

State of Georgia

**THE WORKERS' COMPENSATION
REHABILITATION SUPPLIER'S FEE
SCHEDULE FOR SERVICES RENDERED
UNDER THE GEORGIA
WORKERS' COMPENSATION ACT**

Effective October 1, 2000

Amended January 1, 2008

**ADOPTED BY:
Georgia State Board of Workers' Compensation
270 Peachtree Street, N.W.
Atlanta, Georgia 30303-1299**

FOREWORD

The Workers' Compensation Rehabilitation Supplier's Fee Schedule for Services Rendered Under the Georgia Workers' Compensation Act (the "fee schedule") is updated and published by the Georgia State Board of Workers' Compensation in accordance with O.C.G.A. § 34-9-205. The fee schedule provides a comprehensive guide as to what constitutes usual, customary and reasonable charges for rehabilitation care and services. When medically necessary, fees in excess of the fee schedule for certain services may be permitted, but must be justified in writing. When possible, an agreement should be reached between the parties before proceeding with such services.

(1) All billings for rehabilitation services provided are to be billed in tenths of an hour [.1 = 6 minutes] and submitted under the standardized billing format. To indicate medical rehabilitation or vocational rehabilitation, add the letter 'M' for medical services and the letter 'V' for vocational services preceding the procedure code.

(2) Rehabilitation supplier services and charges shall be limited to what is usual, customary and reasonable. In non-catastrophic claims, suppliers shall conform charges to the rehabilitation fee schedule adopted by the Board and the charges listed in the rehabilitation fee schedule shall be presumed usual, customary and reasonable. Employers, insurers or third party administrators may automatically conform the listed charges to the fee schedule but may not unilaterally change a billing description to conform to a listed charge. Catastrophic claims as defined in O.C.G.A. § 34-9-200.1(G) are exempt from the fee schedule except for the hourly rate. When a party misses scheduled appointments without proper notification, rehabilitation charges will be billed at half of the regular fee. Non-billable costs include postage (excluding certified and overnight mail), clerical services, in-house waiting time, attempted telephone contacts, and in-house staffing.

(3) Employers, insurers and third party administrators shall pay all reasonable charges within 30 days of receipt of the charges and supportive documentation. An employer, insurer, or third party administrator who believe there are any charges not listed in the fee schedule, or any service being disputed, that are not usual, customary, reasonable or necessary, or if a rehabilitation supplier believes their bill was erroneously, unilaterally reduced, shall in the first instance submit to peer review and thereafter may file a WC-14 to request a mediation or hearing. The aggrieved party requesting peer review shall follow these procedures:

- a. The employer/insurer shall pay when due all charges deemed reasonable, and follow the procedures set forth in subsection (2) for review of only those specified charges that are disputed.

- b. For charges or services which are disputed as not being usual, customary, reasonable or necessary or allegations of improper reduction of a bill, the employer, insurer, servicing agent, or rehabilitation supplier shall file a request for peer review with a peer review committee approved by the Board within 30 days of receipt of the initial charges with supportive documentation or reduced payment of charges billed. The request shall specify the charges in dispute and the argument in support of the party's position. The requesting party shall provide the peer review committee with all the supportive documentation that the rehabilitation supplier provided when the bill was originally submitted and shall mail a copy of the request and supporting documentation with a certificate of service upon the rehabilitation supplier, employer, insurer or third party administrator, all counsel of record and any unrepresented parties, including the names and addresses. The certificate of service shall also include a statement that any response to the complaint is due in writing within 15 days of the certificate of service to the name and address of the peer review committee member selected. In addition, the peer review committee member selected shall send a notification of this right to the opposite party immediately upon receipt of the request.
- c. The peer review committee approved by the Board is listed below. The requesting party shall contact the selected committee member by telephone prior to mailing the request. These committee members may be contacted at the following addresses and telephone numbers:
- Hunter Ramseur, M.Ed., L.P.C., C.D.M.S.
404 Glenn Circle
Decatur, GA 30030
(404) 354-0068
- Debbie Berens, CRC, CCM, CLCP
1156 Masters Lane
Snellville, GA 30078
(770) 978-9212
- d. Depending upon which party initiated the request for peer review, the opposite party [the employer, insurer, third party administrator or the rehabilitation supplier], unless unusual circumstances are present which must be communicated, shall have 15 days from the date of the certificate of service in which to respond to the request for peer review. A copy of the response and any supportive documentation shall be mailed with a certificate of service to the opposite party, all counsel of record and any unrepresented party.

- e. The employer, insurer or third party administrator shall, within 30 days from the date that a decision regarding the peer review of charges or services is issued by the peer review committee, make payment of disputed charges based upon the recommendations, or request a mediation or hearing, by filing a WC-14. Likewise, a rehabilitation supplier shall have 30 days from the date that the recommendation is mailed to request a mediation or hearing, by filing a WC-14. In case of a mediation or hearing, the recommendations of the peer review committee shall be evidence of the usual, customary, reasonable and necessary services and charges.

- f. In cases where the peer review committee recommends that the fee be reduced, the employer, insurer or third party administrator shall pay the supplier the fee amount recommended by the peer review committee less the filing costs initially paid by the employer, insurer or third party administrator. In the event the peer review committee recommends the entire fee be disallowed, the employer, insurer or third party administrator may automatically deduct the filing costs for peer review from future allowable charges submitted by the rehabilitation supplier rendered to the same employee arising out of the same injury. In the event the peer review recommends an increase in payment of a charge that was unilaterally reduced by the employer, insurer or third party administrator, the payment shall be made plus the filing costs for peer review paid by the rehabilitation supplier.

Peer review will be conducted in accordance with O.C.G.A. Title 34 Chapter 9 and Board Rule 200.1 without regard to the parties involved in each claim. Unless unusual circumstances are present, the peer review committee will complete all reviews within 30 days of submission. The peer review committee shall mail a copy of its decision with a certificate of service upon the rehabilitation supplier, employer, insurer or third party administrator, all counsel of record and any unrepresented parties. All submissions for peer review shall be deemed confidential in nature and shall not be revealed to any outside party. However, upon request, the peer review committees will provide the Board with status reports of all outstanding cases. Payment for peer review services are between the peer review committee selected and the party requesting peer review. The cost shall be discussed and negotiated between these parties before the review takes place. The State Board of Workers' Compensation is not a party to these transactions and will not be involved with any decision-making in the peer review process.

(4) The non-payment or late payment of rehabilitation suppliers' bills will be handled in the same manner as provided in O.C.G.A. § 34-9 et. seq. and the Board Rules for the non-payment or late payment of medical expenses.

(5) Adjustments to the fee schedule will be reviewed and may be adjusted by the State Board of Workers' Compensation on an annual basis. Recommendations regarding adjustments to the fee schedule shall be presented and reviewed by the Rehabilitation/Managed Care Subcommittee of the State Board of Workers' Compensation Advisory Council 30 days prior to any changes being made.

PROFESSIONAL REHABILITATION FEE GUIDELINES

HOURLY RATE - \$75.00 NON-CATASTROPHIC, \$80.00 CATASTROPHIC

<u>CODES</u>	<u>FEASIBILITY ASSESSMENT</u>
098	Initial Medical/Vocational Review: 1.0 Hours
099	Initial Meeting with Claimant/Family: 2.0 Hours

THE ABOVE ARE ONE-TIME ACTIVITIES. CODES ARE TO BE ADDED TO EACH ITEM FOR STANDARDIZED BILLING.

<u>PROCEDURE CODES</u>	<u>PHONE CALLS</u>	<u>TIME</u>
100	Accommodations (Hotel/Motel, etc.)	ALL CALLS
101	Attorney	MAXIMUM
102	Client	.2 EACH,
103	Client's Family	per
104	Counselor	occurrence
105	Economist	
106	Equipment Specialist	"
107	Hospital	
108	Insurance Company	
109	Labor Market survey	ALL CALLS
110	Nursing services	MAXIMUM
111	Pharmacy	.2 EACH,
112	Physical/Occupational Therapist	per
113	Physician	occurrence
114	Potential Employer	
115	Present Employer	"
116	Previous Employer	
117	Psychologist	
118	Rehabilitation Facility	ALL CALLS
119	Rehabilitation Specialist	MAXIMUM
120	Research	.2 EACH,
121	State Agency	per
122	Union	occurrence
123	Vendor	
124	Vocational/Academic School	
125	Workers' Compensation Board	
126	Other (Detail Explicitly)	

<u>PROCEDURE CODES</u>	<u>CONFERENCE/VISITS</u>	<u>TIME</u>
200	Attorney	1.0
201	Client	1.5
202	Counselor	1.0
203	Current/Previous Employer	1.0
204	Family	1.0
205	Hospital	1.0
206	Insurance Company	0.5
207	Physical/Occupational Therapist	1.0
208.	Physician	1.0
209	Potential Employer	1.0
210	Psychologist	1.0
211	Registered Nurse	1.0
212	Rehabilitation Facility	1.5
213	School (Vocational/Academic)	1.0
214	Wheelchair Specialist	1.0
215	Workers' Compensation Board	Actual
216	Conference/Team Conference	1.0
217	Prepare for Conference	1.0
218	Other (Detail Explicitly)	

<u>PROCEDURE CODES</u>	<u>CORRESPONDENCE</u>	<u>TIME</u>
300	Attorney	0.3
301	Client	0.3
302	Current/Previous Employer	0.3
303	Family	0.3
304	Insurance Company	0.3
305	Medical Facility	0.3
306	Physical/Occupational Therapist	0.3
307	Physician	0.3
308	Potential Employer	0.3
309	Psychologist	0.3
310	Vocational Facility	0.3
311	Workers' Compensation Board	0.3
312	Other (Detail Explicitly)	

<u>PROCEDURE CODES</u>	<u>PROFESSIONAL SERVICES/REPORTS</u>	<u>TIME</u>
400	Amended Vocational Evaluation Plan	1.5
401	Amended Rehabilitation Plan	1.5
402	Assess On-The-Job Training Program	Actual
403	Accessibility Evaluation	2.0
404	Attend Hearing/Deposition (REQUESTING PARTY PAYS FEE)	Actual
405	Closure Report	0.5
406	Coordinate Client Transportation	0.5
407	Extended Medical Evaluation Plan	1.5
408	Follow-up Report	1.0

409	Initial Report	2.0
410	Job Development	2.5
411	Medical Evaluation Plan	1.5
412	Preliminary Report	0.5
413	Prepare for Hearing/Deposition Conference	1.0
414	Progress/Status Report	1.0
415	Rehabilitation Plan	1.5
416	Reports to Regulatory Agency (Workers' Compensation, Etc.)	2.0
417	Vocational Evaluation Plan	1.5
418	WCR-2	0.3
419	WCR-2A	1.5
420	WCR-3	0.3
421	Other (Detail Explicitly)	Actual

<u>PROCEDURE CODES</u>	<u>MEDICAL SERVICES</u>	<u>TIME</u>
500	Assess Research/Analysis Medical	0.5
501	Coordinate Vocational Evaluation	1.0
502	Coordinate Medical Evaluation/Treatment	0.5
503	Coordinate Medical Equipment Purchase	1.0
504	Coordinate Medical Services	0.5
505	Cost Analysis	1.0
506	Counseling	1.0
507	Discharge Planning	1.0
508	Health Teaching/Guidance w/Client	0.5
509	Liaison w/Rehabilitation Facility	1.5
510	Medical Staffing	1.0
512	Monitor Medical Services	1.0
513	Obtain Medical Records	0.5
514	Review Psychological Evaluation	0.5
515	Review Medical Documents	0.5
516	Survey/Research Medical Facility and Services (Medical Facility Assessment)	1.0
517	Other (Detail Explicitly)	Actual

<u>PROCEDURE CODES</u>	<u>VOCATIONAL SERVICES</u>	<u>TIME</u>
600	Assess Work Place	2.0
601	Computer/Job Quest	1.0
602	Contact with Labor Union	0.5
603	Coordinate Home Care Services	1.0
604	Coordinate Home Modifications	2.0
605	Coordinate Vocational Services	1.0
606	Correspondence (See 300 Codes)	0.3
607	Counseling	1.0
608	Develop Resume	1.5

609	Explore/Develop Vocational Goals	3.0
610	Follow-up Services, RTW	1.0
611	Review Functional Capacity Assessment	0.5
612	Job Placement Services	Actual
613	Labor Market/Feasibility Study	1.0
614	Life Care Plan	Actual
615	Perform Job Analysis (on-site)	3.5
616	Prepare Job Description	1.0
617	Review Vocational Documents	0.5
618	Self-employment Analysis	Actual
619	Survey/Research Vocational Facility	1.0
620	Training/Job Seeking Skills	1.0
621	Vocational Skills/Employability Analysis	1.0
622	Vocational Testing with Scoring Interpretation	2.0
623	Vocational Research/Analysis	0.5
624	Vocational Counseling/Guidance Activities	1.0
625	Vocational Evaluation Maximum Charge	\$600.00
626	Other (Detail Explicitly)	Actual

**PROCEDURE
CODES**

FILE MANAGEMENT

TIME

700	Lodging	Per Agreement By Parties
701	Long Distance Calls	Actual
702	Meals for Overnight Travel	Not >\$30.00 per day
703	Mileage (prorate when appropriate)	\$.40/mile
704	Parking/Tolls	Actual
705	Photocopies	\$.50/page
706	Travel Time (prorate when appropriate)	1/2 of Hourly Rate
707	Fax	\$.75 page