

The Georgia Workers' Compensation Medical Fee Schedule: Summary of Requirements for Medical Providers, Claimants and Employer/Insurers

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The Georgia Workers' Compensation Medical Fee Schedule is updated annually and published every April. It establishes the maximum allowable reimbursement to medical providers for office visits, procedures and a variety of other medical items and services. It also governs how information is communicated between the medical provider and employer/insurer and the cost associated with that communication.

1. Authorized versus Unauthorized Medical Treatment

- The medical provider cannot bill the claimant for authorized treatment. However, the employer has an obligation to notify the provider that his/her treatment falls under workers' compensation.
- The Georgia Fee Schedule does not cover injuries that are treated by a Georgia medical provider but where the claim falls under jurisdiction of another state. The fee schedule of the other state should be applicable.

2. Preauthorization or Precertification is not Required

- The authorized treating physician (ATP) can request preauthorization /precertification for medical treatment or testing following the procedures in Board Rule 205. Recent case law reflects that this may not be an effective means for a physician to pursue.

3. Prescriptions

- Prescriptions must be the generic unless "Brand Necessary" is written in the doctor's handwriting.
- Reimbursement for prescription drugs will be the average wholesale price (AWP) plus a dispensing fee.

4. Interpretation/Translation

- Medical providers can bill an additional 25% if an interpreter is required. The E/M code should be billed with the -TR modifier and the note should reference the interpreter. The additional 25% does not apply to IMEs.

5. Independent Medical Exams (IMEs)

- When used by the employer/insurer, ten days written notice must be given to the claimant, including advanced payment for travel. The claimant is allowed to have his/her own doctor at the IME.
- The claimant has the right to one IME paid by the employer/insurer, but it must be within 120 days of the last receipt of income benefits. The employer/insurer must be notified in writing in advance and the appointment must be within Georgia or within 50 miles of the claimant's residence. The IME physician cannot repeat any diagnostic tests unless the cost is over \$250.00 and will be paid by a party other than the employer/insurer.
- The fee schedule for an IME is \$600.00 for the first hour and then \$150.00 for each additional 15 minutes; however, the examining physician may require pre-payment for up to the first two hours (\$1,200.00). The charge includes reviewing records prior to the exam, the actual physical exam, and the IME report. If it is the employer/insurer's IME, there are other considerations which may be taken into account regarding costs and some providers re-quire prepayment exceeding \$1,200.00.



- The fee schedule reimbursement for a no-show to an IME is \$150.00.

6. **Permanent Partial Disability (PPD) also known as Permanent Partial Impairment (PPI)**

- The Fifth Edition of the AMA Guides must be used even though there is a Sixth Edition currently in publication.
- The impairment rating should be issued after the maximum medical improvement is reached and the condition is "stationary."
- The ATP should indicate the impairment rating on either form WC-20(a) or CMS-1500.

7. **Payment of Bills**

- Payment is required within 30 days. If the charge has been reduced or disallowed, an explanation of why the charges has been reduced or disallowed should be provided within 30 days.
- Penalties for late payment (beyond 30 days) are governed by O.C.G.A. § 34-9-203 and the amount of the penalty increases based on the length of delay.
- Request for payment should be submitted on forms WC-20(a), CMS-1500 (for physician charges) or UB-04 (for facility charges).
- Medical records should be attached to the bill and should be legible.
- As of 2011, medical providers can charge a minimum fee of \$30.00 plus the cost of postage for medical records. This fee covers up to 150 copied pages. If the number of pages exceeds 150, then the medical provider can charge \$.20 per page for each page. These fees are inclusive of any research/retrieval. X-rays copy charges can be billed at \$9.50 per copy.
- If a medical provider uses a third-party to produce the medical records to the employer/insurer, the medical provider must ensure that the third-party follows the payment requirements.
- The medical provider cannot charge for a missed appointment except for an IME.

8. **Deposition Testimony**

- A physician must be given at least two weeks' notice.
- The physician must charge for only actual time spent reviewing medical records and actual time spent testifying.
- The fee schedule for a deposition is the same as for an IME or \$600.00 for the first hour and \$150.00 for every 15 minutes thereafter.

9. **Special Reports**

- The fee schedule identifies "special reports" which are written reports beyond what is in the standard reporting forms. The maximum fee for such report is \$60.00.



