

SUBJECT AREA TO BE ADDRESSED: Pedigree paper recordkeeping requirements for a specified prescription drug that has been returned to a wholesaler by an end-user in accordance with the requirements of Section 499.0121(6)(e), F.S.

SPECIFIC AUTHORITY: 499.0121, 499.05 FS.

LAW IMPLEMENTED: 499.0121 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: February 12, 2004, beginning upon adjournment of the Drug Advisory Council Meeting, but no earlier than 11:00 a.m. The workshop is scheduled for 1 and 1/2 hours.

PLACE: Department of Health, 4042 Bald Cypress Way, Room 301 (Capital Circle Office Complex), Tallahassee, Florida

If special accommodations are needed to attend this meeting because of a disability, please contact: Maxine Wenzinger, (850)487-1257, Ext. 205.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Sandra Stovall, Compliance Officer, 2818-A Mahan Drive, Tallahassee, Florida 32308, (850)487-1257, Ext. 210, sandra_stovall@doh.state.fl.us

The preliminary text will be available on the Department's website by February 6, 2004, www.doh.state.fl.us/pharmacy/drugs and accessing the What's Hot link.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

Section II Proposed Rules

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

Division of Florida Highway Patrol

RULE CHAPTER TITLE:	RULE CHAPTER NO.:
Speed Measuring Devices	15B-2
RULE TITLES:	RULE NOS.:
Approval Requirements	15B-2.007
Requirements for Type Acceptance	15B-2.008
Minimum Design Criteria for Radar Units	15B-2.0082
Test to Determine Speed Accuracy of Doppler Radar Devices	15B-2.009
Test to Determine Speed Accuracy of Visual Average Speed Computer Devices	15B-2.010
Tests to Determine Speed Accuracy of Average Speed Calculators	15B-2.0101
Certified Operator of Visual Average Speed Computer Device	15B-2.0102

Tests to Determine Accuracy of Speedometer Devices	15B-2.011
Tests to Determine Accuracy of Time Measurement Devices	15B-2.012
Approved Speed Measuring Devices	15B-2.013
Minimum Design Criteria for Laser Speed Measurement Devices	15B-2.014
Checks to Determine Speed and Distance Accuracy of Laser Speed Measuring Devices	15B-2.015
Tests to Determine Accuracy of Laser Speed Measuring Devices	15B-2.016

PURPOSE AND EFFECT: The purpose of the proposed rule action is to amend the current rule to revise operator training requirements; revise requirements for type acceptance; re-designate visual average speed devices as Average Speed Calculators (ASC); revise testing accuracy, and operation requirements for ASC, as well as, radar and laser devices; add provisions for distance measurement in using ASE; revise speedometer testing and provide such testing for motorcycles; allow accuracy tests of electronic stop watches to be performed by certified electronics technicians meeting the requirements of paragraph 15B-2.009(1)(a), F.A.C.; revise test speeds for radar bench tests; permit radar daily tests to be performed with tuning forks meeting manufacturer's specifications; update list of approved speed measuring devices; amend minimum design criteria for LSMD and correct a typographical error in paragraph 15B-2.016(2)(b), F.A.C.

SUMMARY: The proposed rule action allows accuracy tests of stop watches used by the department to be performed by certified electronics technicians meeting the requirements of paragraph 15B-2.009(1)(a), F.A.C., as well as, jewelers and watch repair-smiths. This proposed rule action also updates the list of approved speed measuring devices approved by the department for use in this State to include the recently approved radar units and laser speed measuring devices. "VASCAR" is re-designated a "ASC" with attendant changes to testing and operator certifications for such units. Form HSMV 61070 is revised to add higher target speeds. The daily tuning fork test is revised to permit test of a tuning fork meeting manufacturer's specifications. Revisions are made to clarify sight testing for laser devices. The reference to an erroneous sub-section in paragraph 15B-2.016(2)(b), F.A.C., is corrected. Operator training; type acceptance; accuracy checks, bench tests, minimum design criteria are revised for speed measurement devices (SMD).

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: The costs of the rule actions to the agency will be those normally associated with the administrative processing of rulemaking activity. The erection of new Laser test markers will be approximately \$200 (\$100 each). The proposed rule action will have minimal impact on small entities.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 316.1905 FS.

LAW IMPLEMENTED: 316.1905, 316.1906 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE SCHEDULED AND ANNOUNCED IN THE FAW.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Lt. James D. Wells, Jr., Bureau of Law Enforcement Support Services, Division of Florida Highway Patrol, Department of Highway Safety and Motor Vehicles, Room A315, Neil Kirkman Building, Tallahassee, Florida 32399-0500, (850)488-5799

THE FULL TEXT OF THE PROPOSED RULES IS:

15B-2.007 Approval Requirements.

(1) All speed measuring devices to be used in obtaining evidence of motor vehicle speeds for use in any court in the State of Florida shall be of a type approved by the Department of Highway Safety and Motor Vehicles prior to their use.

(2) In addition, evidence of the speed of a vehicle measured by any radar speed measuring device (RSMD), ~~or~~ laser speed measuring device (LSMD) or Average Speed Calculator (ASC), is inadmissible in any proceeding with respect to an alleged violation of provisions of law regulating the lawful speed of vehicles unless such evidence of speed is obtained by a law enforcement officer who:

(a) 1. Operators of RSMD's must have ~~Has~~ satisfactorily completed the RSMD training course or speed measurement device (SMD) course established by the Criminal Justice Standards and Training Commission pursuant to s. 943.17, F.S. In addition, operators of a LSMD must complete the LSMD operator's course pursuant to s. 943.17, F.S.

2. Operators of LSMD's must have satisfactorily completed the LSMD training course or speed measurement device (SMD) course established by the Criminal Justice Standards and Training commission pursuant to s. 943.17, F.S.

3. Beginning July 1, 2004 new operators of ASC devices must complete the ASC training course or speed measurement device (SMD) course established by the Criminal Justice Standards and Training Commission pursuant to s. 943.17, F.S. Operators of ASC devices similar to the VASCAR and Kustom Tracker must complete additional clocks using each of their five basic clocking methods.

4. After July 1, 2004, new operators of RSMD's, LSMD's and ASC's must complete the Speed Measurement Device training course established by the Criminal Justice Standards and Training Commission pursuant to s. 943.17, F.S.

(b) Has made an independent visual determination that the vehicle is operating in excess of the applicable speed limit.

(c) Has written a citation based on evidence obtained from a RSMD or LSMD when conditions permit the clear assignment of speed to a single vehicle.

(d) Is using a RSMD which has no automatic speed locks and no audio alarms, unless disconnected or de-activated. This requirement is not applicable to a LSMD.

(e) Is operating a RSMD with audio Doppler engaged. This requirement is not applicable to a LSMD.

(f) Is using a RSMD, ~~or~~ LSMD, ASC or other SMD that meets the minimum design criteria set forth in these rules.

(g) ~~Who~~ Is operating a RSMD tested according to Rule 15B-2.009, F.A.C., or a LSMD tested according to Rule 15B-2.016, F.A.C.

Specific Authority 316.1905, 316.1906 FS. Law Implemented 316.1905, 316.1906, 943.17 FS. History--New 9-11-78, Amended 7-12-82, Formerly 15B-2.07, Amended 11-16-92, 10-18-94, _____.

15B-2.008 Requirements for Type Acceptance.

(1) Manufacturers of Doppler radar speed measuring devices (RSMD) shall submit a copy of a Federal Communications Commission (FCC) type acceptance certificate and other supporting documentation and components as requested by the Department, to the Department for each model to be used in Florida. The device must also appear on the current International Association of Chiefs of Police (IACP) consumer products list, which is incorporated by reference. The IACP criteria (Model Minimum Performance Standards identified in subsection 15B-2.0082(1), F.A.C.) and listing may be obtained by contacting that office at 515 North Washington Street, Alexandria, Virginia 22314, 1(800)843-4227. The absence of an "F" designation on the consumer product list does not disqualify the model for use in Florida. Copies of this material may be obtained by contacting the Department of Highway Safety and Motor Vehicles, Division of Florida Highway Patrol, ~~Telecommunications Administrator~~, Neil Kirkman Building, Tallahassee, Florida 32399-0500.

(2) Manufacturers of ~~visual~~ Average Speed Calculators (ASC) devices shall submit a report by an independent testing laboratory certifying that each model meets the following conditions:

(a) Determines ~~Computer~~ the speed of a ~~checked~~ vehicle ~~after measuring the distance~~ between any two points on a highway traveled by the vehicle regardless of whether the distance is input with an ASC measured distance or the distance is known and input by the ASC operator, and the time required for the vehicle to travel that distance.

(b) ~~Use solid state digital techniques for distance and the time storage, and for speed computation.~~

(b) ~~(c)~~ Display the speed in digital characters at least 0.4 inch in height.

(c) ~~(d)~~ The calculator ~~Computers~~ shall input distance (whether by ASC measurement or by operator entry of a known distance) and measure time and distance in increments

for speed computation which shall give an accuracy of plus or minus two (2) miles per hour over an indicated speed range of twenty-five (25) to one hundred (100) ~~ninety (90)~~ miles per hour with ambient temperatures of twenty (20) to one hundred (100) degrees fahrenheit.

~~(d)(e)~~ Have a distance storage capacity of at least one (1) ~~five (5)~~ miles.

~~(e)(f)~~ Have a time storage capacity of at least five (5) ~~six (6)~~ minutes.

~~(f)(g)~~ Reuse a single distance measurement with repeated time input measurements.

~~(g)(h)~~ Display an error signal and not operate if either the distance or storage register receives more than one input after being reset to zero.

~~(h)(i)~~ Be suitable for installation or use in a variety of makes and models of vehicles or aircraft normally used by law enforcement agencies.

(3) Motor vehicle speedometers shall have a certificate indicating that the device was tested by a speedometer testing shop according to Rule 15B-2.011, F.A.C.

(4) Stop watches shall have a certificate indicating that the device was tested ~~by a jeweler or watch repair smith~~ according to Rule 15B-2.012, F.A.C.

(5) Laser speed measuring devices (LSMD) that meet the criteria set forth in Rule 15B-2.014, F.A.C., constitute a type of speed measuring device that may be used in this state.

Specific Authority 316.1905 FS. Law Implemented 316.1905 FS. History—New 9-11-78, Formerly 15B-2.08, Amended 11-16-92, 10-18-94, _____.

15B-2.0082 Minimum Design Criteria for Radar Units.

(1) Radar speed measuring devices shall meet the design criteria as set forth in Chapter 3, Subpart A (s. 1221.1-1221.4 and Subpart B (s. 1221.11-1221.24) of the National Highway Traffic Safety Administration Technical Report, January 1994, D.O.T. HS 808-69, entitled, “Model Minimum Performance Specifications for Police Traffic Radar Devices”, which is incorporated by reference. Copies of this material may be obtained by contacting the Department of Highway Safety and Motor Vehicles (DHSMV), Division of Florida Highway Patrol, ~~Telecommunications Administrator~~, Neil Kirkman Building, Tallahassee, Florida, 32399-0500, or the Office of Law Enforcement Standards, c/o National Institute of Standards and Technology, 100 Bureau Drive, Stop 8102, Gaithersburg, Maryland 20899-08102 National Technical Information Service, Springfield, Virginia 22161.

(2) All radar units used in this State on or after January 1, 1995, shall be designed to operate in one or both of the following frequency ranges as assigned by the Federal Communication Commission for operation of Doppler radar radiolocation units.

- 24.050 – 24.250 GHz (K – Band) (Common
- 33.400 – 36.000 GHz (Ka – Band) Referrals)

The radar must have a doppler audio operating in the range 300 Hz to 4.0 KHz.

(3) Antenna beam width, defined as the total included angle between 3 dB points on the main lobe of the emitted farfield microwave power beam in any axis perpendicular to the centerline of beam propagation, shall not exceed 12 degrees plus or minus 1.5 degrees for manufacturing tolerance and measurement error. Side lobes, as defined in s. 1221.4 of the Model Minimum Performance Specifications for Police Traffic Radar shall be of relative gain of at least 20 dB less than the main antenna beam.

(4) All radar units furnished for vehicular-mounted use which have antennas designed to permit external mounting, shall be weather resistant.

(5) Each radar unit shall be designed to incorporate no speed lock function, manual or automatic, for patrol or target speeds displayed on the primary readout; a secondary target speed window, capable of manual lock-in target speed only, is permissible providing that lock-in of the secondary target speed window display has no effect on the continuous tracking of target and patrol speeds indicated by the primary readout and provided that the secondary target speed window display, if furnished, is automatically cleared within a period not to exceed fifteen (15) minutes after locking of any speed indication or when reconnected to the primary readout element. The secondary target speed window display, if furnished, must exactly duplicate the target speed on the primary readout at the instant of manual lock-in and must have its own lock-release control for clearing prior readings when the operator does not connect the secondary target speed window display.

(6) Each radar unit, ~~excluding hand held radar~~, shall be equipped with a control capable of adjusting its nominal range of acquiring and displaying the a speed reading of a full-size automobile target between 300 feet minimum and 3,000 feet maximum from the radar antenna. This range control is optional on a handheld radar unit.

(7) Signal Processing Channel Sensitivity

(a) Stationary Mode Target Channel Sensitivity. When the radar unit is operated in the stationary mode, its signal processing channel sensitivity shall not vary more than 10 dB for targets traveling at speeds of 35 to 90 mph (56 to 144 km/h) nor more than 5 dB for targets traveling at speeds of 60 to 90 mph (96 to 144 km/h).

(b) Moving Mode Target Channel Sensitivity. When the radar unit is operated in the moving mode at 25 mph (40 km/h), its signal processing channel sensitivity shall not vary more than 10 dB for targets traveling at speeds of 40 to 90 mph (64 to 144 km/h). When operated at 50 mph (80 km/h), its sensitivity shall not vary more than 5 dB for targets traveling at speeds of 60 to 90 mph (96 to 144 km/h).

(8) Patrol channel dynamic range; for moving mode operation. The patrol channel shall be capable of accurately displaying patrol car speed within plus or minus one (1) mph

(1.6 km/h) or less from 15 mph to 70 mph (24 to 112 km/h) or greater and of maintaining proper performance while the patrol car changes speed at a rate of up to 3 mph (4.8 km/h) per second.

(9) The internal circuit test function required by Section 1221.21(d) of the Model Minimum Performance Specifications for Police Traffic Radar shall operate automatically upon turn-on of the radar unit, and automatically thereafter at intervals not exceeding fifteen minutes; ~~the internal test function must be performed using two separate and independent frequency sources, only one of which may be employed in normal target or patrol channel signal processing operation. The second frequency source need not be excluded from use in computer and microprocessor operations other than signal counting or signal timing.~~ Failure of the radar unit to display correctly any reading produced by the internal test function shall inhibit any further target signal processing and shall provide a visible display indicating this condition to the operator. A control switch or pushbutton shall be provided for operator use to initiate the internal test function at any time between automatic test sequences.

(10) For the purpose of avoiding possible erroneous target speed displays caused by radio frequency interference (RFI) signals in excess of those specified in Sections 1221.22(c) and (d) of the Model Minimum Performance Specifications for Police Traffic Radar Devices, each radar unit will be equipped with a RF sensor capable of detecting the presence of such interfering RF signals and of inhibiting any speed display when such signals are present.

(11) To accommodate digital counting circuits and to assure that no target vehicle driver is penalized, target channel circuits for moving and stationary operation shall be designed to truncate, or round-off, to the next lower digit. In the moving mode operation, the radar counting circuits shall round-off to the next lower digit in all computations.

(12) Power density shall not exceed applicable RF emission standards recognized by the American National Standards Institute C95.1, which is incorporated by reference. The actual reading shall be recorded on form HSMV 61070 (Rev. 7/03 9/94), incorporated by reference. Blank forms are and obtainable by contacting the Department at the address described in subsection 15B-2.0082(1)(2), F.A.C.

(13) When an Average Speed Calculator (ASC) is installed and used as a separate feature of a RSMD, the ASC feature must be certified separately and in addition to the RSMD under paragraph 15B-2.008(2)(d), F.A.C.

Specific Authority 316.1906 FS. Law Implemented 316.1906 FS. History—New 7-12-82, Formerly 15B-2.082, Amended 1-1-90, 10-18-94, _____.

15B-2.009 Test to Determine Speed Accuracy of Doppler Radar Devices.

(1)(a) All RSMD's used in this state shall be subject to periodic bench tests at intervals not to exceed six months, to be conducted by an electronic technician who has a Federal

Communications Commission, General Radiotelephone Operator License or a certification issued by one of the following:

1. Association of Public-Safety Communications Officials-International (APCO);
2. Personal Communications Industries Association (PCIA), formerly known as National Association of Business and Educational Radio (NABER); or
3. National Association of Radio and Telecommunications Engineers (NARTE).

(b) Only the most recent six (6) months test certificate is required in order to establish the presumption available under Section 316.1905(3)(b), F.S. Tests will include transmitter frequency, display response to known antenna input signals for simulated target speeds over a range of speeds from 15 mph to 100 mph and patrol speeds over a range of speeds from 15 mph to 70 mph, the operation of all controls, tests for recertification of the all tuning fork(s) meeting furnished by the manufacturer's specifications, radio frequency interference, low supply voltage, and antenna power density. These revised tests shall become effective after June 30, 2004 ~~October 18, 1994~~, upon the expiration of each radar unit's prior six-month certification period. Each test shall be recorded on Form HSMV 61070 (Rev. 7/03 9/94) which is incorporated by reference. Blank forms are and which is available by contacting the Department at the address described in subsection 15B-2.0082(1)(2), F.A.C. As a condition of purchase, manufacturers shall be required to make known to the purchaser the availability and location of manufacturer-supported test facilities to accomplish the required tests.

(2) Prior to an operator using a radar for enforcement activity and subsequent to the last enforcement action taken using an RSMD, but prior to the end of each shift in which the RSMD was used at the end of the operator's shift the following accuracy checks shall be made.

(a) An internal accuracy check shall be performed, and the check is passed only if the proper numbers recommended by the manufacturer appear exactly on the radar readout.

(b) The external tuning fork accuracy check shall be made with certified tuning fork(s) (plus or minus one (1) mile per hour tolerance) meeting furnished by the manufacturer's specifications.

(c) A written log of each internal and external tuning fork accuracy check(s) shall be maintained. Log forms may be of a design suitable to the particular needs of the operator's jurisdiction.

(3) When an Average Speed Calculator (ASC) is installed and used as a separate feature of a RSMD, the ASC feature must be certified separately and in addition to the RSMD under paragraph 15B-2.008(2)(d), F.A.C.

Specific Authority 316.1905 FS. Law Implemented 316.1905, 316.1906 FS. History—New 9-11-78, Amended 7-12-82, Formerly 15B-2.09, Amended 6-12-89, 1-1-90, 10-18-94, 10-2-95, _____.

15B-2.010 Tests to Determine Speed Accuracy of Visual Average Speed Computer Devices.

Specific Authority 316.1905 FS. Law Implemented 316.1905 FS. History—New 9-11-78, Formerly 15B-2.10, Amended 10-18-94, Repealed _____.

15B-2.0101 Test to Determine Speed Accuracy of ~~Visual Average Speed Calculators Computer Devices Which Have a Self Contained Time Base.~~

Tests to determine the accuracy of visual Average Speed Calculators computer devices which have a self contained time base shall be performed as follows:

(1) This subsection only pertains to ground vehicles which are inputting the distance used for speed measurement by use of the ASC distance measuring feature (if so equipped):

(a)(+) A distance of 1/2 mile (2640 feet) or alternatively 1/4 mile (1320 feet) shall be measured. The operator shall measure one quarter of a mile, using a steel tape, and mark each end of the 1320 feet distance marked so that it may be clearly identified from a moving vehicle or aircraft in either direction.

(b)(2) Vertical lines may be placed on left and right front door windows of the speed computer equipped vehicle, or the operator may use door lock knobs or other convenient visual reference points on his/her car.

(c)(3) The operator will drive through the measured course with both switches turned “on” when lined up with the reference point at the beginning of the course, and turned “off” when similarly lined up at the end of the course. Operator pushes the distance recall button if so equipped, and reads displayed distance in the speed timing unit. If this distance is within the acceptable tolerance of 1/2 of 1%, the unit is in calibration.

Example: On a quarter of a mile course (0.2500) the reading should be between 0.2512 and 0.2488.

(d)(4) Should the error be greater than 1/2 of 1% the operator should recalibrate his unit in accordance with the manufacturer’s instructions and repeat the procedure as outlined in Paragraph (3).

(2) A distance of 1/2 mile (2640 feet) should be input either by measurement or operator input. The method of input shall be consistent with the method to be used during the speed measurement. For example, if the distance at the enforcement site will use a distance measured with the ASC, then this calibration should be performed in a similar fashion. The timing device should be allowed to run for 30 seconds. A speed of 60 mph should be displayed. The test should be repeated with a time input of 20 seconds. A speed of 90 mph should be displayed. The speed displayed must be within +/- 2 m.p.h. for the unit to be considered accurate.

(3) As an alternative to (2) above, a distance of 1/4 mile (1320 feet) may be used. The distance should be input either by measurement or operator input. The method of input shall be consistent with the method to be used during the speed measurement. For example, if the distance at the enforcement site will use a distance measured with the ASC, then this calibration should be performed in a similar fashion. The timing device should be allowed to run for 15 seconds. A speed of 60 mph should be displayed. The test should be repeated with a time input of 10 seconds. A speed of 90 mph should be displayed. The speed displayed must be within +/- of 2 m.p.h. for the unit to be considered accurate.

(4)(5) Verification of calibration must be checked each day before any enforcement activity arrests are made with the device. The results of the verification test shall be recorded and retained for further reference.

(5)(6) If so equipped, an The internal time base will be checked the same as a stop watch under Rule 15B-2.012, F.A.C. every six months by use of a certified stop watch. Satisfactory test results will be within 1/2 of 1%.

Specific Authority 316.1905, 321.02 FS. Law Implemented 316.1905(3)(a) FS. History—New 6-15-82, Formerly 15B-2.101, Amended 10-18-94, _____.

15B-2.0102 Certified Operator of Visual Average Speed Computer Device.

Specific Authority 316.1905, 321.02 FS. Law Implemented 316.1905(3)(a) FS. History—New 6-15-82, Formerly 15B-2.102, Amended 10-18-94, Repealed _____.

15B-2.011 Tests to Determine Accuracy of Speedometer Devices.

Motor vehicle speedometer devices shall be tested by a speedometer testing shop or a motor vehicle repair shop prior to being put into use for speed enforcement and it shall be retested by a speedometer testing shop or a motor vehicle repair shop not less than once each six (6) months thereafter. All speedometer certifications shall be performed using a calibrated wheel dynamometer on which the wheels driving the speedometer are placed. Certain motorcycles which have the speedometer driven by the front wheel may require the use of a powered dynamometer. The calibration of a speedometer head alone, without the head being driven by the wheel from which it measures speed, will not be acceptable for the purposes of this rule. After September 1, 1994, all tested speedometers shall read within plus or minus three (3) mph of the actual reading and be tested by a speedometer shop or motor vehicle repair shop registered with the Florida Department of Agriculture and Consumer Services as a motor vehicle repair shop according to Sections 559.901-559.9221, F.S. The person making the tests shall issue a certificate dated, signed and witnessed showing the degree of accuracy. Only the most recent six (6) month test certificate is required in order to establish the presumption available under Section 316.1905(3)(b), F.S.

Specific Authority 316.1905, 321.02 FS. Law Implemented 316.1905(3)(a) FS. History—New 9-11-78, Formerly 15B-2.11, Amended 11-16-92, 10-18-94, _____.

15B-2.012 Tests to Determine Accuracy of Time Measurement Devices Stop Watches.

(1) Stop watches and analog measurement devices used in calculating speeds of motor vehicles shall be tested by a jeweler or watch repair-smith prior to being put into use and it shall be retested by a jeweler or watch repair-smith not less than once each six (6) months thereafter. The jeweler or watch repair-smith shall issue after each test, a certificate dated, signed and witnessed by the jeweler or watch repair-smith showing the degree of accuracy. Only the most recent six (6) month test certificate is required in order to establish the presumption available under Section 316.1905(3)(b), F.S.

(2) Electronic stop watches or electronic time based average speed calculators may be tested by a certified electronics technician meeting the requirements of paragraph 15B-2.009(1)(a), F.A.C., in the manner and within the time period described in subsection (1).

Specific Authority 316.1905 FS. Law Implemented 316.1905 FS. History—New 9-11-78, Formerly 15B-2.12, Amended 11-16-92, 10-18-94, _____.

15B-2.013 Approved Speed Measuring Devices.

The following speed measuring devices have been approved for use in this State by the Department pursuant to this rule Chapter.

(1) Radar units acquired for use in this State after August 1, 1982, are listed below. Additional radar units will be approved by the Department based on conformance to these rules. Evidence of approval of additional units shall be by a Certificate of Approval Form HSMV 60013 (Rev. 7/03), which is available by contacting the Florida Highway Patrol Telecommunications Administrator, Neil Kirkman Building, Tallahassee, Florida 32399-0500, or by disseminating the listing of the additional units on the Florida Crime Information Center (FCIC) computer system, or by listing on the Division of Florida Highway Patrol website.

(a) Applied Concepts, Inc., formerly known as Applied Concepts Marketing – Model STALKER;

(b) Applied Concepts, Inc., formerly known as Applied Concepts Marketing – Model STALKER DUAL;

(c) Applied Concepts, Inc., formerly known as Applied Concepts Marketing – Model STALKER DUAL SL;

(d) Applied Concepts, Inc., formerly known as Applied Concepts Marketing – Model STALKER DUAL DSR;

(e) Applied Concepts, Inc., formerly known as Applied Concepts Marketing – Model STALKER BASIC – stationary and moving;

(f)(~~d~~) Broderick Enforcement Electronic – Model BEE-36;

(g)(~~e~~) CMI/MPH Industries, Inc., – Model Python;

(h)(~~f~~) Decatur Electronics, Inc., – Model MVF 724;

(i)(~~g~~) Decatur Electronics, Inc., – Model KF-1;

(j)(~~h~~) Decatur Electronics, Inc. – Model Genesis-I;

(k) Decatur Electronics, Inc. – Model Genesis - II;

(l)(~~i~~) Decatur Electronics, Inc., – Genesis Handheld;

(m) Decatur Electronics, Inc., – Model Genesis VP

(n) Decatur Electronics, Inc., – Model Genesis VP – Directional

(o)(~~j~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model KR-10SP-F, Model KR-10SP;

(p)(~~k~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model FALCON-F, Model FALCON;

(q)(~~l~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model TROOPER-F, Model TROOPER;

(r)(~~m~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model HAWK;

(s)(~~n~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model PRO-1000, Model PRO-1000DS;

(t)(~~o~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Eagle K-Band;

(u)(~~p~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Eagle KA-Band;

(v)(~~q~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Eagle Plus K-Band;

(w)(~~r~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Eagle Plus KA-Band;

(x)(~~s~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Silver Eagle K-Band;

(y)(~~t~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Silver Eagle KA-Band;

(z)(~~u~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Golden Eagle K-Band;

(aa)(~~v~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Golden Eagle KA-Band;

(bb) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Golden Eagle Plus KA-Band;

(cc)(~~w~~) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model HR-12;

(dd) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Talon;

(ee) McCoy’s LAWLINE Speed Trak Elite K, Ka and Elite KD (directional);

(ff)(~~x~~) M.P.H. Industries, Inc., or CMI/MPH – Model K-15K “1986 Model”, Model K-15, Model K-15 II;

(gg) M.P.H. Industries, Inc., or CMI/MPH – Model MPH Speedgun (K-BAND);

(hh)(~~y~~) M.P.H. Industries, Inc., or CMI/MPH – Model K-55K; Model BEE-36;

(ii) M.P.H. Industries, Inc., or CMI/MPH – Model Bee III;

(jj) M.P.H. Industries, Inc., or CMI/MPH – Model Enforcer;

(kk)(~~z~~) Tribar Industries, Inc., – Model MDR-2;

(ll)(~~aa~~) Tribar Industries, Inc., – Model K-GP.

(2) ~~Visual Average Speed Calculators (ASC) devices:~~

- (a) Federal Sign and Signal Corp., – VASCAR II;
- (b) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Tracker;
- (c) Traffic Safety Systems, Inc., – VASCAR-Plus;
- (3) Speedometers – All mechanical or electronic motor vehicle speedometers having certified calibration pursuant to these rules.

(4) Stopwatches – All stopwatches certified pursuant to subsection 15B-2.008(4) and Rule 15B-2.012, F.A.C. Florida Administrative Code. The following stopwatches are approved for use in this State when they have been tested according to this rule Chapter. The absence on this list of other stopwatches used by other law enforcement agencies or the Florida Highway Patrol does not preclude their use when they have been properly tested.

Brand Name	Model Number
(a) Casio	HS-10W
(b) Timex Quartz Timer	None
(c) Heuer	1000
(d) Heuer	1010
(e) Seiko	S022-5009
(f) Accusplit	620-CT
(g) Minerva Manual Timer	None
(h) Seiko	87-0019G
(i) Aristo	Apollo
(j) Lorus	W903
(k) Marshall Browning International Corp.	Robic Acutrak SC-800

(5) Laser speed measuring devices (LSMD) – Evidence of approved LSMD shall be by a certificate or listing on the FCIC computer, or by a listing on the Division of Florida Highway Patrol website, as set forth in subsection (1) of this rule. In addition, the following LSMDs are approved for use in this State:

- (a) Kustom Electronics, Inc., or Kustom Signals, Inc., – Model Prolaser II, Model ProLaser III;
- (b) Laser Technology, Inc., – Model Marksman/LTI 20-20, Model Ultralyte LTI 20/20 Lidar, Model Ultralyte 100LR and 200LR, Model Ultralyte LR B;
- (c) Applied Concepts, Inc., – Model Stalker Lidar;
- (d) Laser Atlanta Optics, Inc., – Model Speed Laser.

Specific Authority 316.1905 FS. Law Implemented 316.1905, 316.1906 FS. History—New 1-1-90, Amended 11-16-92, 10-18-94, 10-2-95,_____.

15B-2.014 Minimum Design Criteria for Laser Speed Measurement Devices.

(1) Manufacturers of laser speed measurement devices (LSMD) shall submit a report to the Department by an independent testing laboratory certifying that each model meets the following minimum design criteria:

(a) The device shall measure transmitted and received light amplified by stimulated emission of radiation, otherwise known as LASER.

(b) The device determines the speed of vehicles by the pulse – echo method using the time of flight of a series of pulses of ~~infrared~~ laser light.

(c) The device shall use solid state digital techniques for distance and speed calculations.

(d) The device shall comply with the limits for a class A digital device as defined in 47 C.F.R. 15.3(h), which is incorporated by reference.

(e) The device is certified as a Class I (one) eye safe device according to the criteria established by the U.S. Department of Health and Human Services, Center for Devices and Radiological Health, Food and Drug Administration, Rockville, Maryland 20582, (21 C.F.R. 1040) which is incorporated by reference.

~~(f) Electromagnetic energy emitted from the device for purposes of measuring either target vehicle speed or range, shall be in the infrared portion of the electromagnetic spectrum.~~

~~(f)(g)~~ The device shall only transmit ~~infrared~~ light pulses when a finger operated trigger is pressed. When this trigger is released the device shall cease to transmit. The devices shall not have any method to lock the trigger in the transmit mode.

~~(g)(h)~~ The device shall be capable of measuring target vehicle speeds over the speed range of 5 mph to ~~100~~ 90 mph, with an accuracy of plus or minus 1 mph over this range.

~~(h)(i)~~ The device shall measure distances with an accuracy of plus or minus 1 foot, between 50 and 1000 feet, and display distances in feet.

~~(i)(j)~~ The device shall be capable of being converted to metric units for distance and speed by the manufacturer.

~~(j)(k)~~ The device shall be weather resistant.

~~(k)(l)~~ The device shall have a self test mode, which will operate automatically when the device is turned on, and when the self test is initiated by the operator. Self test shall verify that the computing and timing circuits are operating correctly, and ~~shall illuminate~~ all light emitting indicators so that the condition can be verified by the operator.

~~(l)(m)~~ The device shall truncate decimal values of the target speed display to produce whole number values.

~~(m)(n)~~ The device shall be capable of measuring both approaching and receding vehicles, and display a visual indication that differentiates direction.

~~(n)(o)~~ The device shall provide an audio tone indicating when a target vehicle has been acquired.

~~(o)(p)~~ The device shall meet all the minimum performance specifications over the ~~manufacturers specified power supply voltage range of 10.8 volts to 16.3 volts, with a nominal power supply voltage being 13.6 volts~~. The device shall contain the following features related to the power supply circuitry:

1. A power supply on/off switch.
2. A visual indicator to allow the operator to determine that electrical energy is being supplied to the device.
3. A low voltage indicator that alerts the operator either visually or audibly of low voltage conditions, and automatically prevents operation.
4. Internal circuitry that protects against accidental reversal of power supply polarity.
5. An in-line fuse or equivalent mounted between the power supply and the device to prevent power surges in excess of 16.3 volts.

~~(p)(4)~~ The device shall detect spurious readings due to radio frequency interference and inhibit any speed display.

~~(q)(4)~~ The device shall be permanently marked with the functions and setting of all switches, controls and displays. It shall not be possible to set the controls to a functional mode of operation that is not marked or identified.

~~(r)(4)~~ The manufacturer shall permanently mark each device with the name of the LSMD model and the serial number for the specific LSMD.

~~(s)(4)~~ The manufacturer shall provide the procedures that verify the accurate alignment of the sighting element.

(t) When an Average Speed Calculator (ASC) is installed and used as a separate feature of a LSMD, the ASC feature must be certified separately and in addition to the LSMD under paragraph 15B-2.008(2)(d), F.A.C.

(2) Beginning June 30, 2004, all new LSMD's sold in the state of Florida must meet all requirements of this chapter and:

(a) The Model Minimum Performance Specifications for Lidar Speed Measurement Devices, July 1, 2001, NHTSA document #DOT HS 809 239, which is incorporated by reference. This document is available by contacting the Office of Law Enforcement Standards, c/o National Institute of Standards and Technology, 100 Bureau Drive, Stop 8102, Gaithersburg, Maryland 20899-08102.

(b) Shall be restricted to reading vehicle speeds at a distance not greater than 3000 feet.

Specific Authority 316.1905 FS. Law Implemented 316.1905, 316.1906 FS. History—New 10-18-94, Amended _____.

15B-2.015 Checks to Determine Speed and Distance Accuracy of Laser Speed Measuring Devices.

(1) Prior to an operator using a LSMD; for enforcement activity and subsequent to the last enforcement action taken using a LSMD, but prior to the end of each at the completion of an operator's shift in which an LSMD was used; the following accuracy checks shall be performed and recorded into a written log. The log forms may be of a design that meets the needs of the particular law enforcement agency:

(a) Display Check – Activate the display test procedure to verify that all segments and other light indicators are functioning properly.

(b) Internal Accuracy Check – The internal accuracy check shall be made in accordance with the manufacturers specifications.

(c) Laser Distance/Alignment Check –

1. In a convenient location, establish two permanent known distances using a steel measuring tape or surveyor's instrument to check targets set at a distance of at least 100 feet and separated by at least 100 feet ~~50 and 100 feet~~. The targets shall be ~~not more than three (3) feet square nor less than one (1) foot square~~, the center of which shall be mounted not less than three (3) feet nor more than nine (9) feet from ground level. Both targets must be clear of all obstructions from the measurement starting point.

~~2. The operator shall check the alignment both vertically and horizontally.~~

~~2.3. The operator shall align the device at the established starting point and take a measurement of both the two 50 foot and 100 foot check targets, to verify it's accuracy of plus or minus one (1) foot.~~

(d) Sight alignment check – Using a suitable target at least 200 feet away, check the site alignment according to the manufacturer's specifications both vertically and horizontally.

(2) Average Speed Calculators (ASC) installed as part of a LSMD shall be checked and operated as outlined in Rule 15B-2.0101, F.A.C. A written log shall be maintained. The log shall contain an entry for the accuracy checks (date and result of the check) performed at the beginning and end of each shift in which the LSMD is used. The written log forms may be of a design that meets the needs of particular jurisdictions.

Specific Authority 316.1905 FS. Law Implemented 316.1905, 316.1906 FS. History—New 10-18-94, Amended _____.

15B-2.016 Tests to Determine Accuracy of Laser Speed Measuring Devices.

(1) All LSMD used in this state shall be subject to periodic tests at intervals not to exceed six (6) months, to be conducted by a Florida registered professional engineer or by an electronic Technician who has a Federal Communication Commission, General Radiotelephone Operator License, or a certification issued by one of the following:

(a) Association of Public-Safety Communications Officials-International (APCO);

(b) Personal Communications Industries Association (PCIA), formerly known as National Association of Business and Education Radio (NABER); or

(c) National Association of Radio and Telecommunications Engineers (NARTE);

(2) Only the most recent six (6) month test certificate is required in order to establish the presumption available under Section 316.1905(3)(b), F.S. Tests will include:

(a) Bench Tests – Wavelength verification, optical power output, pulse repetition rate, pulse width, and verify that the pulse train is free of any double laser pulses or intermittent

laser pulses. The results of these tests shall conform with the safety report from the U.S. Department of Health and Human Services, Center for Devices and Radiological Health (CDRH), Food and Drug Administration (21 C.F.R. part 1040), which is incorporated by reference, and the manufacturer's specifications, both of which will be supplied by the manufacturer.

(b) Distance/Velocity – A complete verification test as described in paragraph 15B-2.015(1)(2)(a) through (c), F.A.C., and a Velocity Verification test certifying that the Laser Speed Output was compared to Actual Speed as verified by a certified radar device. The results of these tests will not be greater than plus or minus one (1) foot for the distance tests, and plus or minus one (1) mph for the speed test.

(c) Sight Alignment/Beam Pattern Test. The sighting device will be checked for accuracy to determine that it remains within the laser beam at all distances from 500-3000 feet. This may be determined from calculation based on an initial beam pattern/sight alignment analysis. The beam will be analyzed to determine that it is within the pattern/size tolerances specified by the manufacturer.

(d)(e) Each test shall be recorded on form HSMV 61071 (7/03 9/94) which ~~is~~ incorporated by reference. Blank forms are and is available by contacting the Department at the address described in subsection 15B-2.0082(1)(2), F.A.C.

(e) When an Average Speed Calculator (ASC) is installed and used as a separate feature of a LSMD, the ASC feature must be certified separately and in addition to the LSMD under paragraph 15B-2.008(2)(d), F.A.C.

Specific Authority 316.1905 FS. Law Implemented 316.1905, 316.1906 FS. History–New 10-18-94, Amended _____.

NAME OF PERSON ORIGINATING PROPOSED RULE: Lt. James D. Wells, Jr., Bureau of Law Enforcement Support Services, Division of Florida Highway Patrol, Department of Highway Safety and Motor Vehicles, Room A315, Neil Kirkman Building, Tallahassee, Florida 32399-0500, (850)488-5799.

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE: Colonel Christopher A. Knight, Director, Division of Florida Highway Patrol

DATE PROPOSED RULE APPROVED BY AGENCY HEAD: December 5, 2003

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW: January 16, 2004

BOARD OF TRUSTEES OF THE INTERNAL IMPROVEMENT TRUST FUND

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Board of Trustees of the Internal Improvement Trust Fund are published on the Internet at the Department of Environmental Protection's home page at <http://www.dep.state.fl.us/> under the link or button titled "Official Notices."

AGENCY FOR HEALTH CARE ADMINISTRATION

Cost Management and Control

RULE TITLES:	RULE NOS.:
Purpose of Ambulatory Patient Data Reporting	59B-9.010
Definitions	59B-9.013
Schedule for Submission of Ambulatory Patient Data and Extensions	59B-9.014
Reporting Instructions	59B-9.015
Ambulatory Patient Data Format – Data Elements, Codes and Standards	59B-9.018
Ambulatory Patient Data Format – Record Layout	59B-9.019
Data Standards	59B-9.020

PURPOSE AND EFFECT: The proposed rule amendments require emergency department patient data reporting beginning January 1, 2005. The rule amendments add ambulatory data elements, modify ambulatory data elements and codes, modify ambulatory data formats, and eliminate data elements. The rule amendments require reporting by Internet transmission starting January 1, 2006 for emergency department patient data and other ambulatory patient data.

SUMMARY: The agency is proposing amendments to Rules 59B-9.010, 59B-9.013, 59B-9.014, 59B-9.015, 59B-9.018, 59B-9.019 and 59B-9.020, F.A.C., that require the reporting of emergency department data and modify other ambulatory patient data reporting requirements.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COST: None prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 408.15(8) FS.

LAW IMPLEMENTED: 408.061, 408.062, 408.063, 408.15(11) FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING ON THE PROPOSED RULE AMENDMENT WILL BE HELD AT THE TIME, DATE AND PLACE SHOWN BELOW:

TIME AND DATE: 10:00 a.m., February 24, 2004

PLACE: Agency for Health Care Administration, Building 3, First Floor Conference Room, 2727 Mahan Drive, Tallahassee, Florida 32308

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Beth C. Dye, Bureau Chief, State Center for Health Statistics, 2727 Mahan Drive, Mail Stop #16, Tallahassee, Florida 32308

THE FULL TEXT OF THE PROPOSED RULES IS:

59B-9.010 Purpose of Ambulatory Patient Data Reporting. The reporting of ambulatory patient data will provide a statewide integrated database that includes ~~of~~ ambulatory surgery surgical ~~procedures~~ and hospital emergency

department services for the ~~permit~~ assessment of variations in utilization, ~~disease surveillance practice parameters~~, access to ambulatory care and ~~estimates of cost trends for ambulatory procedures~~. The amendments appearing herein are effective with the reporting period starting January 1, ~~2005~~ 2003.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.010, Amended 6-29-95, 12-28-98, 2-25-02, _____.

59B-9.013 Definitions.

(1) through (4) No change.

(5) “Visit” means a face to face encounter between a health care provider and a patient who is not formally admitted as an inpatient in an acute care hospital setting at the time of the encounter or who is not admitted to the same facility’s acute care hospital setting immediately following the encounter as described in subsection 59B-9.015(3), F.A.C. and who is not treated in the emergency room. Visits which require the patient to appear in an ambulatory setting prior to the actual procedure (even if this occurs one or more days before the procedure) shall be counted as one visit.

(6) No change.

(7) “Attending Physician” means a licensed medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner ~~physician~~ who has primary responsibility for the patient’s medical care and treatment during the visit or who certifies as to the medical necessity of the services rendered. The attending physician may be the ~~referring physician or the operating or performing physician~~. The attending physician may be an emergency room physician or other specialist.

(8) “Operating or Performing Physician” means a licensed medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner ~~physician~~ who has primary responsibility for the surgery or procedure performed. The operating or performing physician may be the attending physician.

(9) “Other Physician” means a licensed medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who rendered care to the patient other than the attending physician or the operating or performing physician.

(10)(9) “Short-Term Acute Care Hospitals” means a hospital as defined in Section 395.002(12), F.S.

Specific Authority 408.15(8) FS. Law Implemented 395.002, 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.013, Amended 6-29-95, 12-28-98, 7-11-01, 2-25-02, _____.

59B-9.014 Schedule for Submission of Ambulatory Patient Data and Extensions.

(1) Ambulatory ~~All ambulatory~~ centers ~~reporting their ambulatory patient data~~ shall report ambulatory patient data, as described in subsection 59B-9.015(2) and in the format set forth in Rule 59B-9.018 ~~59B-9.019~~, F.A.C., according to the following schedule:

(a) Each report covering patient visits ~~ending~~ occurring between January 1 and March 31, inclusive of each year, shall be submitted no later than June 10 of the calendar year during which the visit occurred.

(b) Each report covering patient visits ~~ending~~ occurring between April 1 and June 30, inclusive of each year, shall be submitted no later than September 10 of the calendar year during which the visit occurred.

(c) Each report covering patient visits ~~ending~~ occurring between July 1 and September 30, inclusive of each year, shall be submitted no later than December 10 of the calendar year during which the visit occurred.

(d) Each report covering patient visits ~~ending~~ occurring between October 1 and December 31, inclusive of each year, shall be submitted no later than March 10 of the calendar year following the year in which the visit occurred.

(2) No change.

Specific Authority 408.15(8) FS. Law Implemented ~~408.061, 408.15(11)~~ 408.006(5), 408.061 FS. History—New 9-6-93, Formerly 59B-7.014, Amended 6-29-95, _____.

59B-9.015 Reporting Instructions.

(1) Ambulatory centers shall submit ambulatory patient data according to Rules ~~59B-9.018~~ 59B-9.018, 59B-9.019, and 59B-9.020, F.A.C.

(2) Ambulatory centers shall report data for:

(a) All ~~All~~ for all non-emergency ~~room ambulatory or outpatient~~ visits in which surgery services were performed and the services provided correspond to a Current Procedural Terminology (CPT) ~~code codes~~ 10000 through 69999 or and 93500 through 93599. Codes must be valid in the current or the immediately preceding year’s code book to be accepted.

(b) All emergency department visits in which emergency department registration occurs and the patient is not admitted for inpatient care at the reporting entity. Include all visits for which a billing record is created.

(3) Ambulatory centers shall exclude ~~report one record for each patient per visit, excluding~~ records of any patient visit in which the outpatient and inpatient billing record is combined because the patient was transferred from ambulatory care and admitted to inpatient care within a facility at the same location per Rule 59A-3.203, F.A.C. If more than one visit for the same patient occurs on the same date, report one record which includes all required data for all visits of that patient to the ambulatory center occurring on that date. If more than one visit occurs on different dates by the same patient, Report report one record for each date of visit, except pre-operation visits may be combined with the record of the associated ambulatory surgery visit unless the dates of visits are directly associated to the service. See subsection 59B-9.013(5), F.A.C.

(4) For each patient visit, ambulatory centers shall report all services provided using procedural codes specified in subsection 59B-9.018(2), F.A.C. CPT or the Health Care Financing Administration Common Procedure Coding System (HCPCS) codes.

(5) Ambulatory Beginning with the report of patient visits occurring between January 1 and March 31, 2002, inclusive, and thereafter, ambulatory centers shall submit ambulatory patient data reports to the agency using one of the following methods described in (a) or in (b) below except that for patient visits ending on or after January 1, 2006, the methods described in (b) January 1, 2002, data tapes must not be used unless an exception is requested by the ambulatory center due to extraordinary or hardship circumstances and use of method (b) is approved by the agency. Use of method (a) must be approved by the agency for any patient visits ending prior to January 1, 2006.

(a) Internet Transmission. The Internet address established for receipt of ambulatory patient data is www.fdhc.state.fl.us. Reports sent to the Internet address shall be electronically transmitted with the ambulatory data in a text (XML) (ASCH) file using the Ambulatory Patient Data XML Schema available at www.fdhc.state.fl.us. The Ambulatory Patient Data XML Schema is incorporated by reference. The file shall contain a complete set of ambulatory patient data for the calendar quarter. Each record of the text file must be terminated with a carriage return (hex '0D') and line feed mark (hex '0A'). The data in the text file shall contain the same data elements, elements and codes, the same record layout and meet the same data standards required for tapes or diskettes mailed to the agency as described in Rules 59B-9.018, 59B-9.018, 59B-9.019 and 59B-9.020, F.A.C.

(b) ~~Tapes, CD-ROM or diskettes shall be sent to the agency's mailing address: Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, Florida 32308. Attention: State Center for Health Statistics. Electronic media specifications are:~~

- 1. ~~Tape:~~
 - a. ~~Density 1600 or 6250 BPI, 9 track~~
 - b. ~~Collating Sequence EBCDIC or ASCH~~
 - c. ~~Record Length 400 Characters, Fixed~~
 - d. ~~Blocking Unblocked~~
 - e. ~~Labeling No Label~~
- 2. ~~Diskette and CD-ROM:~~
 - 1.a. ~~MS-DOS formatted~~
 - 2.b. PC Text File (XML) using the Ambulatory Patient Data XML Schema available at www.fdhc.state.fl.us. (ASCH)
 - e. ~~Record Length: Header Record 400 Characters, Ambulatory Data Record 400 Characters, Trailer Record 400 Characters. Carriage return and line feed are not included in the stated record length.~~
 - 3.d. Type: 3.5" diskette, 1.4MB, hd; or CD-ROM.

4.e. FILENAME: (e.g., AS10QYY.XML AS10QYY.TXT) The 5th position shall ~~should~~ contain the quarter (1-4) and the 6th and 7th position shall contain the year. XML TXT indicates an XML a text file.

f. ~~Each record must be terminated with a carriage return of hex '0D' and line feed mark of hex '0A'.~~

5.g. Only one (1) file per diskette set or CD-ROM is allowable. Data requiring more than one diskette shall have the same internal file name. Data requiring more than one (1) diskette shall be externally labeled 1 of x, 2 of x, etc. (x = total number of diskettes).

(6) Ambulatory centers submitting ~~diskettes tapes or diskettes,~~ shall affix the following external identification, or for CD-ROM, use a standard CD-ROM external label with the following information:

- (a) Ambulatory center name.
- (b) AHCA ambulatory center identification number in the AHCA format.
- (c) Reporting period.
- (d) Number of records excluding the header record and the trailer record.
- (e) ~~Tape Density: 1600/6250 BPI.~~
- (f) ~~Tape Collating Sequence.~~
- (e)(g) Diskette or CD-ROM Filename as in subsection 59B-9.015(5) and Rule 59B-9.015, F.A.C., above.
- (f)(h) The description: "AMBULATORY PATIENT DATA"

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.015, Amended 6-29-95, 12-28-98, 1-4-00, 7-11-01, 2-25-02, _____.

59B-9.018 Ambulatory Patient Data Format — Data Elements, Codes, and Standards ~~Data Elements and Codes.~~

(1) Header Record: The first record in the data file shall be a header record ~~with a logical record length of 400 characters,~~ containing the ~~following information described below in the prescribed format. This record must precede any documentation submitted for ambulatory patient data records.~~ If diskettes are submitted, the header record must be placed as the first record on the first diskette of the data set. A header record must accompany each data set and must be placed as the first record on the first diskette of the data set.

DATA ELEMENT	DESCRIPTION
(a) Transaction Code	<u>Enter Q for a calendar quarter report or S for a report period other than a calendar quarter where the special report is requested or authorized by the agency to receive data corrections "H" for header record in the first position.</u>
(b) Report Reporting Year	<u>Enter A 4 digit field specifying the year of the data in the format YYYY.</u>
(c) Report Reporting Quarter	<u>Enter A 1 digit field specifying the quarter of the data, 1,2,3 or 4, where 1 corresponds to the first quarter of the calendar year, 2</u>

corresponds to the second quarter of the calendar year, 3 corresponds to the third quarter of the calendar year, and 4 corresponds to the fourth quarter of the calendar year. that the data pertains to:

- 1 = Jan. 1 through Mar. 31
- 2 = Apr. 1 through Jun. 30
- 3 = Jul. 1 through Sept. 30
- 4 = Oct. 1 through Dec. 31

(d) Data Type – Enter A required four character alphanumeric code. Use AS10 for Ambulatory Data.

(e) Submission Type – Enter I, R, or C where I indicates an initial submission of data or resubmission of previously rejected data, R indicates a replacement submission of previously processed and accepted ambulatory patient data, and C indicates an individual record correction or set of individual record corrections where submission of a correction or corrections is requested or authorized by the agency. A 1 character field for submission type: I = Initial. This is the first submission for the time period. All submissions which are not “I” will be “R” R = re-submission. This code is used to replace previously submitted records for the specified time period. All existing data for the time period will be deleted and replaced with the new data set.

(f) Processing Date – Enter MMDDYYYY, the date that the data file was created by the submitter in the format YYYY-MM-DD where MM represents numbered months of the year from 1 to 12, DD represents numbered days of the month from 1 to 31, and YYYY represents the year in four digits.

(g) AHCA Ambulatory Center Number – Enter the A-10 digit identification number of the ambulatory center as assigned by AHCA for reporting purposes. A valid identification number must contain at least eight digits and no more than 10 digits. A numeric field, right justify.

(h) Florida License Number Zero fill for this header record only.

(i) Provider Medicaid Number A 10 digit number provided for Medicaid providers. If not a Medicaid provider, zero fill.

(j) Provider Medicare Number A 10 digit number provided for Medicare providers. If not a Medicare provider, zero fill.

(h)(k) Provider Organization Name – Enter the name of the ambulatory center that performed the ambulatory services represented by the data, and which is responsible for reporting the data. All questions regarding data accuracy and integrity will be referred to this entity. Up to a forty character field. The name of the health care entity reporting the patient data records.

(i)(4) Provider Contact Person Name – Enter the name of the contact person at the ambulatory center. Submit name in the Last, First format. Up to a twenty-five character field. The name of the contact person at the health care entity providing the patient data records.

(j)(m) Provider Contact Person Telephone Number – The area code, business telephone number, and if applicable required, extension for the contact person at the health care entity providing the patient data records. Enter the contact person telephone number in the format (AAA)XXX-XXXX-EEEE where AAA is the area code, and EEEEE is the extension. Blank fill if no extension.

(k) Contact Person E-Mail Address – The e-mail address of the contact person.

(l) Contact Person Address – Enter the mailing address of the contact person. Up to a forty character field.

(m) Mailing Address City – Enter the city of the address of the contact person. Up to a twenty-five character field.

(n) Mailing Address State – Enter the state of the address of the contact person using the U.S. Postal Service state abbreviation in the format XX. Use the abbreviation FL for Florida.

(o) Mailing Address Zip Code – Enter the zip code of the address of the contact person in the format XXXXX-XXXX. Blank fill if no extension.

(n) Submitter Organization Name The name of the organization that produced the data file that is being submitted.

(o) Submitter Contact Person Name The name of the person at the submitting organization responsible for submitting the data file.

(p) Submitter Contact Person Telephone Number The area code, telephone number, and if required, extension for the contact person at the organization submitting the data file.

(q) Filler A field of 183 spaces, to be left blank.

(2) Individual Data Records: All data elements and data element codes listed below shall be reported consistent with the records of the reporting entity. Data elements and codes are listed with a description of the data to be reported and data standards.

DATA ELEMENT	DESCRIPTION
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(a) AHCA Ambulatory Center ID Number – An 8-digit ambulatory center identification number assigned by for AHCA for reporting purposes. The number must match the ambulatory center number recorded on the CD-ROM or diskette external label and header record. A valid identification number must contain at least eight digits and no more than 10 digits. A required entry.

(b) Record Identification Number – An alpha-numeric code containing standard letters or numbers assigned by the facility at the time of reporting as a unique identifier for each record submitted in the reporting period for each reporting period, to facilitate storage and retrieval of individual case records. Up to seventeen twelve characters. A required entry. Duplicate record identification numbers are not permitted.

(c) Patient Social Security Number – The social security number (SSN) of the patient who received treatment/services. A nine 9 digit field to facilitate retrieval of individual case records, to be used to track multiple patient visits readmissions,

and for medical epidemiological research. Reporting 000000000 is acceptable for newborns and infants up to 2 years of age who do not have a SSN. For patients not from the United States, use 55555555 if a SSN is not assigned. For those patients where efforts to obtain the SSN have been unsuccessful or where one is unavailable, and the patient is 2 years of age or older and not known to be from a country other than the United States, use 77777777. A required entry.

(d) Patient Race or Ethnicity Racial Background – Self-designated by the patient or patient’s parent or guardian except code 8 indicating no response may be reported where efforts to obtain the information have been unsuccessful. A required entry. Must be a A one digit code as follows:

1. 1 – American Indian or Alaska Native American Indian/Eskimo/Aleut.

2. 2 – Asian or Pacific Islander.

3. 3 – Black or African American.

4. 4 – White.

5. 5 – White Hispanic.

6. 6 – Black Hispanic.

7. 7 – Other. Use 7—Other (Use if the patient’s self-designated race or ethnicity patient is not described by the above categories. eategories.)

8. 8 – No response. Use 8—No response (Use if the patient refuses or fails to disclose.)

(e) Patient Birth Date – The date of birth of the patient. A ten character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 1 to 12, DD represents numbered days of the month from 1 to 31, and YYYY represents the year in four digits MMDDYYYY An 8 digit field. Use 9999-99-99 where type of service is “2” and efforts to obtain the patient’s birth date have been unsuccessful. Age greater than 120 years is not permitted unless verified by the reporting entity. A birth date after the patient visit ending date is not permitted. A required entry.

(f) Patient Sex – The gender of the patient. A required entry. Must be a A one digit code as follows:

1. 1 – Male.

2. 2 – Female.

3. 3 – Unknown shall be reported where efforts to obtain the information have been unsuccessful or where the patient’s sex cannot be determined due to a medical condition. (Use if unknown due to medical condition.)

(g) Patient Zip Code – The five digit United States Postal Service ZIP Code of the patient’s permanent residence. Use 00009 for foreign residences. Use 00007 for homeless patients. Use 00000 where efforts to obtain the information have been unsuccessful. A required entry. A five digit zip code of the patient’s permanent address: XXXXX.

(h) Type of Service Code – A code designating the type of service, either ambulatory surgery or emergency department visit. A required entry. Must be a one digit code as follows:

1. 1 – Ambulatory surgery, as described in 59B-9.015(2)(a).

2. 2 – Emergency department visit, as described in 59B-9.015(2)(b).

(h) Patient Visit Date MMDDYYYY An 8 digit field.

(i) Principal Payer Code – Describes the primary source of expected reimbursement for services rendered. A required entry. Must be a A one character field using upper case as follows:

1. A – Medicare.

2. B – Medicare HMO.

3. C – Medicaid.

4. D – Medicaid HMO.

5. E – Commercial Insurance.

6. F – Commercial HMO.

7. G – Commercial PPO.

8. H – Workers’ Compensation.

9. I – CHAMPUS.

10. J – VA.

11. K – Other State/Local Government. Govt.

12. L – Self Pay. No third party coverage. Self Pay (No third party coverage).

13. M – Other.

14. N – Charity.

15. O – KidCare. Includes KidCare (Report Healthy Kids, MediKids and Children’s Medical Services. Required for ambulatory visits occurring on or after January 1, 2003.)

16. P – Unknown. Unknown shall be reported if principal payer information is not available and type of service is “2” and patient status is “07”.

(j) Principal Diagnosis Code – The code representing the diagnosis chiefly responsible for the services performed during the visit. Must contain a valid ICD-9-CM or ICD-10-CM diagnosis code if type of service is “1” indicating ambulatory surgery. Must contain a valid ICD-9-CM or ICD-10-CM diagnosis code if type of service is “2” indicating an emergency department visit unless patient status is “07” indicating that the patient left against medical advice or discontinued care. A blank field is permitted if type of service is “2” and patient status is “07” consistent with the records of the reporting entity. If not space filled, must contain a valid ICD-9-CM diagnosis code or valid ICD-10-CM diagnosis code for the reporting period. Inconsistency between the principal diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the principal diagnosis code and patient age must be verified by the reporting entity. A diagnosis code cannot be used more than once as a principal or other diagnosis for each visit reported. The ICD-9-CM codes(s). Enter the primary diagnosis related to the services provided. The code must be entered with a decimal point that is included in the valid code and without use of a zero or zeros

that are not included in the valid code. Left-justified, space filled, no decimal. Make certain that blank spaces are not interspersed between codes.

(k) through (n) Other Diagnosis Code (1), Other Diagnosis (2), Other Diagnosis (3), Other Diagnosis (4), Other Diagnosis (5), Other Diagnosis (6), Other Diagnosis (7), Other Diagnosis (8), Other Diagnosis (9) Codes – A code representing a diagnosis related to the services provided during the visit. If no principal diagnosis code is reported, an other diagnosis code must not be reported. No more than nine other diagnosis codes may be reported. Less than nine entries or no entry is permitted consistent with the records of the reporting entity. If not space filled, must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period. Inconsistency between the diagnosis code and patient sex must be verified by the reporting entity. Inconsistency between the diagnosis code and patient age must be verified by the reporting entity. A diagnosis code cannot be used more than once as a principal or other diagnosis for each visit reported. The ICD-9-CM codes(s). Enter all other diagnoses related to the services provided. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Left-justified, space filled, no decimal, includes E-codes. Make certain that blank spaces are not interspersed between codes.

(l)(+) Principal Primary CPT or HCPCS Procedure Code – A code representative of the services provided or procedures performed. Must contain a valid CPT code between 10000 and 69999, inclusive, or between 93500 and 93599, inclusive if type of service is “1” indicating ambulatory surgery. Must contain a valid HCPCS or CPT evaluation and management code if type of service is “2” indicating an emergency department visit and patient status is not “07.” Must contain a valid HCPCS or CPT evaluation and management code, or a blank field, consistent with the records of the reporting entity, if type of service is “2” indicating an emergency department visit and patient status is “07” indicating that the patient left against medical advice or discontinued care. If not space filled, must contain a valid CPT or HCPCS procedure code. Inconsistency between the principal procedure code and patient sex must be verified by the reporting entity. Inconsistency between the principal procedure code and patient age must be verified by the reporting entity. The code must be five digits and valid for the reporting period. The CPT codes(s). Enter the primary procedure codes for services provided. Enter five digits. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year’s code book to be accepted. This code is directly related to the primary diagnosis.

(p) Primary Procedure Modifier Code (Optional) The CPT modifier code. Enter primary procedure modifier.

(q) Primary Procedure Modifier Code (Optional) The CPT modifier code. Enter primary procedure modifier.

(m)(+) Other CPT or HCPCS Procedure Code (1), Other CPT or HCPCS Procedure Code (2), Other CPT or HCPCS Procedure Code (3), Other CPT or HCPCS Procedure Code (4), Other CPT or HCPCS Procedure Code (5), Other CPT or HCPCS Procedure Code (6), Other CPT or HCPCS Procedure Code (7) Other CPT or HCPCS Procedure Code (8), Other CPT or HCPCS Procedure Code (9) – A code representing a procedure or service provided during the visit. If no principal CPT or HCPCS procedure is reported, an other CPT or HCPCS procedure code must not be reported. No more than nine other CPT or HCPCS procedure codes may be reported. Less than nine entries or no entry is permitted consistent with the records of the reporting entity. If not space filled, must be a valid CPT or HCPCS code. Inconsistency between the procedure code and patient sex must be verified by the reporting entity. Inconsistency between the procedure code and patient age must be verified by the reporting entity. The code must be five digits and valid for the reporting period. The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year’s code book to be accepted.

(s) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (r) modifier.

(t) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (r) modifier.

(u) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year’s code book to be accepted.

(v) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (u) modifier.

(w) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (u) modifier.

(x) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year’s code book to be accepted.

(y) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (x) modifier.

(z) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (x) modifier.

~~(aa) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(bb) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (aa) modifier.~~

~~(cc) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (aa) modifier.~~

~~(dd) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(ee) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (dd) modifier.~~

~~(ff) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (dd) modifier.~~

~~(gg) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(hh) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (gg) modifier.~~

~~(ii) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (gg) modifier.~~

~~(jj) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(kk) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (jj) modifier.~~

~~(ll) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (jj) modifier.~~

~~(mm) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(nn) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (mm) modifier.~~

~~(oo) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (mm) modifier.~~

~~(pp) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(qq) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (pp) modifier.~~

~~(rr) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (pp) modifier.~~

~~(ss) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(tt) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (ss) modifier.~~

~~(uu) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (ss) modifier.~~

~~(vv) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(ww) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (vv) modifier.~~

~~(xx) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (vv) modifier.~~

~~(yy) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.~~

~~(zz) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (yy) modifier.~~

~~(aaa) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (yy) modifier.~~

~~(bbb) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed~~

between codes. CPT codes must be recent. Codes must be valid in the current or immediately preceding year's code book to be accepted.

(eee) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (bbb) modifier.

(ddd) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (bbb) modifier.

(eee) Other Procedure Code The CPT or HCPCS code. Enter all procedure codes for services provided. Enter five characters. Make certain that blank spaces are not interspersed between codes. CPT codes must be valid in the current or immediately preceding year's code book to be accepted.

(fff) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (eee) modifier.

(ggg) Other Procedure Modifier Code (Optional) The CPT modifier code. Enter other procedure (eee) modifier.

(n)(hhh) Attending Ordering Physician Identification Number ID # – The Florida license number of the attending physician as defined in subsection 59B-9.013(7), F.A.C. Report the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor or advanced registered nurse practitioner who had primary responsibility for the patient's care during the visit. Enter the Florida license number of the attending physician, beginning with "FL". An eleven character alpha-numeric field of up to eleven characters (e.g., FLME1234567). If out-of-state physician, fill with the physician's state two letter abbreviation and 9's (e.g., NY999999999 for a physician from New York). For non-U.S. physicians (a physician licensed and practicing in another country and not licensed in the U.S.), fill with "XX" and 9's (e.g., XX999999999). For military physicians not licensed in Florida, use US. fill with "US" and 9's (e.g., US999999999). Use NA if the patient was not treated by a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner. A required entry.

(iii) Blank Field A six character alpha numeric field to be left blank.

(o)(jjj) Operating or Performing Physician Identification Number ID # – The Florida license number of the operating or performing physician as defined in subsection 59B-9.013(8), F.A.C. Report the medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner performed. The operating or performing physician may be the person reported in (n) above. Enter the Florida license number of the operating or performing physician, beginning with "FL". An eleven character alpha-numeric field of up to eleven characters (e.g., FLME1234567). For military physicians not licensed in Florida, use US. A blank or no entry is permitted consistent with the records of the reporting entity.

(p) Other Physician Identification Number – The Florida license number of an other physician as defined in subsection 59B-9.013(9), F.A.C. Report a medical doctor, osteopathic physician, dentist, podiatrist, chiropractor, or advanced registered nurse practitioner who rendered care to the patient other than the person reported in (n) or (o) above. An alpha-numeric field of up to eleven characters. For military physicians not licensed in Florida, use US. A blank or no entry is permitted consistent with the records of the reporting entity.

(kkk) Blank Field A six character alpha numeric field to be left blank.

(q)(lll) Pharmacy Charges – Charges for medication, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no pharmacy charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry. Enter up to 6 digits to reflect total pharmacy charges.

(r) Medical and Surgical Supply Charges – Charges for supply items required for patient care, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no medical and surgical supply charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(mmm) Med./Surgical Supp. Charges Enter up to 6 digits to reflect total medical and surgical supply charges.

(nnn) Radiation Oncology Charges Enter up to 6 digits to reflect total oncology charges.

(s)(ooo) Laboratory Charges – Charges for the performance of diagnostic and routine clinical laboratory tests, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no laboratory charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry. Enter up to 6 digits to reflect total laboratory charges.

(t) Radiology and Other Imaging Charges – Charges for the performance of diagnostic and therapeutic radiology services including computed tomography, mammography, magnetic resonance imaging, nuclear medicine, and chemotherapy administration of radioactive substances, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no radiology or computed tomography charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

(ppp) CT Scan Charges Enter up to 6 digits to reflect total computerized axial tomography (CAT) scan charges.

(u) Cardiology Charges – Facility charges for cardiac procedures rendered such as heart catheterization, reported in dollars numerically without dollar signs or commas, excluding

cents. Report 0 (zero) if there are no cardiology charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

~~(v)(qqq)~~ Operating Room Charges – Charges for the use of the operating room, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no operating room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry. Enter up to 6 digits to reflect total operating room charges.

~~(w)(rrr)~~ Anesthesia Charges – Charges for anesthesia services by the facility, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no anesthesia charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry. Enter up to 6 digits to reflect total anesthesia charges.

~~(x)~~ Recovery Room Charges – Charges for the use of the recovery room, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no recovery room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

~~(sss)~~ MRI Charges – Enter up to 6 digits to reflect total magnetic resonance imaging (MRI) charges.

~~(y)~~ Emergency Room Charges – Charges for medical examinations and emergency treatment, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no emergency room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry.

~~(ttt)~~ Recovery Room Charges – Enter up to 6 digits to reflect total recovery room charges.

~~(z)(uuu)~~ Treatment or Observation Room Charges – Charges for use of a treatment room or for the room charge associated with observation services, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no treatment or observation room charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry. Enter up to 6 digits to reflect total treatment or observation room charges.

~~(aa)(vvv)~~ Other Charges – Other facility charges not included in (q) to (z) above, reported in dollars numerically without dollar signs or commas, excluding cents. Report 0 (zero) if there are no other charges. Negative amounts are not permitted unless verified separately by the reporting entity. A required entry. Enter up to 6 digits to reflect any other charges that do not fall into any of the categories above.

~~(bb)(www)~~ Total Gross Charges – The total of undiscounted A required field. Enter up to 8 digits. Total billed charges to the patient for services rendered for the visit by the reporting entity, reported in dollars numerically without dollar signs or commas, excluding cents. Include charges for services rendered by the ambulatory center excluding professional fees. Zero (0) or negative amounts are not permitted unless verified separately by the reporting entity. Amounts exceeding 50000 must be verified separately by the reporting entity if type of service is “1” indicating ambulatory surgery. Amounts exceeding 100000 must be verified separately by the reporting entity if type of service is “2” indicating an emergency department visit. The sum of pharmacy charges, medical and surgical supply charges, laboratory charges, radiology and other imaging charges, cardiology charges, operating room charges, anesthesia charges, recovery room charges, emergency room charges, treatment or observation room charges, and other charges must equal total charges, plus or minus 10. A required entry. Include charges for the standard package of surgical procedure services as defined by CPT and charges for all other technical services and professional radiological services if facility bills globally, provided for this encounter. Round to the nearest dollar. No negative numbers.

~~(cc)~~ Patient Visit Beginning Date – The date at the beginning of the patient’s visit for ambulatory surgery or the date at the time of registration in the emergency department. A ten character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 1 to 12, DD represents numbered days of the month from 1 to 31, and YYYY represents the year in four digits. Patient visit beginning date must equal or precede the patient visit ending date. A required entry.

~~(dd)~~ Patient Visit Ending Date – The date at the end of the patient’s visit. A ten character field in the format YYYY-MM-DD where MM represents the numbered months of the year from 1 to 12, DD represents numbered days of the month from 1 to 31, and YYYY represents the year in four digits. Patient visit ending date must equal or follow the patient visit beginning date. Patient visit ending date must occur within the calendar quarter recorded on the CD-ROM or diskette external label and header record. A visit exceeding 2 days as determined by the patient visit beginning date and patient visit ending date must be verified by the reporting entity. A blank field is not permitted unless type of service is “2” indicating an emergency department visit and patient status is “07” indicating the patient left against medical advice or discontinued care.

~~(ee)~~ Hour of Arrival – The hour on a 24-hour clock during which the patient’s visit for ambulatory surgery began or during which registration in the emergency department occurred. A required entry. Use 99 where efforts to obtain the information have been unsuccessful. Must be two digits as follows:

1. 00 – 12:00 midnight to 12:59
2. 01 – 01:00 to 01:59
3. 02 – 02:00 to 02:59
4. 03 – 03:00 to 03:59
5. 04 – 04:00 to 04:59
6. 05 – 05:00 to 05:59
7. 06 – 06:00 to 06:59
8. 07 – 07:00 to 07:59
9. 08 – 08:00 to 08:59
10. 09 – 09:00 to 09:59
11. 10 – 10:00 to 10:59
12. 11 – 11:00 to 11:59
13. 12 – 12:00 noon to 12:59
14. 13 – 01:00 to 01:59
15. 14 – 02:00 to 02:59
16. 15 – 03:00 to 03:59
17. 16 – 04:00 to 04:59
18. 17 – 05:00 to 05:59
19. 18 – 06:00 to 06:59
20. 19 – 07:00 to 07:59
21. 20 – 08:00 to 08:59
22. 21 – 09:00 to 09:59
23. 22 – 10:00 to 10:59
24. 23 – 11:00 to 11:59
25. 99 – Unknown.

(ff) Patient's Reason for Visit ICD-CM Code (Admitting Diagnosis) – The code representing the patient's chief complaint or stated reason for seeking care. Must contain a valid ICD-9-CM code or valid ICD-10-CM code for the reporting period if type of service is "2" indicating an emergency department visit unless the patient fails to disclose or the information is unavailable. A blank field is permitted if the patient fails to disclose or efforts to obtain the information have been unsuccessful consistent with the records of the reporting entity. If not space filled, must contain a valid ICD-9-CM or ICD-10-CM diagnosis code. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. Space fill if type of service is "1" indicating ambulatory surgery.

(xxx) Radiology Professional Fees Indicator – A required field. A one digit code. 1 = Yes. 2 = No. "Yes" means total charges reported in the data field (www) include professional fees for radiology. "No" means total charges in data field (www) do not include professional fees for radiology services.

(yyy) Blank Field – A two character alpha-numeric field to be left blank.

(gg)(zzz) Principal ICD-CM Procedure Code (Optional) – The code representing the procedure or service most related to the principal diagnosis. A blank field is permitted if type of service is "1" indicating ambulatory surgery. A blank or no

entry is permitted consistent with the records of the reporting entity if type of service is "2" indicating an emergency department visit. If not space filled, must contain a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. Inconsistency between the principal procedure code and patient sex must be verified by the reporting entity. Inconsistency between the principal procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code. The ICD-9-CM code. Enter the principal procedure code related to the primary procedure. Left justified, space filled, no decimal.

(hh) Other ICD-CM Procedure Code (1), Other ICD-CM Procedure Code (2), Other ICD-CM Procedure Code (3), Other ICD-CM Procedure Code (4) – A code representing a procedure or service provided during the visit. If no principal ICD-CM procedure is reported, an other ICD-CM procedure code must not be reported. No more than four other ICD-CM procedure codes may be reported. A blank or no entry is permitted if type of service is "1." Less than four or no entry is permitted if type of service is "2" consistent with the records of the reporting entity. If not space filled, must be a valid ICD-9-CM or ICD-10-CM procedure code for the reporting period. Inconsistency between the procedure code and patient sex must be verified by the reporting entity. Inconsistency between the procedure code and patient age must be verified by the reporting entity. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(ii) External Cause of Injury Code (1), External Cause of Injury Code (2), and External Cause of Injury Code (3) – A code representing circumstances or conditions as the cause of the injury, poisoning, or other adverse effects recorded as a diagnosis. No more than three external cause of injury codes may be reported. Less than three or no entry is permitted consistent with the records of the reporting entity. If not space filled, must be a valid ICD-9-CM or ICD-10-CM cause of injury code for the reporting period. An external cause of injury code cannot be used more than once for each visit reported. The code must be entered with use of a decimal point that is included in the valid code and without use of a zero or zeros that are not included in the valid code.

(jj)(aaaa) Patient Status – Patient disposition at end of visit. A required entry. Must be a Required for ambulatory visits occurring on or after January 1, 2003. A two digit code indicating patient disposition as follows:

1. 01 – Discharged to home or self care (with or without planned outpatient medical care). 01 Home
2. 02 – Transferred to a short-term general hospital.
3. 03 – Transferred to a skilled nursing facility.
4. 04 – Transferred to an intermediate care facility. Other

- 5. 05 – Transferred to another type of institution (psychiatric, cancer or children’s hospital or distinct part unit).
- 6. 06 – Discharged to home under care of home health care organization.
- 7. 07 – Left against medical advice or discontinued care.
- 8. 08 – Discharged to home under care of home IV provider.
- 9. 20 – Expired.
- 10. 50 – Discharged to hospice – home.
- 11. 51 – Transferred to hospice – medical facility.
- 12. 62 – Transferred to an inpatient rehabilitation facility including distinct part units of a hospital.

~~(bbbb) Data Type Enter “AS10” for ambulatory patient data.~~

~~(eeee) Filler A blank field of 66 spaces.~~

~~(3) Trailer Record: The last record in the data file shall be a trailer record and must accompany each data set. If diskettes are submitted, the trailer record must be placed as the last record on the last diskette of the data set. One data element, number of records, must be entered in the trailer record. Report the total number of patient data records contained in the file, excluding header and trailer records. The number entered must equal the number of records processed.~~

~~This record must follow any documentation submitted for ambulatory patient data records. This record is entered into the file once. All fields are required unless otherwise specified.~~

DATA ELEMENT DESCRIPTION

- ~~(a) Transaction Code “T” for the trailer record.~~
- ~~(b) AHCA Number A 10 digit identification number assigned by AHCA for reporting purposes. A numeric field, right justify.~~
- ~~(c) Florida License Number Zero fill for the trailer record only.~~
- ~~(d) Provider Medicaid Number A 10 digit number provided for Medicaid providers. If not a Medicaid provider, zero fill.~~
- ~~(e) Provider Medicare Number A 10 digit number provided for Medicare providers. If not a Medicare provider, zero fill.~~
- ~~(f) Provider Mailing Address The address of the health care entity providing the patient data records.~~
- ~~(g) Provider Mailing Address City The city of the address of the health care entity providing the patient data records.~~
- ~~(h) Provider Mailing Address State The mailing address of the health care entity providing the patient data records.~~
- ~~(i) Provider Mailing Address Zip Code The zip code of the health care entity providing the patient data records.~~
- ~~(j) Submitter Mailing Address The address of the organization that is submitting the data file.~~
- ~~(k) Submitter Mailing Address City The city of the organization that is submitting the data file.~~

~~(l) Submitter Mailing Address State The state of the organization submitting the data file.~~

~~(m) Submitter Mailing Address Zip Code The zip code of the organization submitting the data file.~~

~~(n) Number of Records The total number of patient data records contained in the file, excluding header and trailer records. Must equal the number of records processed.~~

~~(o) Filler A blank field of 206 spaces.~~

~~(4) The effective date of all data reporting changes in Rule 59B-9.018, F.A.C., as amended after 12-28-98, shall be for discharges occurring on or after January 1, 2002 unless a later date is indicated in Rule 59B-9.018, F.A.C.~~

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.018, Amended 6-29-95, 12-28-98, 7-11-01, 2-25-02, _____.

59B-9.019 Ambulatory Patient Data Format – Record Layout.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.019, Amended 6-29-95, 12-28-98, 7-11-01, 2-25-02, Repealed _____.

59B-9.020 Data Standards.

Specific Authority 408.15(8) FS. Law Implemented 408.061, 408.062, 408.063 FS. History—New 9-6-93, Formerly 59B-7.020, Amended 6-29-95, 12-28-98, 7-11-01, 2-25-02, Repealed _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:

Beth C. Dye, Bureau Chief, State Center for Health Statistics

NAME OF SUPERVISOR OR PERSON WHO APPROVED THE PROPOSED RULE:

Rhonda M. Medows, MD, Secretary, Agency for Health Care Administration

DATE PROPOSED RULE APPROVED BY AGENCY HEAD:

January 16, 2004

DATE NOTICE OF PROPOSED RULE DEVELOPMENT PUBLISHED IN FAW:

April 11, 2003 and July 11, 2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Pursuant to Chapter 2003-145, Laws of Florida, all notices for the Department of Environmental Protection are published on the Internet at the Department of Environmental Protection’s home page at <http://www.dep.state.fl.us/> under the link or button titled “Official Notices.”

DEPARTMENT OF JUVENILE JUSTICE

Division of Administration

RULE TITLES:	RULE NOS.:
Scope	63F-8.001
Definitions	63F-8.002
Development of New and Revised Policies	63F-8.003

PURPOSE AND EFFECT: The proposed rule implements new provisions in Section 985.407, Florida Statutes, governing the adoption of policy changes that impact contracted delinquency services and programs.

SUMMARY: The proposed rule establishes the procedure by which the Department adopts policies impacting the operation of contracted delinquency services or programs. The procedure includes the giving of notice of a proposed policy, assessing its fiscal impact, accepting public comments on the proposal, and responding to those comments.

SUMMARY OF STATEMENT OF ESTIMATED REGULATORY COSTS: No statement of estimated regulatory costs has been prepared.

Any person who wishes to provide information regarding the statement of estimated regulatory costs, or to provide a proposal for a lower cost regulatory alternative, must do so in writing within 21 days of this notice.

SPECIFIC AUTHORITY: 20.316, 985.405, 985.407 FS.

LAW IMPLEMENTED: 985.407 FS.

IF REQUESTED WITHIN 21 DAYS OF THE DATE OF THIS NOTICE, A HEARING WILL BE HELD AT THE TIME, DATE, AND PLACE SHOWN BELOW (IF NOT REQUESTED, THIS HEARING WILL NOT BE HELD):

TIME AND DATE: 9:00 a.m., February 26, 2004

PLACE: DJJ Headquarters, Knight Building, Probation Conference Room 108, 2737 Centerview Drive, Tallahassee, Florida

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULES IS: Clyde Benedix, Policy Development Officer, Department of Juvenile Justice, Office of Administration, 2737 Centerview Drive, Ste. 104, Tallahassee, FL 32399-3100, (850)921-3048

THE FULL TEXT OF THE PROPOSED RULES IS:

63F-8.001 Scope.

This rule establishes the process for public comment on a Department of Juvenile Justice policy pertaining to the operation of a contracted delinquency service or program.

Specific Authority 20.316, 985.405, 985.407 FS. Law Implemented 985.407 FS. History–New _____.

63F-8.002 Definitions.

(1) Policy – For purposes of this rule, a “policy” is an operational requirement that applies to only the specified contracted delinquency service or program and that encompasses the general goals and acceptable procedures of the Department. Excluded from this rule are any policies which:

(a) Are issued as a result of a statutory mandate or an emergency and require implementation in a shorter time period than is described in this rule; or

(b) Apply only to grants administered by or through the Department.

(2) Contracted Delinquency Service or Program – A service or program for supervision, custody, education or treatment of delinquent youth operated under contract with the Department.

(3) Fiscal Impact Statement – Identifies the fiscal impact of the policy on the Department and contracted delinquency service or program providers. A Fiscal Impact Statement (Rule Fiscal Impact Statement) will be prepared for each policy by the Department. The Rule Fiscal Impact Statement is incorporated by reference herein and is available from the Policy Development Officer in the Department’s Office of Administration in Tallahassee.

Specific Authority 20.316, 985.405, 985.407 FS. Law Implemented 985.407 FS. History–New _____.

63F-8.003 Development of New and Revised Policies.

The Department shall:

(1) Post the proposed policy, the draft Fiscal Impact Statement, and identifying information of the Department’s contact person on the Department’s website (<http://www.djj.state.fl.us/reference/policiesandprocedures/policyreview.html>).

(2) Provide notice in the Florida Administrative Weekly advising the public that a proposed policy has been posted, that briefly describes the proposed policy and identifies the Department’s website. The advertisement of this notice is the beginning of the first public comment period of 20 working days.

(3) Prepare a written response to public comments submitted to the contact person within the first comment period. All comments received in this period and the Department’s written responses will be posted on the Department’s website.

(4) Analyze comments received during the first comment period and prepare a second draft of the proposed policy and Fiscal Impact Statement.

(5) Post the revised proposed policy, the Fiscal Impact Statement, and identifying information of the Department’s contact person on the Department’s website.

(6) Provide notice in the Florida Administrative Weekly advising the public that a revised proposed policy has been posted, that briefly describes the revised proposed policy and identifies the Department’s website. The advertisement of this notice is the beginning of the second comment period of 20 working days.

(7) Prepare a written response to all public comments submitted to the contact person within the second review period. All comments received in this period and the Department’s written responses will be posted on the Department’s website.

(8) Analyze comments received during the second comment period and prepare a third draft of the proposed policy and Fiscal Impact Statement.

(9) Post the policy on the Department’s website upon approval by the Secretary of the Department.

Specific Authority 20.316, 985.405, 985.407 FS. Law Implemented 985.407 FS. History–New _____.

NAME OF PERSON ORIGINATING PROPOSED RULE:
 Clyde Benedix, Policy Development Officer, Office of
 Administration, Department of Juvenile Justice
 NAME OF SUPERVISOR OR PERSON WHO APPROVED
 THE PROPOSED RULE: Noah M. Powers, Assistant
 Secretary for Administration, Department of Juvenile Justice
 DATE PROPOSED RULE APPROVED BY AGENCY
 HEAD: October 29, 2003
 DATE NOTICE OF PROPOSED RULE DEVELOPMENT
 PUBLISHED IN FAW: November 7, 2003

DEPARTMENT OF HEALTH

Child Care Food Program

RULE TITLE: Federal Regulations
 PURPOSE, EFFECT AND SUMMARY: The Department
 proposes to revise the effective date of the Code of Federal
 Regulations citation.

RULE NO.: 64F-17.001

SPECIFIC AUTHORITY: 383.011(2) FS.
 LAW IMPLEMENTED: 383.011(1)(i) FS.
 THIS RULEMAKING IS UNDERTAKEN PURSUANT TO
 SECTION 120.54(6), F.S. WRITTEN COMMENTS MAY BE
 SUBMITTED WITHIN 14 DAYS OF THE DATE OF THIS
 NOTICE TO: JULIA P. FORRESTER, ASSISTANT
 GENERAL COUNSEL, 4052 BALD CYPRESS WAY, BIN
 #A02, TALLAHASSEE, FLORIDA 32399-1703.

SUBSTANTIALLY AFFECTED PERSONS MAY, WITHIN
 14 DAYS OF THE DATE OF THIS NOTICE, FILE AN
 OBJECTION TO THIS RULEMAKING WITH THE
 AGENCY. THE OBJECTION SHALL SPECIFY THE
 PORTIONS OF THE PROPOSED RULE TO WHICH THE
 PERSON OBJECTS AND THE SPECIFIC REASONS FOR
 THE OBJECTION.

THE FULL TEXT OF THE PROPOSED RULE IS:

64F-17.001 Federal Regulations.

Any party receiving program funds, either directly or
 indirectly, shall comply with 7 C.F.R. Part 226, effective
 January 1, 2003 and 7 C.F.R. Parts 3015 and 3016, effective
 August 14, 2000, 7CFR Part 226 which is dated January 1,
 1998 and which are is hereby incorporated by reference and are
 is available from the Department of Health. Copies A copy
 may be obtained by writing the Florida Department of Health,
 Bureau of Child Care Nutrition Services, 4052 Bald Cypress
 Way 2020 Capital Circle, Southeast, Bin #A-17, Tallahassee,
 Florida 32399-1727.

Specific Authority 383.011(2) FS. Law Implemented 383.011(1)(i) FS.
 History--New 7-22-99, Amended _____.

Section III
Notices of Changes, Corrections and
Withdrawals

DEPARTMENT OF REVENUE

Corporate, Estate and Intangible Tax

RULE TITLES:	RULE NOS.:
12C-1.0187	Credits for Contributions to Nonprofit Scholarship Funding Organizations
12C-1.051	Forms

NOTICE OF CHANGE

Notice is hereby given that the following changes have been
 made to the proposed creation of Rule 12C-1.0187, F.A.C., and
 to the proposed amendments to Rule 12C-1.051, F.A.C., as
 published in the November 26, 2003 edition of the Florida
 Administrative Weekly (Vol. 29, No. 48, pp. 4710-4712).
 These changes are in accordance with Section 120.54(3)(d)1.,
 F.S., and are in response to oral comments received by the
 Department from the Joint Administrative Procedures
 Committee.

Subsection (1) of the proposed creation of Rule 12C-1.0187,
 F.A.C. (Credits for Contributions to Nonprofit Scholarship
 Funding Organizations), has been changed so that, when
 adopted, that subsection will read:

(1) An Application for Corporate Income Tax Credit for
 Contributions to Nonprofit Scholarship Funding Organizations
 (SFOs) (Form F-1160, incorporated by reference in Rule
 12C-1.051, F.A.C.) must be filed with the Department to
 receive such credit.

(a) Taxpayers that paid \$30,000 or more in corporate
 income tax in the state fiscal year prior to application must
 apply online via the Department's Internet site at
 www.myflorida.com/dor. When the application for credit has
 been completed and submitted electronically, a confirmation
 screen will provide a confirmation number and will confirm
 receipt of the electronic application for credit.

(b) Taxpayers that paid less than \$30,000 in corporate
 income tax in the state fiscal year prior to application are
 encouraged to apply online via the Department's Internet site
 at www.myflorida.com/dor. However, a taxpayer that paid less
 than \$30,000 in corporate income tax in the state fiscal year
 prior to application may apply for an allocation of credit by
 mailing a paper version of Form F-1160 to: Florida
 Department of Revenue, Revenue Accounting – CIT SFO
 Credit, 5050 W. Tennessee Street, Building I, Tallahassee, FL
 32399-0100.

(c) The Department will send written correspondence to
 each applicant within ten working days of receipt of
 application (Form F-1160) regarding the amount of the tax
 credit approved or the reason the credit could not be approved.