

IN THE SUPERIOR COURT OF RICHMOND COUNTY  
STATE OF GEORGIA

  
Hattie Holmes Sullivan, Clerk  
Richmond County, Georgia

GEORGE POWELL )

Plaintiff, )

v. )

CHANDLER BROTHERS TRUCKING, )  
LLC & PROGRESSIVE MOUNTAIN )  
INSURANCE COMPANY, )

Defendants. )

Civil Action File No.: 2018RCCV00630

**ORDER GRANTING MOTION TO EXCLUDE**

This matter came before the Court on Plaintiff's motion to exclude the testimony of Hanada Cox, CPC. A hearing was held on November 23, 2020. Having carefully considered the entire record and the arguments of counsel, the Court grants Plaintiff's motion to exclude.

As a certified professional coder, Ms. Cox is qualified to identify discrepancies with the medical treatment provided and the medical codes used for billing. She is not qualified to testify on the reasonable value of the medical expenses incurred by Plaintiff at trial. Additionally, any evidence of the amount *paid* by any collateral source violates the collateral source rule and is hereby excluded:

[Plaintiff's] cause of action against the tortfeasor for injuries and economic damages he sustained in the accident [is] not limited to seeking economic damages represented by the discounted amounts paid on the [care provider's] billed charges under the contract with [a third-party payor]. Rather, [Plaintiff is] entitled to recover medical expenses arising from his injuries, including hospital charges, that were 'reasonable and necessary.' Moreover, under the collateral source rule, [Plaintiff] was entitled to seek full recovery from the tortfeasor of reasonable and necessary hospital charges undiminished by insurance payments or 'write-offs' under the [care provider's] contract with [a third-party payor].

MCG Health, Inc. v. Kight, 325 Ga. App. 349, 353 (2013) (citation and punctuation omitted).

The Court specifically excludes any opinion testimony or other evidence which asserts that the APC codes are the reasonable value of the medical treatment provided to the Plaintiff. “APC code” is an acronym for “ambulatory payment classification code”. (Cox Transcript, p. 54). As the name “ambulatory payment classification code” suggests, the APC codes represent the actual amount paid by Medicare. 42 CFR 419.2(a). The APC codes are authorized by 42 CFR § 419, known as the Hospital Outpatient Prospective Payment System (OPPS). The basis and scope of the OPPS states: “[t]his part implements section 1833(t) of the Act by establishing a prospective payment system for services furnished on or after July 1, 2000 by hospital outpatient departments to Medicare beneficiaries who are registered on hospital records as outpatients.” 42 CFR § 419.1. In other words, the amount billed and the amount paid are one and the same. Cox has acknowledged that the APC is Medicare’s method of paying for treatment for Medicare beneficiaries. (Ex. D, Cox transcript in Wood, et al. v. Evans, et al., p. 87).

### CONCLUSION

The Court, in the exercise of its discretion under the authority cited above, therefore **GRANTS** Plaintiffs motion to exclude the testimony of Ms. Cox.

So ORDERED this 30<sup>th</sup> day of November, 2020.



\_\_\_\_\_  
SHERYL B. JOLLY  
SUPERIOR COURT JUDGE  
AUGUSTA JUDICIAL CIRCUIT

Prepared and Presented By:  
Justin T. Jones  
Georgia Bar No. 155422  
7505 Waters Ave, Suite B-5  
Savannah, GA 31406  
(912) 231-7813  
*Attorney for Plaintiff*