

# The Georgia Workers' Compensation

## Rehabilitation Supplier and Case Management Fee Schedule

*Effective April 01, 2025*



FOR SERVICES PROVIDED UNDER THE GEORGIA WORKERS' COMPENSATION LAW

Adopted by:  
State Board of Workers' Compensation  
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## INTRODUCTION

The Workers' Compensation Rehabilitation Supplier and Case Management 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 guide as to what constitutes usual, customary and reasonable charges for rehabilitation and case management services. The fee schedule is reviewed annually by the Board. When necessary, fees in excess of the fee schedule for certain services may be permitted when justified in writing and in the content of the report. 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 six-minute units with one unit equal to six minutes (ten units per hour) and submitted under the standardized billing format. Services and charges shall be limited to what is usual, customary and reasonable, as set forth in the fee schedule below. See "Hourly Rate" below for more information about calculating time increments.
- (2) Employers, insurers and third-party administrators shall pay all reasonable charges within 30 calendar days of receipt of the charges and supportive documentation. An employer, insurer, or third-party administrator who believes there are any charges not listed in the fee schedule or is disputing a bill on the basis that it is not usual, customary, reasonable or necessary, shall submit to peer review as per Board Rule 200.1 (IV).
- (3) The provisions regarding timeliness and penalties for non-payment or late payment of medical expenses found in O.C.G.A. § 34-9-203 and Board Rule 203(c)(3) shall apply to charges for rehabilitation suppliers' and case managers' services that are billed according to this Fee Schedule.
- (4) In catastrophic injury cases, as defined in O.C.G.A. § 34-9-200.1, the supplier's billing for services is not limited by this fee schedule and shall be based on the hourly rate and actual time spent.

### Depositions

The party who notices the deposition is responsible for paying the rehabilitation supplier/case manager's fee. Absent a negotiated fee agreement, the Georgia fee schedule will apply. The rehabilitation supplier/case manager is guaranteed a minimum of the full hourly fee for the first hour, even if the deposition lasts less than 60 minutes. All preparation and travel are in addition to the initial 60-minute period and shall be billed pro rata at the agreed rate or based on the Georgia fee schedule if there is no agreement in place.

Where the party who noticed the deposition cancels the deposition three or more days prior to the scheduled date and the rehabilitation supplier/case manager is notified, no cancellation fee shall apply. Otherwise, a cancellation fee may be billed for reasonable actual time spent in preparation for the deposition and/or reasonable actual travel expenses incurred and documented.

### Hearings

Attorneys must do their best to apprise the rehabilitation supplier/case manager as far in advance as reasonably possible of the attorney's intention to have the rehabilitation supplier/case manager testify at the hearing. Notice shall include the time, date and location of the hearing.

The party who calls the rehabilitation supplier/case manager as a witness is responsible for paying the fee. Absent a negotiated fee agreement, the Georgia fee schedule will apply. The case manager is guaranteed a minimum of the full hourly fee for the first hour even if the hearing lasts less than 60 minutes. All preparation and travel are in addition to the initial 60-minute period and shall be billed pro rata or based on the Georgia fee schedule if there is no agreement in place.

When the hearing at which the rehabilitation supplier/case manager was to testify is cancelled three or more days prior to the scheduled date and the rehabilitation supplier/case manager is notified, no cancellation fee shall apply. Otherwise, a cancellation fee for reasonable actual time spent in preparation for the hearing and/or reasonable actual documented travel expenses incurred may be billed to the party who notified the rehabilitation supplier/case manager that he or she would be a witness at the hearing.

Employers, insurers and third-party administrators shall pay within thirty (30) days of receipt of the charges and supportive documentation.

# REHABILITATION SUPPLIER AND CASE MANAGEMENT FEE SCHEDULE GUIDELINES

## HOURLY RATE

The hourly rates are:

- \$106 – Rehabilitation Case Services
- \$124 – Catastrophic Case Services

The hourly rate or the maximum number of units that may be billed for a service may be negotiated to a higher or lower amount by agreement with the payer or the payer’s representative. Rates negotiated by agreement supersede the recommended fee schedule guidelines.

The maximum units set forth below shall apply to bills for rehabilitation services provided in non-catastrophic injury cases.

Time is measured in 6-minute units and rounded so that an additional unit may be billed when services have been provided for an additional 6 minutes.

Services provided in cases of catastrophic injuries should be billed based on an hourly rate of \$124 (as specified above) and the actual time spent, rounded to the nearest 6 minutes.

**\*\*\*Any services billed for more than the recommended maximum units must be explained in detail, including the time spent.\*\*\***

## QUESTIONS

Please address any questions you may have about this fee schedule to Charles Thigpen at the Georgia State Board of Workers' Compensation at [thigpenc@sbwc.ga.gov](mailto:thigpenc@sbwc.ga.gov) or (404) 656-0849.

## FEASIBILITY ASSESSMENT

Code	Description	Maximum Units
096	File set-up	10
097	Initial Medical/File Review	10
098	Initial telephonic Interview	10
099	Initial Meeting with Claimant/Family	10

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

## TELEPHONE CALLS

Code	Description	Maximum Units
100	Telephone Call to Defense Attorney	2
101	Telephone Call to Plaintiff Attorney	2
102	Telephone Call to Client	2
103	Telephone Call to Client's Family	2
104	Telephone Call to Insurer/Adjuster	2
105	Telephone Call to Physician	2
106	Telephone Call to Physician Office Staff	2

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107	Telephone Call to RN/NP/PA	2
108	Telephone Call to Hospital	2
109	Telephone Call to Hospital Case Manager	2
110	Telephone Call to Psychologist/Counselor	2
111	Telephone Call to PT/OT	2
112	Telephone Call to Prosthetist	2
113	Telephone Call to Pharmacy/PBM	2
114	Telephone Call to Coordinating Network	2
115	Telephone Call to Coordinate Diagnostics	2
116	Telephone Call to Home Health Agency	2
117	Telephone Call to Equipment Specialist	2
118	Telephone Call to Rehabilitation Facility	2
119	Telephone Call to Facility Case Manager	2
120	Telephone Call to Contractor/Home Mods	2
121	Telephone Call to Driving Specialist	2
122	Telephone Call to Interpreter	2
123	Telephone Call for Housing Research	2
124	Telephone Call to Accommodations (Hotel, Apt.)	2
125	Telephone Call to Realtor	2
126	Telephone Call to SBWC	2
127	Telephone Call to Vendor	2
128	Telephone Call to Research	2
129	Telephone Call to DFACS/APS	2
130	Telephone Call for Labor Market Survey	2
131	Telephone Call to Vocational/Academic School	2
132	Telephone Call to Potential Employer	2
133	Telephone Call to Present Employer	2
134	Telephone Call to Previous Employer	2
135	Telephone Call to Union	2
136	Telephone Call to Other (Specify)	2
199	Other Telephone Services Not Listed Above – Provide Detail of Services and Time Spent	Actual Time Spent

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

**CONFERENCES AND VISITS**

<b>Code</b>	<b>Description</b>	<b>Maximum Units</b>
200	Conference/Visit with Defense Attorney	10
201	Conference/Visit with Plaintiff Attorney	10
202	Conference/Visit with Client	15
203	Conference/Visit with Client's Family	10
204	Conference/Visit with Insurer/Adjuster	10
205	Conference/Visit with Physician	10
206	Conference/Visit with Physician Office staff	5
207	Conference/Visit with RN/NP/PA	10
208	Conference/Visit with Hospital	10
209	Conference/Visit with Hospital Case Manager	10
210	Conference/Visit with Psych/Counselor	10
211	Conference/Visit with PT/OT	10
212	Conference/Visit with Prosthetist	10
213	Conference/Visit with Pharmacy/PBM	10
214	Conference/Visit Team Conference	10
215	Conference/Visit Diagnostic Studies	10
216	Conference/Visit with Home Health Agency	10
217	Conference/Visit with Equipment Specialist	10
218	Conference/Visit with Rehabilitation Facility	10
219	Conference/Visit with Rehab Specialist (Case Manager)	15
220	Conference/Visit with Contractor/Home Mods	10
221	Conference/Visit with Driving Specialist	10
222	Conference/Visit with Interpreter	10
223	Conference/Visit with Housing	10
224	Conference/Visit with Accommodations (Hotel)	10
225	Conference/Visit with Realtor	10
226	Conference/Visit with SBWC	Actual Time Spent

Code	Description	Maximum Units
227	Conference/Visit with Vendor	10
228	Conference/Visit with School	10
229	Conference/Visit with Potential Employer	10
230	Conference/Visit with Present Employer	10
231	Conference/Visit with Previous Employer	10
232	Conference/Visit with Union	10
233	Conference/Visit with Other (Specify)	10
234	Prepare for conference	10
299	Other Conference/Visit Services – Provide Detail of Services and Time Spent	Actual Time Spent

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

**CORRESPONDENCE**

Code	Description	Maximum Units
300	Correspondence to Defense Attorney	3
301	Correspondence to Plaintiff Attorney	3
302	Correspondence to Client	3
303	Correspondence to Client's Family	3
304	Correspondence to Insurer/Adjuster	3
305	Correspondence to Physician	3
306	Correspondence to Physician Office Staff	3
307	Correspondence to RN/NP/PA	3
308	Correspondence to Hospital	3
309	Correspondence to Hospital Case Manager	3
310	Correspondence to Psych/Counselor	3
311	Correspondence to PT/OT	3
312	Correspondence to Prosthetist	3
313	Correspondence to Pharmacy/ PBM	3
314	Correspondence to Coordinating Network	3
315	Correspondence to Coordinate Diagnostics	3
316	Correspondence to Home Health Agency	3
317	Correspondence to Equipment Specialist	3
318	Correspondence to Rehabilitation Facility	3
319	Correspondence to Rehab Specialist/CM	3
320	Correspondence to Contractor/Home Modifications	3
321	Correspondence to Driving Specialist	3
322	Correspondence to Interpreter	3
323	Correspondence to Client/Spanish Version	3
324	Correspondence to Accommodations (Hotel)	3
325	Correspondence to Realtor	3
326	Correspondence to SBWC	3
327	Correspondence to Vendor	3
328	Correspondence to Vocational Facility	3
329	Correspondence to Academic School	3
330	Correspondence to Potential Employer	3
331	Correspondence to Present Employer	3
332	Correspondence to Previous Employer	3
399	Other Correspondence Services – Provide Detail of Services and Time Spent	Actual Time Spent

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**



**PROFESSIONAL SERVICES/REPORTS**

<b>Code</b>	<b>Description</b>	<b>Maximum Units</b>
400	Preliminary Report	10
401	Initial Report	20
402	Progress Report	10
403	Closure Report	5
404	Housing Report	15
405	Visit Status Report	5
406	Medical Evaluation Plan	15
407	Extended Medical Evaluation Plan	Actual Units
408	Form Completion - WC-R2	3
409	Form Completion - WC-R2A	15
410	Form Completion - WC-R3	3
411	Form Completion - WC-R5	3
412	Independent Living Plan	15
413	Amended Rehabilitation Plan	15
414	Report to Regulatory Agency	5
415	Medical Release/Consent Forms	5
416	Vocational Evaluation Plan	15
420	Job Development	25
421	Prepare for Hearing/Conference/Deposition	10
422	attend Hearing/Conference/Deposition	Actual Units
423	Coordinate Transportation	5
424	Coordinate Translation/Interpretation	5
499	Other Professional Services or Reports – Provide Detail of Services and Time Spent	Actual Units

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

**MEDICAL SERVICES**

<b>Code</b>	<b>Description</b>	<b>Maximum Units</b>
500	Assess Research/Medical Analysis	5
501	Coordinate Medical Evaluation/Treatment	5
502	Coordinate Pharmacy Purchase	5
503	Coordinate Medical Equipment Purchase	5
504	Coordinate Medical Services	5
505	Counseling	10
506	Health Teaching/Guidance with Client	5
507	Health Teaching/Guidance with Family	5
508	Liaison with Rehabilitation Facility	15
509	Coordinate Discharge Planning	10
510	Medical Staffing	10
513	Obtain Medical Records/Work Status/Orders	5
514	Review File	5
515	Review Medical Documents	5
516	Survey/Research Medical Facility/Services and Providers (Medical Facility Assessment)	10
517	Coordinate Hotel/Lodging	10
518	Coordinate Home Modifications	10
519	Coordinate Home Assessment	10
520	Coordinate Driving Assessment	5
521	Coordinate Home Care Services	5
522	Research ODG/MDG Guidelines	5

Code	Description	Maximum Units
599	Other Medical Services – Provide Detail of Services and Time Spent	Actual Time Spent

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

**VOCATIONAL SERVICES**

Code	Description	Maximum Units
600	Vocational Evaluation (includes interview, testing scoring & report; Does not include labor market survey or job analysis)	Actual Units
601	Ergonomic Implementation – Provide Detail of Services and Time Spent	Actual Units
602	Vocational Research/Analysis	5
603	Vocational Counseling	5
604	Transferable Skills Analysis	10
605	Vocational Testing/Scoring Interpretation	20
606	Review Vocational Documents	5
607	Explore/Develop Vocational Goals	30
608	Review Functional Capacity Evaluation	10
609	Labor Market/Feasibility Study	10
610	Perform Job Analysis On-Site	Actual Units
611	Self-employment Analysis	Actual Units
612	Survey/Research Vocational Facility	10
613	Cost Analysis	Actual Units
614	Assess Workplace	20
615	Training/Job Seeking Skills	10
616	Prepare Job Description	10
617	Job Placement Services	Actual Units
618	Develop Resume	15
619	Follow Up Services – Return to Work (RTW)	10
620	Computer/Job Quest	10
621	Contact with Labor Union	5
622	Clarify Restrictions with Physician/Functional Capacity Evaluation	5
623	Ergonomic Study – Provide Detail of Services and Time Spent	Actual Units
699	Other Vocational Services – Provide Detail of Services and Time Spent	Actual Units

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

**TRAVEL AND ADMINISTRATIVE SERVICES**

<b>Code</b>	<b>Description</b>	<b>Maximum Units</b>
700	Travel - Appointments	Actual Time
701	Wait Time	Actual Time
702	Lodging	Up to Federal Per Diem Rate
703	Meals for Overnight Travel	Up to Federal Per Diem Rate
705	Mileage	Federal Rate
706	Parking/Tolls	Actual Cost
707	Photocopies	\$.50 per page
708	Fax	\$.75 per page
709	Postage	Actual Cost
799	Other Travel and Administrative Services – Provide Detail of Services and Time Spent	Actual Cost/Units

**Note: Any service or time spent beyond the max allowable recommendation should be detailed explicitly.**

End of Fee Schedule