STATE BOARD OF WORKERS' COMPENSATION

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The following amendment is made to The Georgia Workers' Compensation Medical Fee Schedule of May 1, 2014, adopted by the State Board of Workers' Compensation and shall be effective immediately.

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Section X: General Medicine Services

Subsection B: Payment Modifiers for General Medicine Services
(Red indicates changes.)

50 Bilateral Procedure: Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate five-digit code.

Georgia Specific Guideline: Unless otherwise indicated, the total reimbursement for a bilateral procedure is 150 percent of the fee schedule maximum allowable for the CPT code or the practitioner's usual and customary charge, whichever is less, for the unilateral surgery.

The remainder of this section is unchanged as published in the May 1, 2014 fee schedule.

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Section XV: Outpatient Services – Hospital/ASC

Subsection A: Payment Ground Rules for Outpatient Services – Hospital/ASC
(Red indicates changes.)

Clinical Diagnostic Laboratory Testing
When clinical diagnostic laboratory tests are performed in an outpatient hospital setting, and the patient does not receive other hospital outpatient services by the same provider on the same date of service, the clinical diagnostic laboratory tests shall be reimbursed under the Physician Schedule's PROF MAR column found in Section IX, Pathology and Laboratory. Under these specific conditions, laboratory services which are assigned a status indicator (SI) of N warrant separate reimbursement. Bills for these services shall be submitted on the UB 04, under bill type 14X or 13X.

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Section XV: Outpatient Services – Hospital/ASC

Subsection B: Status Indicators (SI) and Payment Indicators (PI)
(Red indicates changes.)

Status Indicator (SI) Q3 – Codes That May Be Paid Through a Composite APC
Paid under OPPS; Addendum B displays APC assignments when services are separately payable.

Addendum M displays composite APC assignments when codes are paid through a composite APC.

(1) Composite APC payment based on OPPS composite-specific payment criteria. Payment is packaged into a single payment for specific combinations of services.

(2) In other circumstances, payment is made through a separate APC payment of packaged into payment for other services.

Georgia Specific Guideline: ~~*Applicable as above*~~*.* *Composite APC payment, as noted in (1) and (2), shall not be packaged into a single payment for specific combinations of services as outlined above. Payment shall be made at the lesser of billed charges or the "OP MAR" listed in the fee schedule. See Sections V, VII, VIII, X and XV "OP MAR" of the* Georgia Workers' Compensation Medical Fee Schedule.

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Section XV: Outpatient Services – Hospital/ASC

Subsection C: Payment Modifiers for Outpatient Services – Hospital/ASC
(Red indicates changes.)

50 **Bilateral Procedure:** Unless otherwise identified in the listings, bilateral procedures that are performed at the same session should be identified by adding modifier 50 to the appropriate 5-digit code. Multiple procedure discounts shall apply with status indicator T codes.

Section VII: Surgical Services
Section VIII: Diagnostic and Therapeutic Radiological Services
Section IX: Pathology and Laboratory Services
Section X: General Medicine
(Red indicates changes.)

The "OP MAR" reimbursement column in these sections reflects the facility reimbursement only and NOT the professional reimbursement, which is billed with a modifier 26. Therefore, the professional component (modifier 26) is also reimbursable when billed on a CMS 1500 or electronic equivalent and shall be reimbursed at the lesser of billed charges or the maximum allowable rate found under the "PROF MAR" column.