

**Reference Guide to Calculate Michigan  
Workers' Compensation Maximum Allowable Payment for Clinical Laboratory and Pathology  
Fee Schedule Effective: 12/26/2012**

- **Note:** Codes listed with "0" or not listed are BR (By Report). A BR procedure is reimbursed at the provider's usual and customary charge or reasonable amount, defined in the definition section of the Health Care Services Rules, whichever is less.
- The absence or presence of a code does not indicate workers' compensation coverage.
- Please refer to the Health Care Services Manual for additional information.

## **Clinical Laboratory and Pathology**

Calculate the Michigan Maximum Allowable Payment (MAP) using the following formula:

**Michigan Medicare Clinical Laboratory Fee, rounded x 110% = Michigan Clinical  
Laboratory MAP**

**Michigan Total RVU, rounded x \$46.72 (Michigan conversion factor) = Michigan  
Pathology MAP**

**Factors used to calculate clinical laboratory MAP:**

- The Michigan Medicare Laboratory Fee table is available on our website at [www.michigan.gov/wca](http://www.michigan.gov/wca).
- 110% represents Medicare plus 10%

**Factors used to calculate pathology MAP:**

- The Relative Value Units (RVU) are based upon the Centers for Medicare and Medicaid (CMS) resource-based relative value scale (RBRVS). The 2012D CMS Physician Fee Schedule Data table is available on our website at [www.michigan.gov/wca](http://www.michigan.gov/wca).
- \$46.72 represents the Michigan conversion factor.
- **Modifiers:**
  - TC – Technical Component
  - 26 – Professional Component

**Health Care Services Rule for reference:**

R 418.101503 Laboratory procedure codes and maximum allowable payments.

Rule 1503. (1) The workers' compensation agency shall determine the maximum allowable payment for the laboratory procedure codes, 80048-89356 published in "Physicians' Current Procedural Terminology (CPT®) as adopted by reference in R 418.10107. The rate shall be determined by multiplying the Medicare rate established for the state of Michigan by 110%.

(2) The pathology procedure codes found in the 80000 series of procedure codes listed in CPT® as adopted by reference in R 418.10107 have assigned relative values and shall be published by the agency in a separate manual.

(3) The maximum allowable payments for the laboratory and pathology procedures shall be published the Health Care Services Manual separate from these rules.