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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, 2009, adopted by the State Board of Workers' Compensation and will become effective immediately.

### Page 12

**Section IV: General Reimbursement Requirements** 

#### Physical Medicine Maximum per Visit and/or Day:

No more than four charges will be reimbursed per visit/day regardless of medical necessity. No more than two of the charges can be modality codes (CPT codes 97010-97039). Each unit (15 minutes) reported counts as one charge. Exemptions to this rule are as follows:

- 1. An injured worker has been diagnosed with a catastrophic injury, O.C.G.A. §34-9-200.1(g).
- 2. CPT codes 97545 and 97546 report work hardening/work conditioning. CPT code 97545 reports the first two hours and CPT code 97546 reports each additional hour. The total dollar amount reimbursed for work hardening/work conditioning reported with these two CPT codes shall not exceed \$279.94 per visit/day.
- 3. State-specific code FCE01 must be used for billing functional capacity evaluations. The maximum allowable rate of reimbursement is \$38.78 per each 15 minutes (not to exceed \$600.00).

(The remainder of the language under this section stays unchanged.)

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**Section XI: Physical Medicine Services** 

# **Multiple Concurrent Physical Medicine Procedures and Modalities:**

"Multiple concurrent physical medicine procedures are subject to the following rules and limitations.

- No more than four physical medicine procedures, modalities or time units will be reimbursed in one visit by each type of medical provider. No more than two of the four CPT code charges can be modality codes (CPT codes 97010-97039). The only exceptions to this are:
  - 1) If injured employee is diagnosed as "catastrophic."
  - 2) CPT codes 97545 and 97546 (see page 12, Physical Medicine Maximum Per Visit and/or Day for more details).
  - 3) State specific code FCE01 must be used for billing functional capacity evaluation. The maximum allowable rate of reimbursement is \$38.78 per each 15 minutes (not to exceed \$600.00 per FCE).

(The remainder of the language under this section stays unchanged.)