor Vehicle No-Fault Law;