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## STATE BOARD OF WORKERS' COMPENSATION

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**The following amendment is made to The Georgia Workers' Compensation Medical Fee Schedule of April 1, 2012, adopted by the State Board of Workers' Compensation and shall become effective immediately.**

### **Section XII: Surgical Services - Page 64**

CPT codes 22523, 22524 and 22525:

Maximum allowable reimbursements (MAR) listed within the physician portion of the fee schedule for the three listed codes are based on non-facility calculations. When CPT codes 22523, 22524 or 22525 are performed by a physician in a facility setting (such as ambulatory surgery center, outpatient hospital), reimbursement under the Physician Fee Schedule shall be as follows:

<u>CPT Code</u>	<u>Description</u>	<u>MAR (facility)</u>
22523	Percutaneous Vertebral Augmentation, Thoracic	\$1,824.91
22524	Percutaneous Vertebral Augmentation, Lumbar	1,733.61
22525	Percutaneous Vertebral Augmentation, EA ADDL Thoracic/Lumbar	831.48

### **Section XV: Outpatient Surgery Payment Schedule**

ICD-9-CM Procedure Code 80.25, Arthroscopy of the Hip, is added to the April 1, 2012 Georgia Workers' Compensation Medical Fee Schedule, with a maximum allowable rate (MAR) of \$7,018.75.