



GRETCHEN WHITMER
GOVERNOR

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
WORKERS' COMPENSATION AGENCY
MARK C. LONG, DIRECTOR

ORLENE HAWKS
DIRECTOR

**Reference Guide to Calculate Michigan
Workers' Compensation Maximum Allowable Payment for Clinical Laboratory and
Pathology
Fee Schedule Effective: 1/8/19**

- *Drug testing, drug screening, and drug confirmation testing shall be billed with the applicable CMS procedure codes G0480-G0483, G0659, or 80305-80307.*
- *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 x 110% = Michigan Clinical
Laboratory MAP**

**Michigan Total RVU x \$47.66 (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.
- 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 2018 CMS Physician Fee Schedule Data table is available on our website at www.michigan.gov/wca.
- \$47.66 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 found in the CPT and HCPCS codebooks, as adopted by reference in R418.10107. The rate shall be determined by multiplying the Medicare rate established for this state by 110%.
(2) The pathology procedure codes found in the 80000 series of the CPT code set have assigned relative values and shall be provided on the agency's website at www.michigan.gov/wca.
(3) The maximum allowable payments for the laboratory and pathology procedures shall be provided on the agency's website, www.michigan.gov/wca.

(4) A provider performing drug testing, drug screening, and drug confirmation testing shall use the appropriate procedure codes G0480-G0483, G0659, or 80305-80307 listed in the HCPCS or CPT codebook, as adopted by reference in R418.10107. A maximum of one service unit per procedure code per date of service shall be billed with these codes.