



# **Workers' Compensation Division**

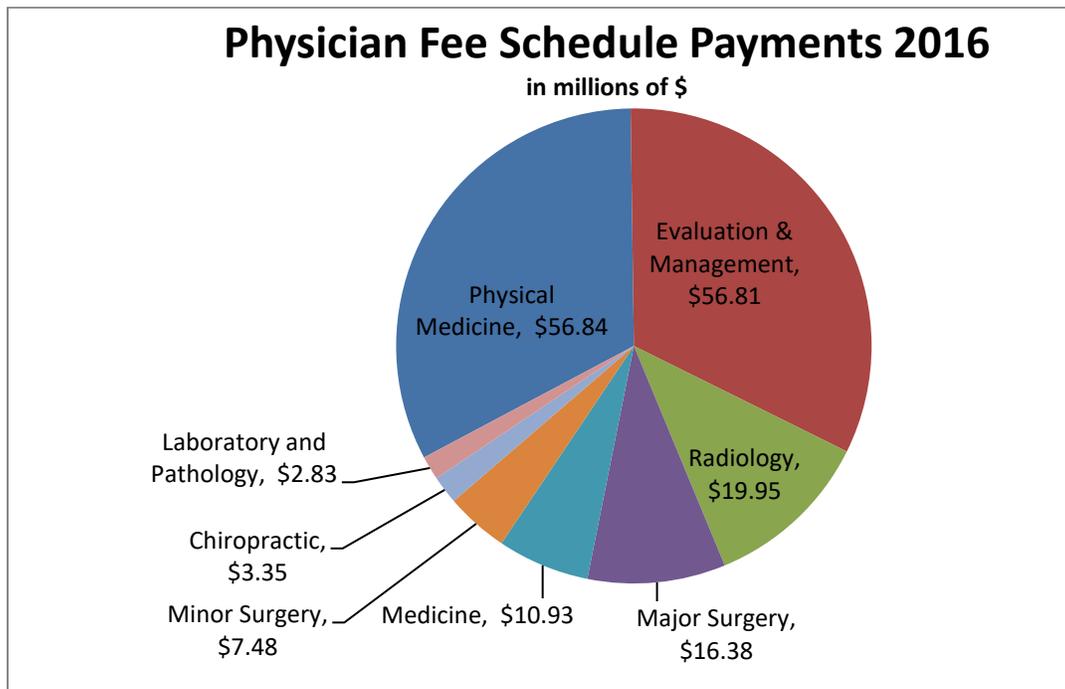
## **Workers' Compensation Fee Schedule / All-Payer-All-Claims database Reimbursement Study**

This document compares the maximum allowable payments from the workers' compensation (WC) physician fee schedule to reimbursements from commercial healthcare insurers as reflected in the All-Payer-All-Claims (APAC) database. The findings in this report should be considered preliminary and subject to change. On-going work comparing the various WC fee schedules will continue under the direction of the Workers' Compensation Division.

Detailed methodology is in the appendix.

Study posted and distributed to the rulemaking advisory committee, Nov. 1, 2018.

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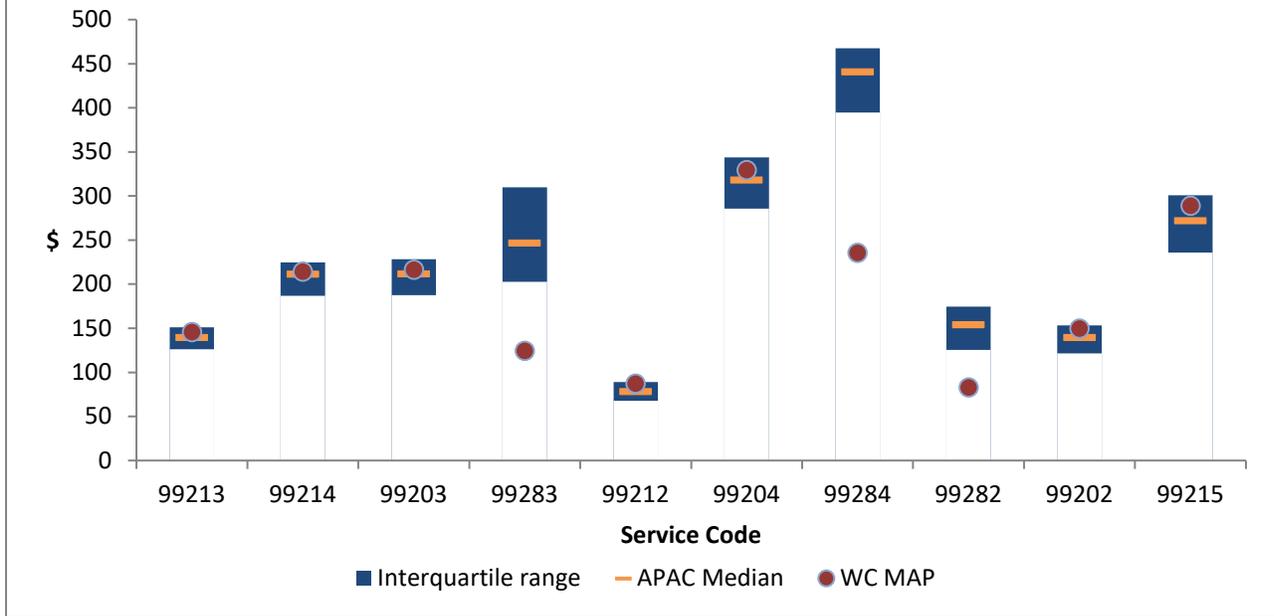
The chart above shows the distribution and values of the physician fee schedule service categories in 2016, the year for which the most recent APAC data are available. More than 57 percent of all WC medical services were for physician services. Payments made under the physician fee schedule were ranked according to their frequency of occurrence in each category. All services for which payment data were available in both the WC EDI Medical database and the APAC database in calendar year 2016 were included in the analysis.

The chart below shows data for the top 10 most frequent Evaluation and Management (EM) services in WC (indicated by CPT code). The red circles show the WC fee schedule maximum allowable payment (MAP) for the service indicated. The yellow bars show the median allowed amount from the APAC database for the same code. The allowed amount is the amount that the insurer has determined the provider is owed for the service. The insurer may pay all or part of that amount and the patient may pay the balance in the form of co-pays and deductibles.

The median is the amount that separates the top half from the bottom half of an ordered list. Half of all reimbursements in commercial healthcare were more expensive and half were less expensive than the amount indicated by the yellow bar.

The chart below also shows a blue bar for each code that indicates the interquartile range. The bottom of the blue box is the 25<sup>th</sup> percentile and the top is the 75<sup>th</sup> percentile. Thus, half of all APAC reimbursements (the middle half) fall within the range shown by the blue bar. The table below the chart gives actual dollar values for the data points.

## WC Fee Schedule compared to general healthcare reimbursements - Evaluation and Management

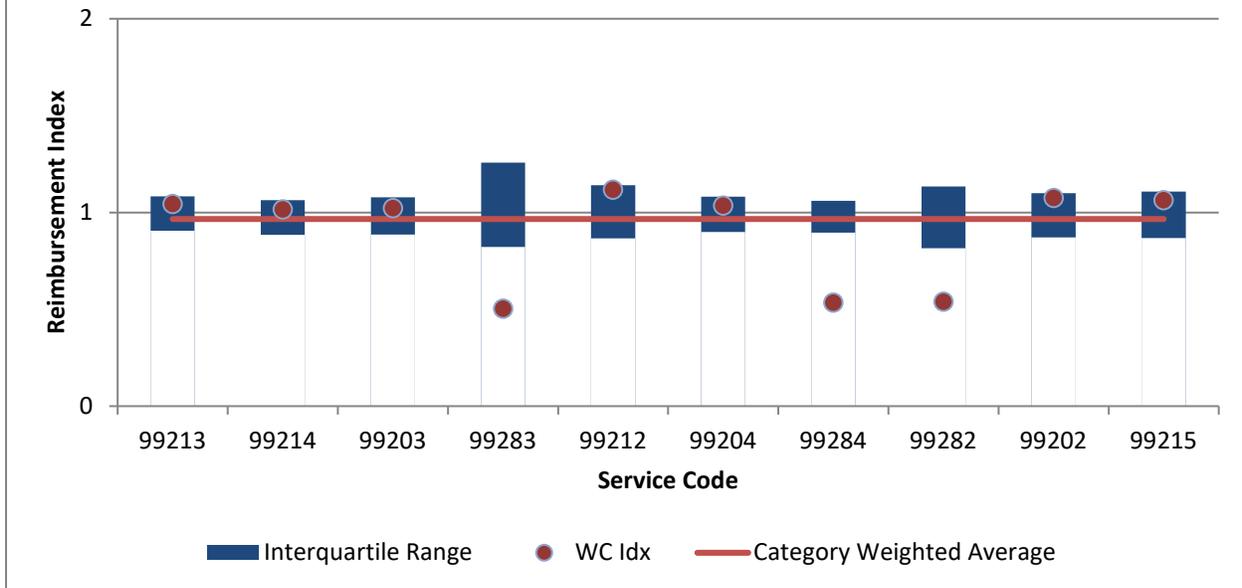


Service	CPT Code	P25	P50	P75	WC MAP
Office/outpatient visit est	99213	\$ 126.26	\$ 139.50	\$ 151.16	\$ 145.49
Office/outpatient visit est	99214	\$ 186.62	\$ 211.01	\$ 224.52	\$ 214.33
Office/outpatient visit new	99203	\$ 187.62	\$ 211.59	\$ 228.14	\$ 216.46
Emergency dept visit	99283	\$ 202.84	\$ 246.56	\$ 309.98	\$ 124.20
Office/outpatient visit est	99212	\$ 67.59	\$ 78.08	\$ 89.00	\$ 87.29
Office/outpatient visit new	99204	\$ 285.56	\$ 317.84	\$ 343.82	\$ 329.30
Emergency dept visit	99284	\$ 394.55	\$ 440.80	\$ 467.36	\$ 235.62
Emergency dept visit	99282	\$ 125.40	\$ 153.85	\$ 174.41	\$ 83.03
Office/outpatient visit new	99202	\$ 121.41	\$ 139.36	\$ 153.30	\$ 149.75
Office/outpatient visit est	99215	\$ 235.76	\$ 271.60	\$ 300.82	\$ 288.85

The charts and table show seven codes for which the WC MAP, the APAC median and the interquartile range are quite near one another. For the other three codes (99282, 99283 and 99284), the WC MAP is below the median and outside the interquartile range. These three codes are for Emergency Dept. services whereas the others are for office visits.

These charts make it easy to compare a single WC MAP to the corresponding APAC data but not to compare codes or service categories to one another or to see an overall impact of the fee schedule. In order to fairly compare services (some of which are common and some rare) and categories (which have different numbers of services) to one another, every data point was normalized to the APAC median. In the following chart, the value of the median APAC reimbursement for each service is set to 1.0 and the other values are shown in proportion to it.

## WC Fee Schedule compared to general healthcare reimbursements - Evaluation and Management



Service	CPT Code	P25 Index	P75 Index	WC Index	WC Service Count
Office/outpatient visit est	99213	.91	1.08	1.04	117,376
Office/outpatient visit est	99214	.88	1.06	1.02	46,182
Office/outpatient visit new	99203	.89	1.08	1.02	29,582
Emergency dept visit	99283	.82	1.26	.50	20,828
Office/outpatient visit est	99212	.87	1.14	1.12	14,338
Office/outpatient visit new	99204	.90	1.08	1.04	12,012
Emergency dept visit	99284	.90	1.06	.53	7,623
Emergency dept visit	99282	.82	1.13	.54	7,505
Office/outpatient visit new	99202	.87	1.10	1.07	6,162
Office/outpatient visit est	99215	.87	1.11	1.06	2,113

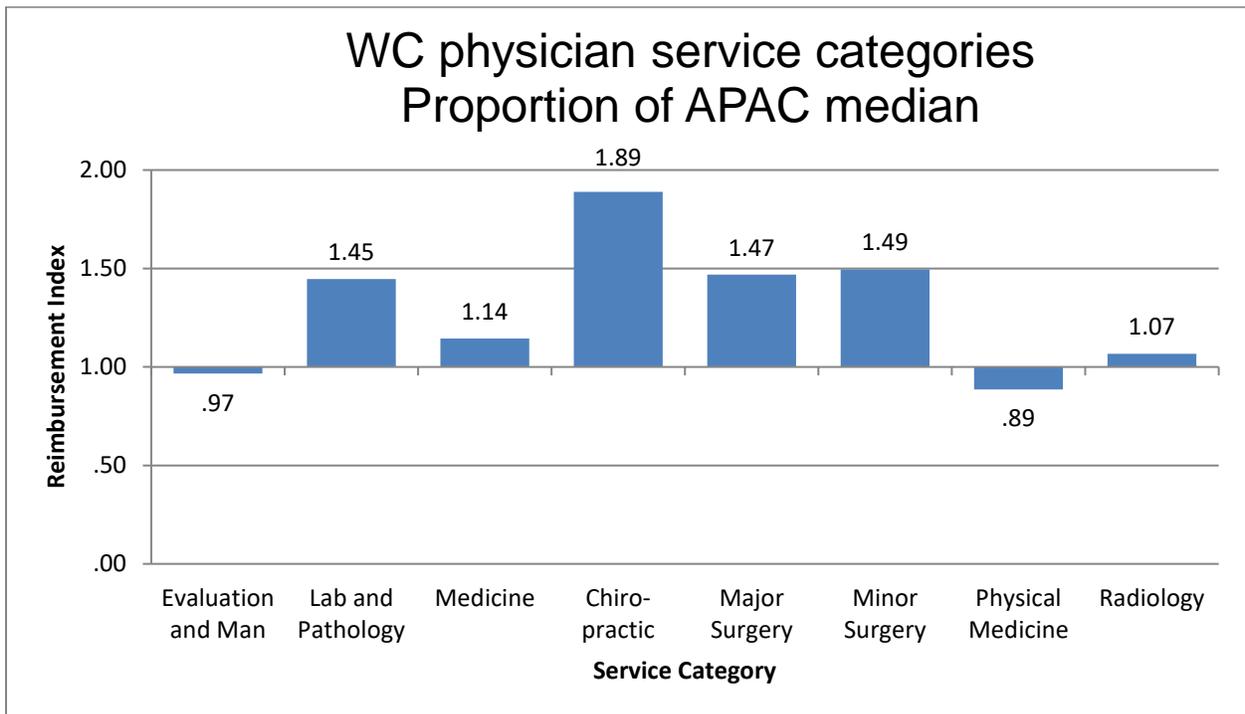
The vertical axis on this chart is the reimbursement index, where a value of 1.0 equals the APAC median value for that service. In this way, services with large reimbursement amounts can be fairly compared to services with small reimbursements. A WC index value of 1.04, such as that of CPT code 99213, means that the fee schedule MAP is 4 percent greater than the median reimbursement in commercial healthcare.

The rightmost column in the table above shows the WC service count. In 2016, there were more than 5 times as many of the most frequent service (99213) as the 4<sup>th</sup> most frequent (99283). These high frequency services have outsized effects when changes are made to the category. To calculate a score for the Evaluation and Management category as a whole that can be compared to other service categories, this difference in frequency must be accounted for. Thus, the

individual WC index scores were weighted according to their frequency within the category and the category score was calculated as the average of the weighted index scores.

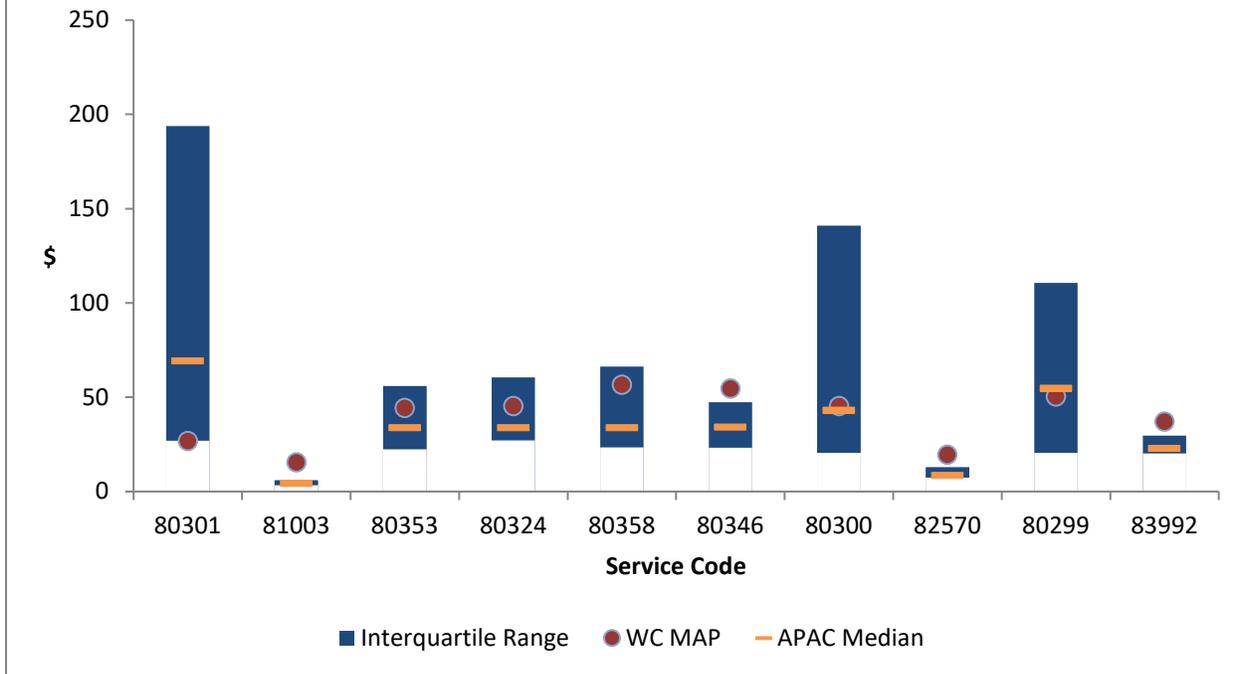
The weighted average reimbursement index score for the Evaluation and Management category is 0.97, shown by the red line in the chart above. This means that after averaging across all services within the category, the WC MAPs are 3 percent less than the median reimbursement in commercial healthcare. This amount can be affected through changes to the evaluation and management conversion factor that is used to calculate the WC MAPs. The reimbursement index score for a given service can be manipulated by changing its relative value units.

The next chart compares the reimbursement index scores for all the physician service categories.



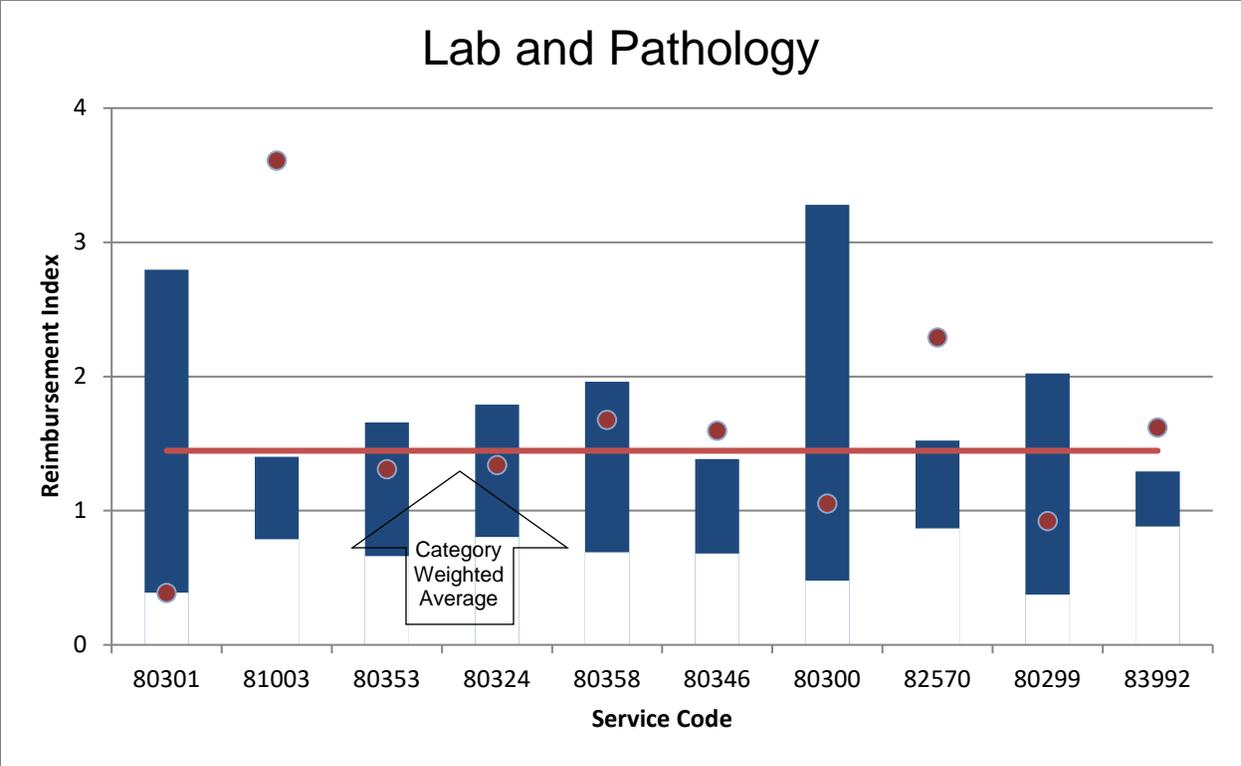
Evaluation and Management and Physical Medicine are both below the APAC median. The other six categories are above the median. Chiropractic is the highest at 189 percent of the APAC median. Physical Medicine is smallest at 89 percent of the APAC median. Both types of surgery as well as Lab and Pathology average slightly less than 150 percent of the APAC median. The rest of this document will explore the physician service categories in detail.

## Lab and Pathology



Service	CPT Code	P25	APAC Median	P75	WC MAP
Drug screen class list a	80301	\$ 26.95	\$ 69.30	\$ 193.77	\$ 26.78
Urinalysis auto w/o scope	81003	\$ 3.37	\$ 4.28	\$ 6.00	\$ 15.45
Drug screening cocaine	80353	\$ 22.40	\$ 33.81	\$ 56.00	\$ 44.29
Drug screen amphetamines 1/2	80324	\$ 27.17	\$ 33.81	\$ 60.54	\$ 45.32
Drug screening methadone	80358	\$ 23.36	\$ 33.81	\$ 66.26	\$ 56.65
Benzodiazepines1-12	80346	\$ 23.27	\$ 34.19	\$ 47.33	\$ 54.59
Drug screen non tlc devices	80300	\$ 20.58	\$ 43.00	\$ 141.00	\$ 45.32
Assay of urine creatinine	82570	\$ 7.41	\$ 8.54	\$ 13.00	\$ 19.57
Quantitative assay drug	80299	\$ 20.55	\$ 54.70	\$ 110.60	\$ 50.47
Assay for phencyclidine	83992	\$ 20.20	\$ 22.90	\$ 29.62	\$ 37.08

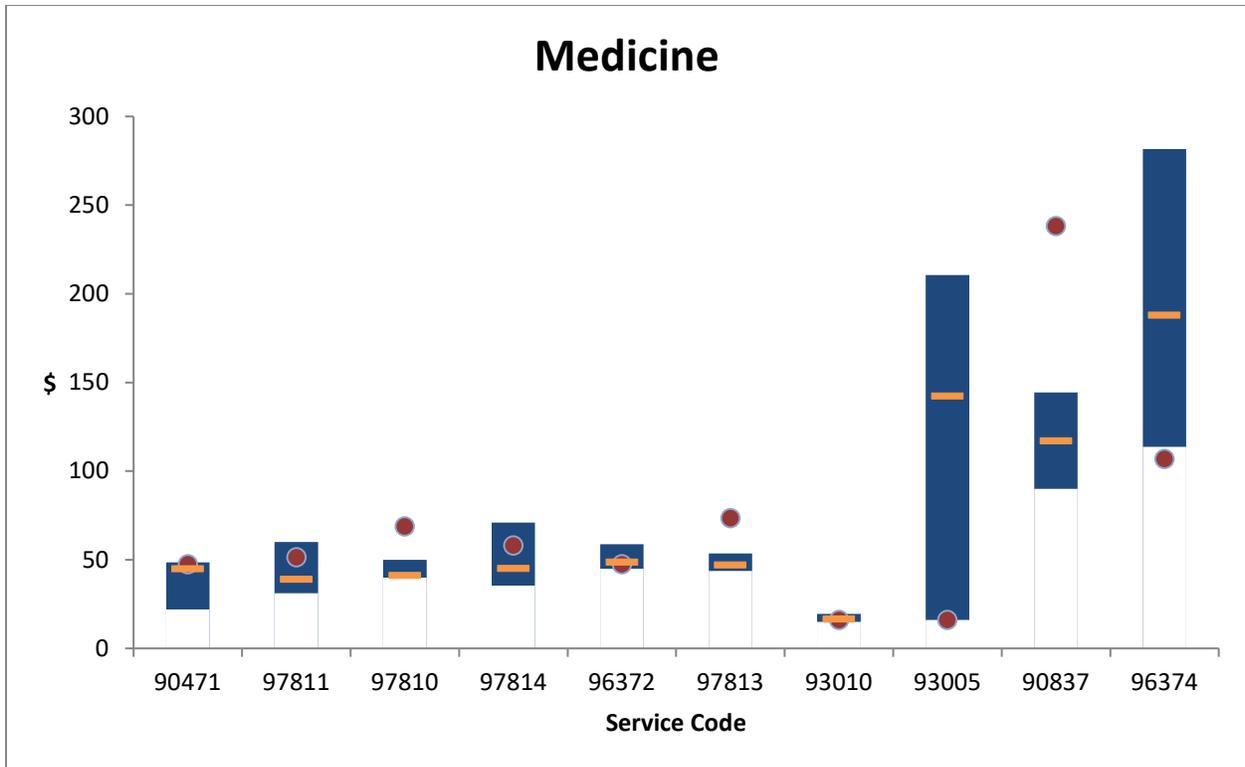
All of the top 10 most frequent services in the Lab and Pathology category are related to drug testing. Often, Lab and Pathology services are billed separately for the technical component and the professional component indicated by a modifier code. In other cases, the two components are billed as a single service. The top 10 services were all billed as a single service.



Service	CPT Code	P25 Index	P75 Index	WC Index	WC Service Count
Drug screen class list a	80301	.39	2.80	.39	1,076
Urinalysis auto w/o scope	81003	.79	1.40	3.61	700
Drug screening cocaine	80353	.66	1.66	1.31	622
Drug screen amphetamines 1/2	80324	.80	1.79	1.34	613
Drug screening methadone	80358	.69	1.96	1.68	600
Benzodiazepines1-12	80346	.68	1.38	1.60	584
Drug screen non tlc devices	80300	.48	3.28	1.05	480
Assay of urine creatinine	82570	.87	1.52	2.29	464
Quantitative assay drug	80299	.38	2.02	.92	191
Assay for phencyclidine	83992	.88	1.29	1.62	183

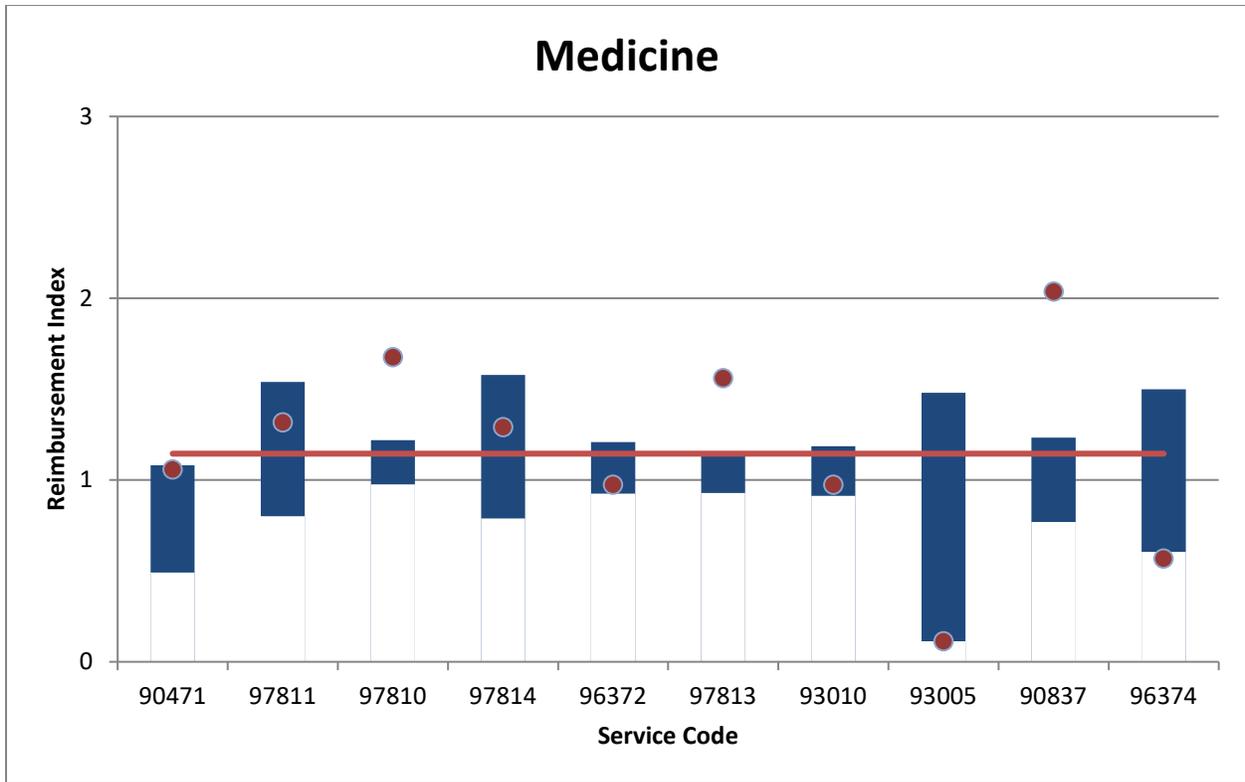
**Weighted Average Reimbursement Index for group** 1.45

The weighted average reimbursement index of 1.45 is shown by the red line in the graph. The weighted average includes all services in the group that have a WC MAP, not just the top 10. The average WC MAP for this category is 45 percent more than the median in commercial healthcare.



Service	CPT Code	P25	P50	P75	WC MAP
Immunization admin	90471	\$ 21.96	\$ 44.80	\$ 48.46	\$ 47.38
Acupunct w/o stimul addl 15m	97811	\$ 31.20	\$ 39.00	\$ 60.04	\$ 51.38
Acupunct w/o stimul 15 min	97810	\$ 40.00	\$ 41.00	\$ 49.98	\$ 68.73
Acupunct w/stimul addl 15m	97814	\$ 35.49	\$ 45.00	\$ 70.98	\$ 58.06
Ther/proph/diag inj sc/im	96372	\$ 45.00	\$ 48.64	\$ 58.82	\$ 47.38
Acupunct w/stimul 15 min	97813	\$ 43.68	\$ 47.04	\$ 53.55	\$ 73.40
Electrocardiogram report	93010	\$ 15.00	\$ 16.44	\$ 19.50	\$ 16.02
Electrocardiogram tracing	93005	\$ 16.07	\$ 142.31	\$ 210.64	\$ 16.02
Psytx pt&/family 60 minutes	90837	\$ 90.00	\$ 117.00	\$ 144.32	\$ 238.23
Ther/proph/diag inj iv push	96374	\$ 113.60	\$ 187.80	\$ 281.60	\$ 106.77

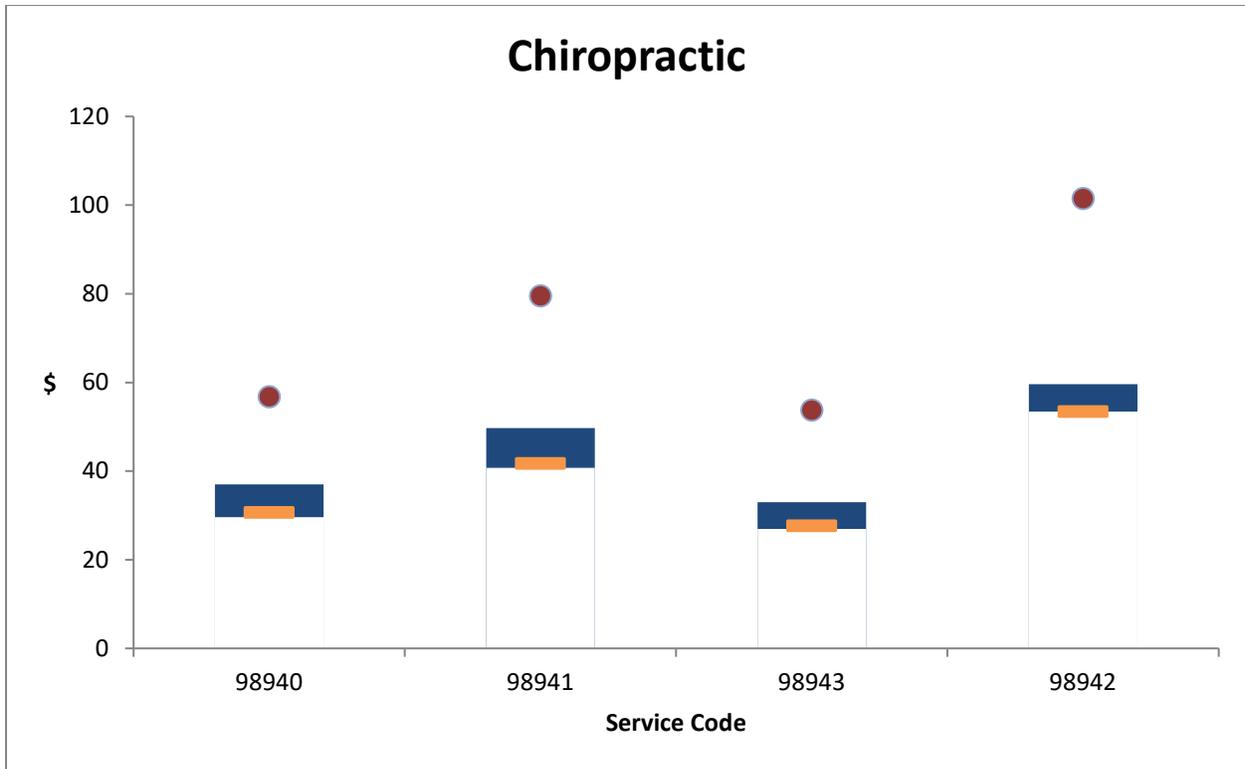
The most frequent service in the medicine category is immunization administration, probably in the form of a tetanus shot. Four of the top 10 most frequent services in the Medicine category are for acupuncture.



Service	CPT Code	P25 Idx	P75 Idx	WC Idx	WC Service Count
Immunization admin	90471	.49	1.08	1.06	6,293
Acupunct w/o stimul addl 15m	97811	.80	1.54	1.32	6,281
Acupunct w/o stimul 15 min	97810	.98	1.22	1.68	5,529
Acupunct w/stimul addl 15m	97814	.79	1.58	1.29	3,215
Ther/proph/diag inj sc/im	96372	.93	1.21	.97	3,172
Acupunct w/stimul 15 min	97813	.93	1.14	1.56	2,852
Electrocardiogram report	93010	.91	1.19	.97	1,743
Electrocardiogram tracing	93005	.11	1.48	.11	1,612
Psytx pt&family 60 minutes	90837	.77	1.23	2.04	1,538
Ther/proph/diag inj iv push	96374	.60	1.50	.57	1,454

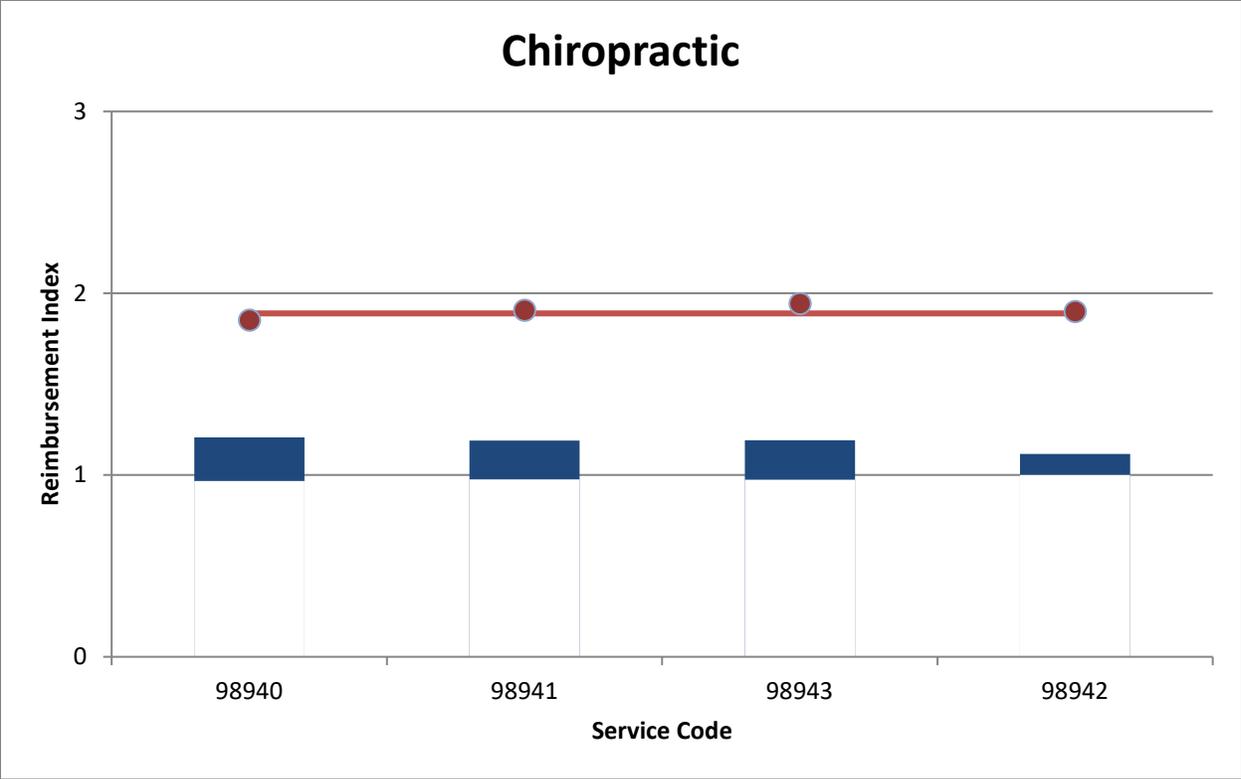
**Weighted Average Reimbursement Index for group** 1.14

The average fee schedule MAP is 14 percent higher than the median reimbursement in commercial healthcare.



Service	CPT Code	P25	P50	P75	WC MAP
Chiropract manj 1-2 regions	98940	\$ 29.64	\$ 30.67	\$ 37.00	\$ 56.84
Chiropract manj 3-4 regions	98941	\$ 40.74	\$ 41.73	\$ 49.67	\$ 79.58
Chiropract manj xtrspinl 1/>	98943	\$ 26.98	\$ 27.69	\$ 33.00	\$ 53.82
Chiropractic manj 5 regions	98942	\$ 53.43	\$ 53.43	\$ 59.60	\$ 101.56

There are only four services in the chiropractic service category, listed here in order of descending frequency.

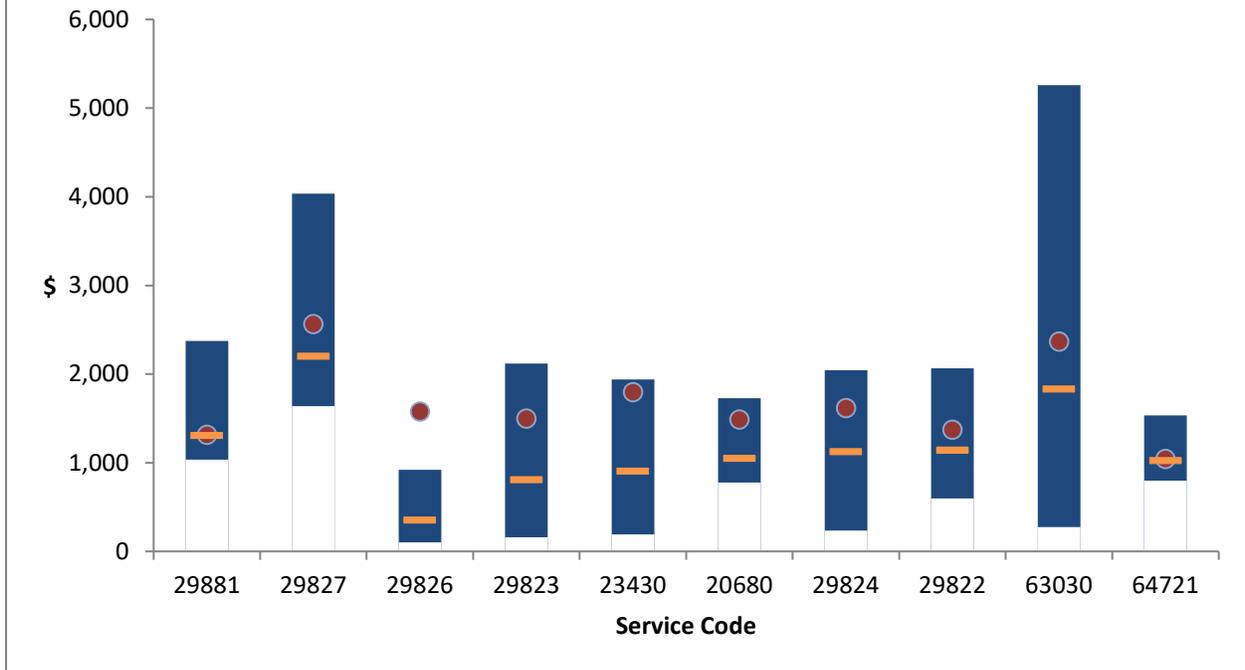


Service	CPT Code	P25 Index	WC Index	P75 Index	WC Service Count
Chiropract manj 1-2 regions	98940	.97	1.85	1.21	22,374
Chiropract manj 3-4 regions	98941	.98	1.91	1.19	18,661
Chiropract manj xtrspinl 1/>	98943	.97	1.94	1.19	8,423
Chiropractic manj 5 regions	98942	1.00	1.90	1.12	528

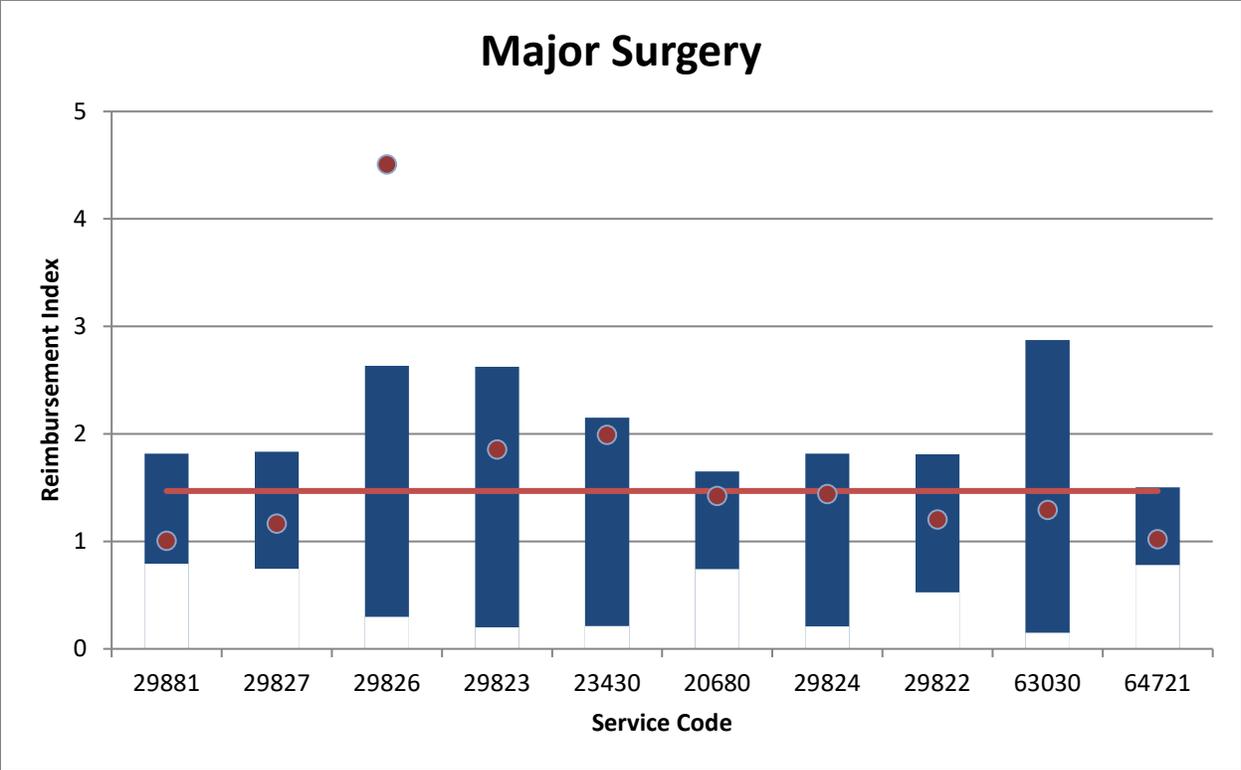
**Weighted Average Reimbursement Index for group** 1.89

The WC MAP for Chiropractic services is 189 percent of the median reimbursement in commercial healthcare.

## Major Surgery

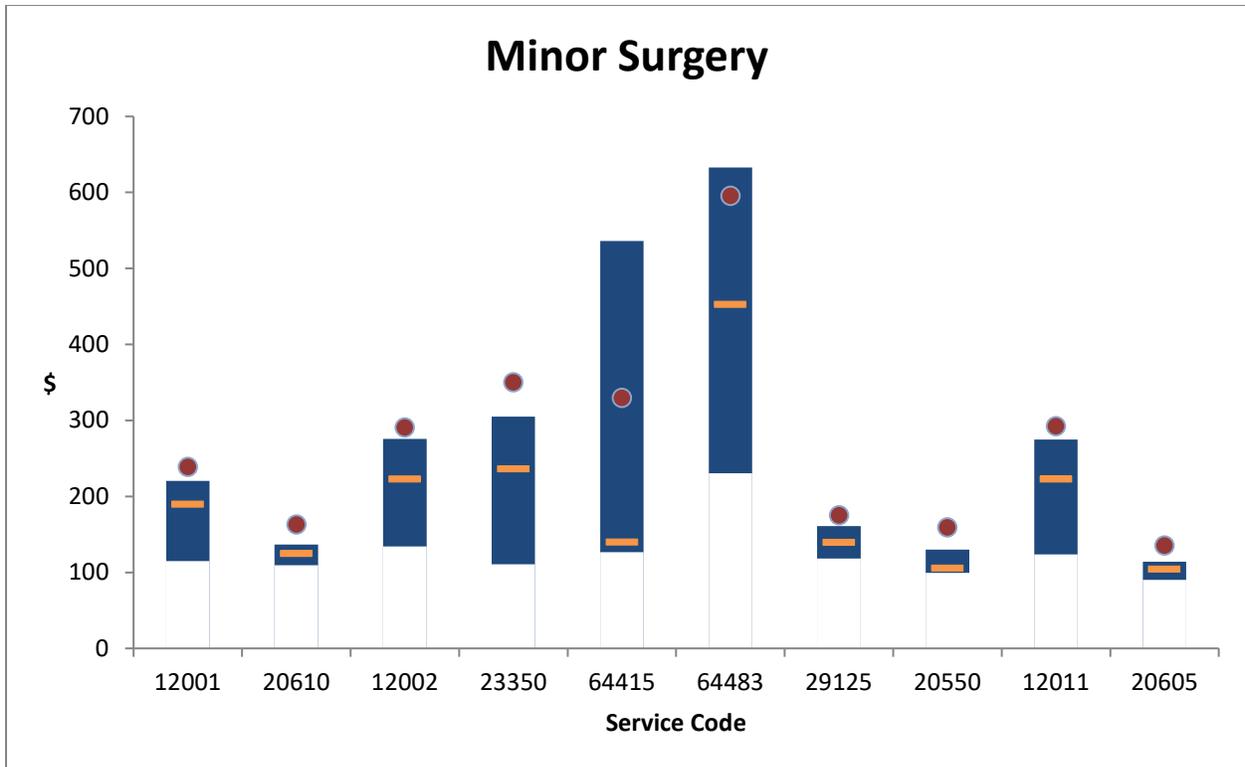


Service	CPT Code	P25	P50	P75	WC MAP
Knee arthroscopy/surgery	29881	\$ 1,036.49	\$ 1,307.22	\$ 2,375.42	\$ 1,313.77
Arthroscop rotator cuff repr	29827	\$ 1,639.54	\$ 2,198.92	\$ 4,033.81	\$ 2,562.99
Shoulder arthroscopy/surgery	29826	\$ 103.70	\$ 349.83	\$ 921.70	\$ 1,577.28
Shoulder arthroscopy/surgery	29823	\$ 160.55	\$ 807.17	\$ 2,117.59	\$ 1,498.22
Repair biceps tendon	23430	\$ 191.31	\$ 902.90	\$ 1,941.33	\$ 1,797.53
Removal of support implant	20680	\$ 777.60	\$ 1,046.62	\$ 1,728.89	\$ 1,488.16
Shoulder arthroscopy/surgery	29824	\$ 233.40	\$ 1,123.51	\$ 2,042.22	\$ 1,618.11
Shoulder arthroscopy/surgery	29822	\$ 598.83	\$ 1,141.14	\$ 2,065.94	\$ 1,372.46
Low back disk surgery	63030	\$ 275.73	\$ 1,830.06	\$ 5,259.31	\$ 2,365.13
Carpal tunnel surgery	64721	\$ 797.34	\$ 1,021.61	\$ 1,534.25	\$ 1,042.13



Service	CPT Code	P25 Index	P75 Index	WC Index	WC Service Count
Knee arthroscopy/surgery	29881	.79	1.82	1.01	1,244
Arthroscop rotator cuff repr	29827	.75	1.83	1.17	1,099
Shoulder arthroscopy/surgery	29826	.30	2.63	4.51	1,043
Shoulder arthroscopy/surgery	29823	.20	2.62	1.86	659
Repair biceps tendon	23430	.21	2.15	1.99	604
Removal of support implant	20680	.74	1.65	1.42	577
Shoulder arthroscopy/surgery	29824	.21	1.82	1.44	464
Shoulder arthroscopy/surgery	29822	.52	1.81	1.20	405
Low back disk surgery	63030	.15	2.87	1.29	403
Carpal tunnel surgery	64721	.78	1.50	1.02	403

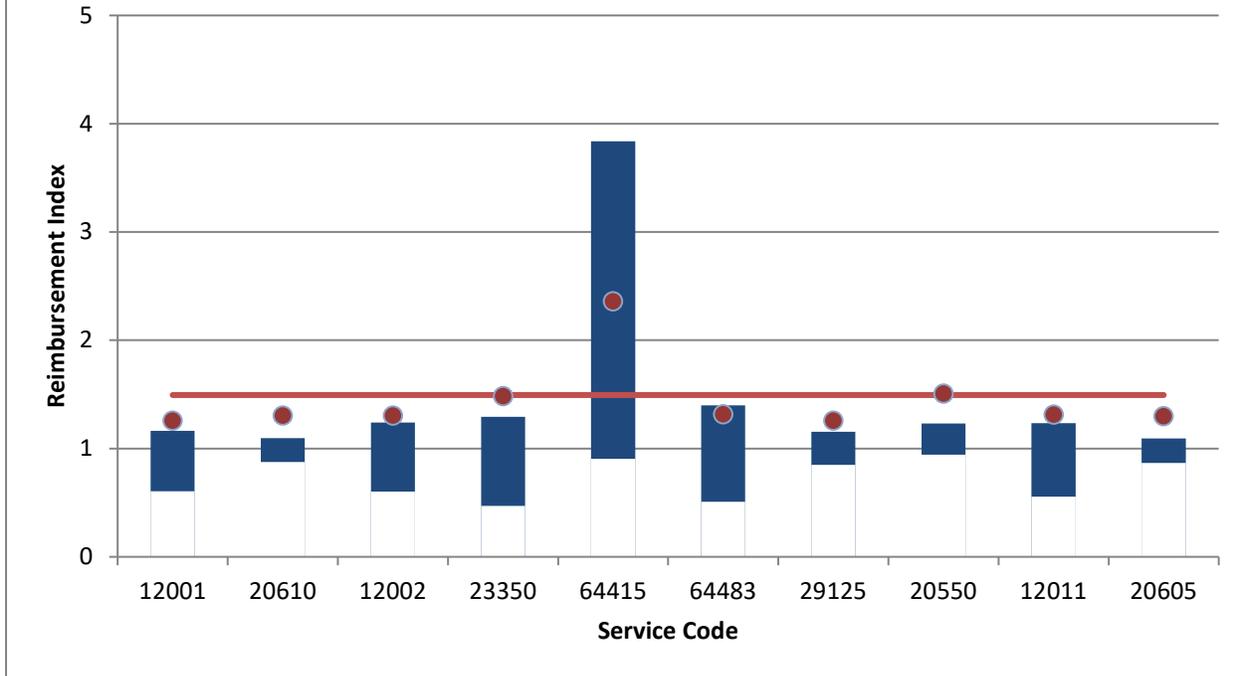
Weighted Average Reimbursement Index for group 1.47



Service	CPT Code	P25	P50	P75	WC MAP
Repair superf wounds 2.5cm/<	12001	\$ 115.00	\$ 189.63	\$ 220.46	\$ 238.67
Drain/inject joint/bursa	20610	\$ 109.44	\$ 124.80	\$ 136.71	\$ 162.90
Rpr superf wounds 2.6-7.5cm	12002	\$ 134.30	\$ 222.58	\$ 275.76	\$ 290.76
Injection for shoulder x-ray	23350	\$ 110.91	\$ 236.16	\$ 305.20	\$ 350.43
Nerve block inj brachial plexus	64415	\$ 126.48	\$ 139.65	\$ 536.00	\$ 329.59
Inj foramen epidural l/s	64483	\$ 230.35	\$ 452.76	\$ 632.82	\$ 595.73
Apply forearm splint	29125	\$ 118.46	\$ 139.36	\$ 161.02	\$ 175.21
Inj tendon sheath/ligament	20550	\$ 99.49	\$ 105.60	\$ 130.00	\$ 159.11
Rpr superf wnd face/etc 2.5 cm/<	12011	\$ 123.51	\$ 222.68	\$ 274.85	\$ 292.65
Drain/inject joint/bursa	20605	\$ 90.24	\$ 104.24	\$ 113.87	\$ 135.44

The most frequent service in Minor Surgery is for repair of small cuts. Other services (64415 and 64483) are for injection of nerve blocking anesthetics for diagnostic or therapeutic purposes.

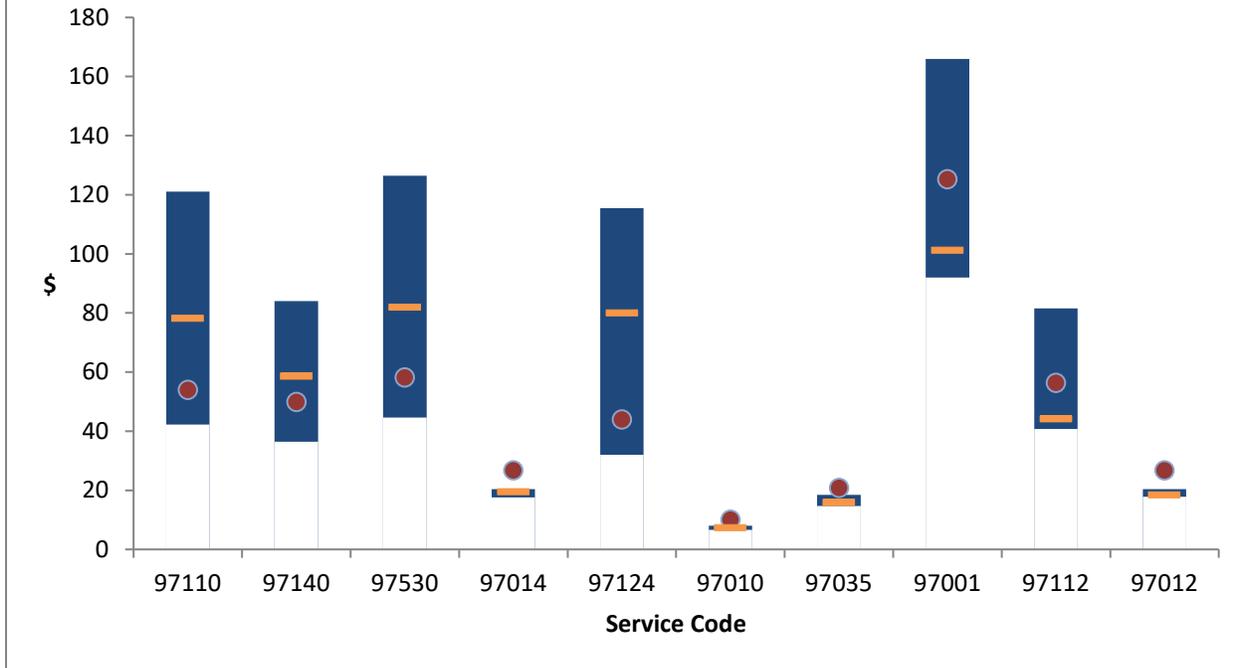
## Minor Surgery



Service	CPT Code	P25 Index	P75 Index	WC Index	WC Service Count
Repair superf wounds 2.5cm/<	12001	.61	1.16	1.26	5,482
Drain/inject joint/bursa	20610	.88	1.10	1.31	3,680
Rpr superf wounds 2.6-7.5cm	12002	.60	1.24	1.31	2,367
Injection for shoulder x-ray	23350	.47	1.29	1.48	1,262
Nerve block inj brachial plexus	64415	.91	3.84	2.36	1,243
Inj foramen epidural l/s	64483	.51	1.40	1.32	1,042
Apply forearm splint	29125	.85	1.16	1.26	975
Inj tendon sheath/ligament	20550	.94	1.23	1.51	855
Rpr superf wnd face/etc 2.5 cm/<	12011	.55	1.23	1.31	633
Drain/inject joint/bursa	20605	.87	1.09	1.30	615

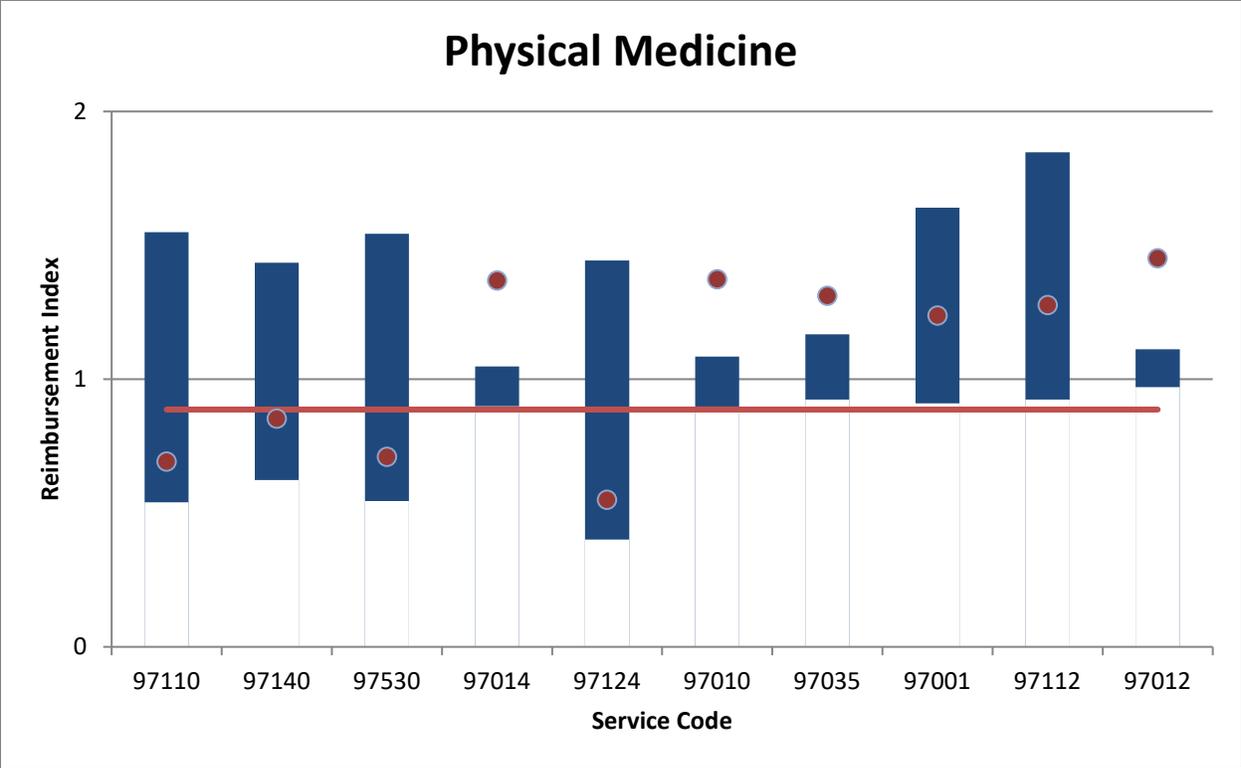
**Weighted Average Reimbursement Index for group** 1.49

## Physical Medicine



Service	CPT Code	P25	P50	P75	WC MAP
Therapeutic exercises	97110	\$ 42.21	\$ 78.12	\$ 121.04	\$ 54.04
Manual therapy 1/> regions	97140	\$ 36.46	\$ 58.52	\$ 84.00	\$ 49.88
Therapeutic activities	97530	\$ 44.59	\$ 81.90	\$ 126.42	\$ 58.19
Electric stimulation therapy	97014	\$ 17.55	\$ 19.53	\$ 20.45	\$ 26.72
Massage therapy	97124	\$ 32.06	\$ 80.00	\$ 115.44	\$ 43.94
Hot or cold packs therapy	97010	\$ 6.60	\$ 7.35	\$ 7.97	\$ 10.09
Ultrasound therapy	97035	\$ 14.64	\$ 15.84	\$ 18.50	\$ 20.78
Pt evaluation	97001	\$ 92.01	\$ 101.20	\$ 166.00	\$ 125.29
Neuromuscular reeducation	97112	\$ 40.80	\$ 44.18	\$ 81.60	\$ 56.41
Mechanical traction therapy	97012	\$ 17.86	\$ 18.40	\$ 20.45	\$ 26.72

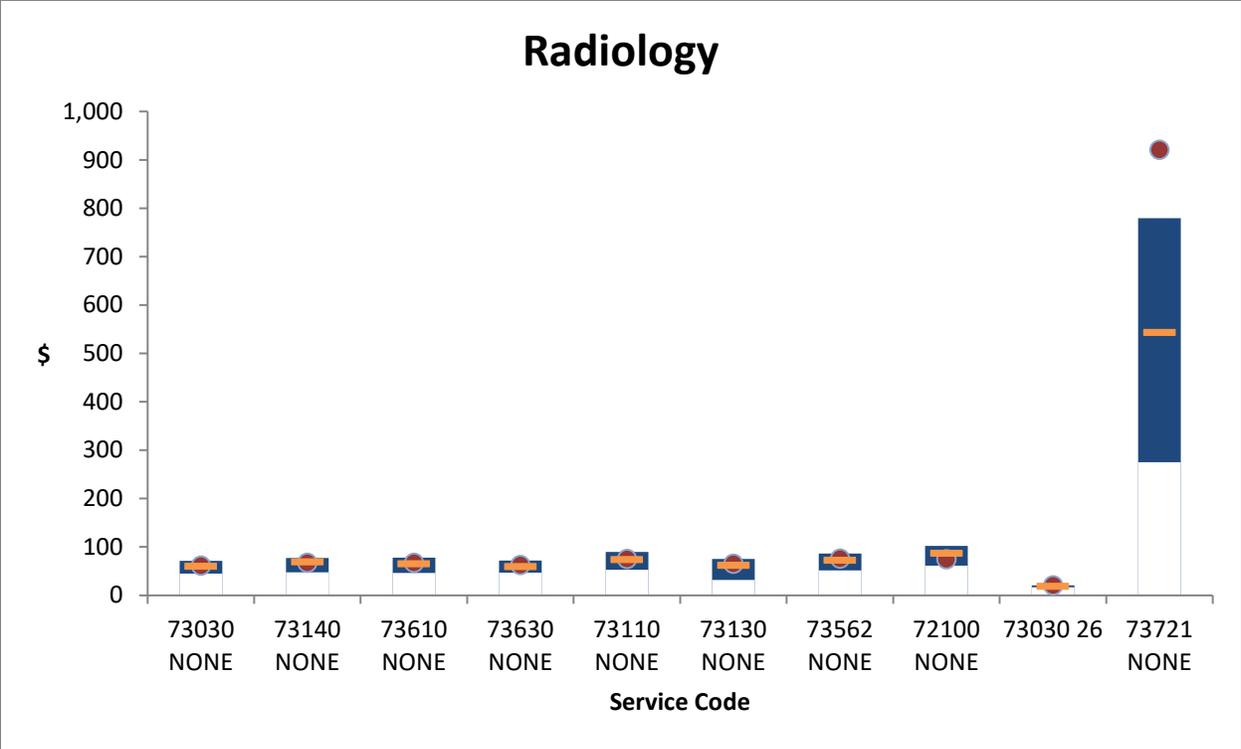
Therapeutic exercises is the most frequent of all physician services. In 2016, there were 22.5 million dollars paid for this service.



Service	CPT Code	P25 Index	P75 Index	WC Index	WC Service Count
Therapeutic exercises	97110	.54	1.55	.69	214,753
Manual therapy 1/> regions	97140	.62	1.44	.85	155,497
Therapeutic activities	97530	.54	1.54	.71	75,092
Electric stimulation therapy	97014	.90	1.05	1.37	43,942
Massage therapy	97124	.40	1.44	.55	27,215
Hot or cold packs therapy	97010	.90	1.08	1.37	26,589
Ultrasound therapy	97035	.92	1.17	1.31	20,651
Pt evaluation	97001	.91	1.64	1.24	18,051
Neuromuscular reeducation	97112	.92	1.85	1.28	14,229
Mechanical traction therapy	97012	.97	1.11	1.45	9,099

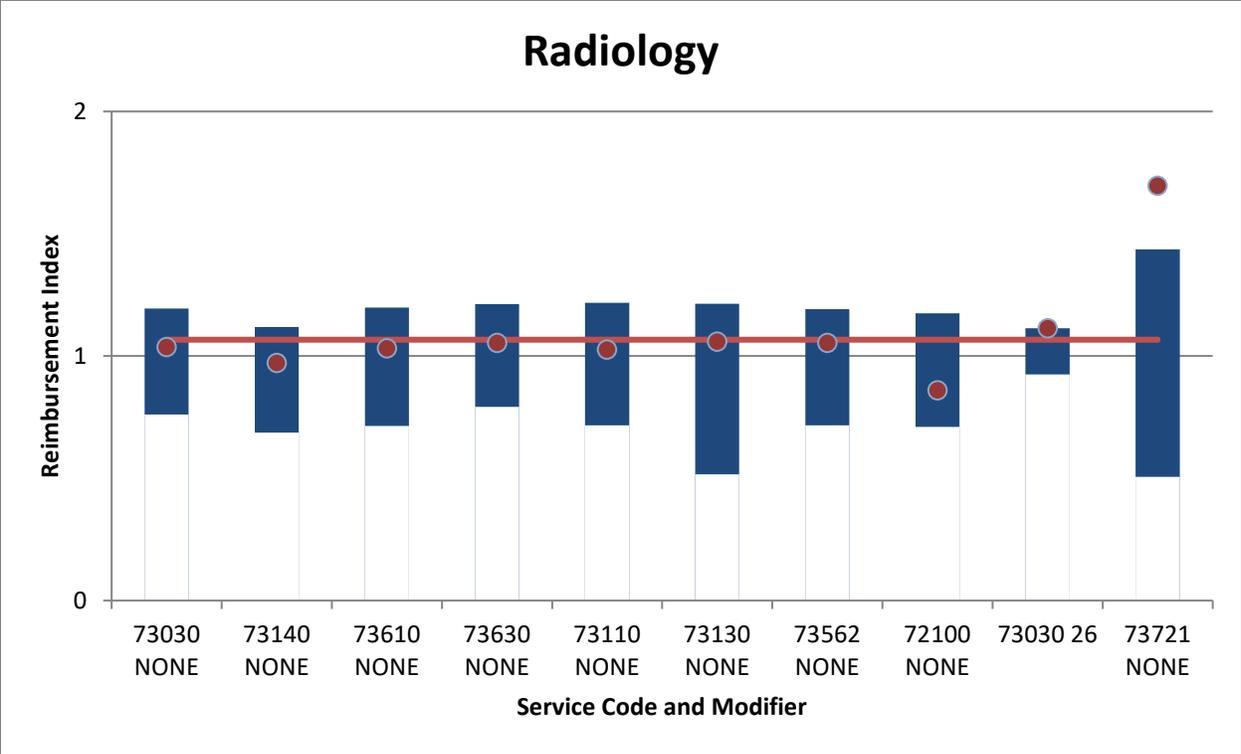
**Weighted Average Reimbursement Index for group** .89

Physical medicine is one of two service categories with a fee schedule average reimbursement index below commercial health.



Service	CPT Code	P25	P50	P75	WC MAP
X-ray exam of shoulder	73030 NONE	\$ 45.36	\$ 59.63	\$ 71.20	\$ 61.79
X-ray exam of finger(s)	73140 NONE	\$ 47.44	\$ 69.05	\$ 77.25	\$ 67.13
X-ray exam of ankle	73610 NONE	\$ 46.50	\$ 65.10	\$ 78.00	\$ 67.13
X-ray exam of foot	73630 NONE	\$ 47.00	\$ 59.36	\$ 72.00	\$ 62.55
X-ray exam of wrist	73110 NONE	\$ 52.79	\$ 73.60	\$ 89.60	\$ 75.52
X-ray exam of hand	73130 NONE	\$ 32.04	\$ 61.99	\$ 75.20	\$ 65.60
X-ray exam of knee 3	73562 NONE	\$ 51.84	\$ 72.39	\$ 86.25	\$ 76.28
X-ray exam l-s spine 2/3 vws	72100 NONE	\$ 61.77	\$ 87.00	\$ 102.24	\$ 74.75
X-ray exam of shoulder	73030 26	\$ 17.11	\$ 18.50	\$ 20.59	\$ 20.60
Mri jnt of lwr extre w/o dye	73721 NONE	\$ 274.94	\$ 542.99	\$ 779.76	\$ 920.81

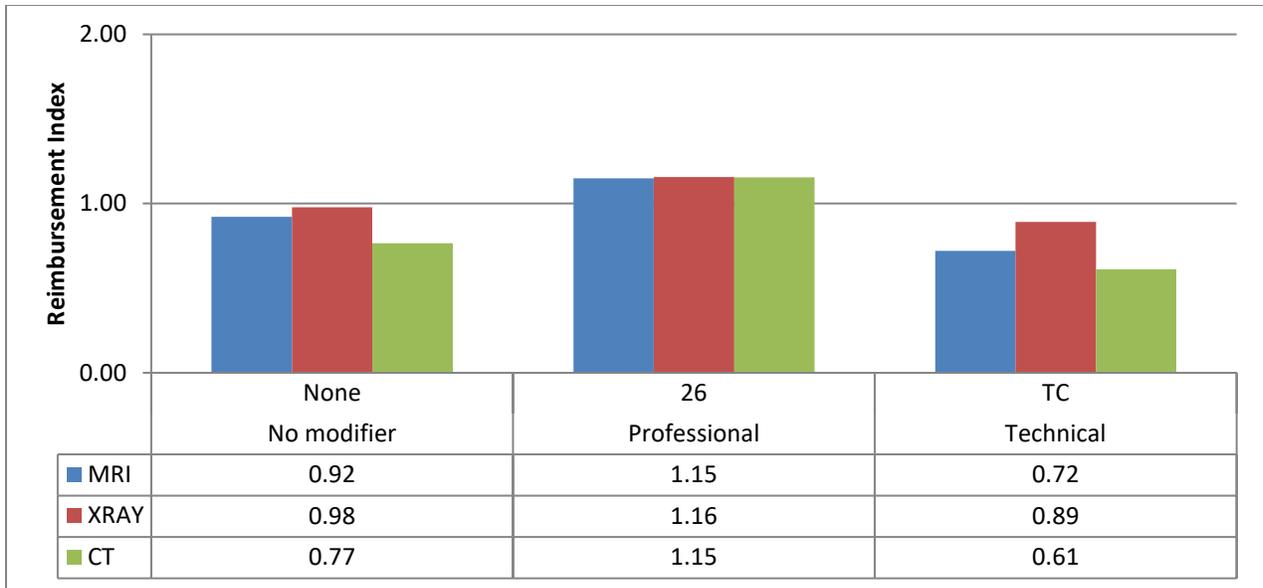
Fee schedule MAPs for X-ray services are near the median reimbursement in commercial healthcare, however, the MAP for MRI service 73721 is higher.



Service	CPT Code	P25 Index	P75 Index	WC Index	WC Service Count
X-ray exam of shoulder	73030 NONE	.76	1.19	1.04	3,736
X-ray exam of finger(s)	73140 NONE	.69	1.12	.97	3,287
X-ray exam of ankle	73610 NONE	.71	1.20	1.03	2,900
X-ray exam of foot	73630 NONE	.79	1.21	1.05	2,826
X-ray exam of wrist	73110 NONE	.72	1.22	1.03	2,777
X-ray exam of hand	73130 NONE	.52	1.21	1.06	2,479
X-ray exam of knee 3	73562 NONE	.72	1.19	1.05	2,218
X-ray exam l-s spine 2/3 vws	72100 NONE	.71	1.18	.86	2,138
X-ray exam of shoulder	73030 26	.92	1.11	1.11	2,030
Mri jnt of lwr extre w/o dye	73721 NONE	.51	1.44	1.70	1,983

**Weighted Average Reimbursement Index for group** 1.07

After normalizing to the commercial healthcare median, we see that the reimbursement index for the WC MAP for MRI service 73721 is 70 percent higher than the general healthcare median, whereas for X-Ray services they are near the median.



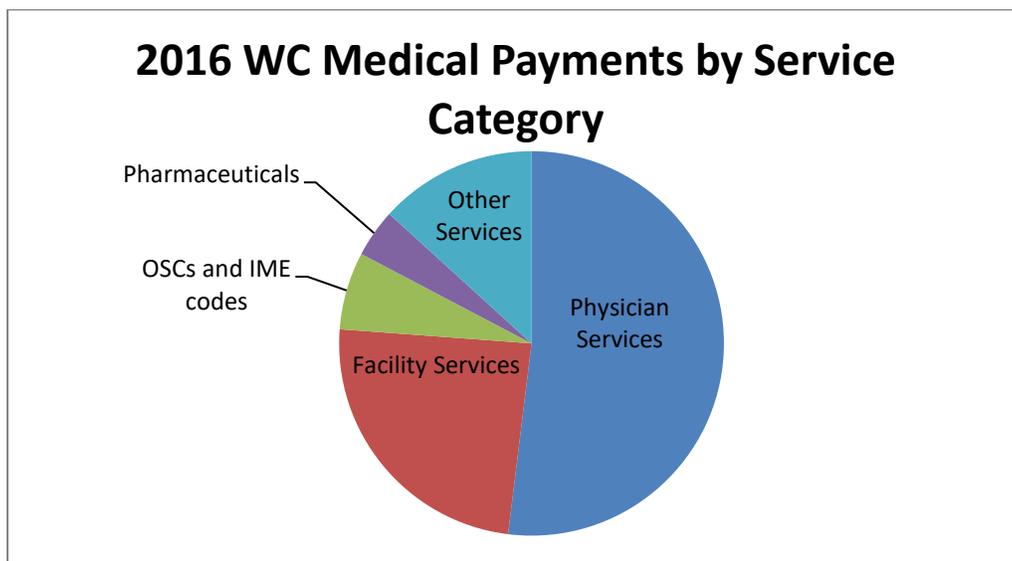
However, after averaging indexes for WC MAPs across all of the radiology category by type of service (MRI, X-Ray and CT scans) and modifier (None, Professional/26, and Technical/TC), the difference goes away. In fact, in each service type, X-rays average slightly more than MRIs, in terms of their relative fee schedule MAPs.

## Appendix – Methodology

The APAC database is jointly administered by the Oregon Health Authority (OHA) and DCBS. The OHA has a data-sharing agreement with DFR. The APAC database has service-level billing data for medical services paid by commercial insurers, Medicare and Medicaid. This analysis included only data from commercial insurers. [More about the APAC database can be found here<sup>1</sup>](#).

### Physician Services

In the Oregon WC system, physician services make up more than half of medical payments in terms of dollars.



The physician services fee schedule comprises the CPT codes divided into seven service categories:

Service Category	CPT Code Range	Number of codes in range	Number of codes analyzed
Physical Medicine	97001-97799	65	41
Evaluation and Management	99201-99496	184	89
Radiology	70010-79999	792	673
Medicine	90281-99607	1078	397
Lab and Pathology	80047-89398	1625	77
Surgery	10021-69990	6046	1321
Chiropractic	98940-98943	4	4

<sup>1</sup> <http://www.oregon.gov/oha/HPA/ANALYTICS/APAC%20Page%20Docs/APAC-Overview.pdf>

The medicine category excludes the ranges for physical medicine and chiropractic in the WC physician fee schedule and includes the other codes in the range. Surgery is further divided into major and minor surgery.

The Research team provided the APAC administrators with lists of codes for physician services in which appeared in the WC medical billing data in each category. These codes would be limited to:

- This analysis includes only those codes with a WC Fee Schedule MAP. Data for services that are paid on a percent of charges basis will be analyzed in a subsequent report.

The data request was for summary data at the service code level to compare to the WC fee schedule. The summary data were in the following form:

- 25<sup>th</sup>, 50<sup>th</sup> and 75<sup>th</sup> percentile payment amount and the frequency of each CPT code.
- Service dates were limited to calendar year 2016.
- Payments were limited to:
  - o The Allowed amount as specified by the payer. This is the amount the payer has authorized the in-network provider to receive for the service including co-pays and deductibles.
  - o Oregon providers
  - o In-network providers
  - o Commercial insurers: employer sponsored and individual/ACA.
  - o Code Modifiers TC, 26, or None.
    - Modifiers 22, 50, 51, 81 or any modifier that signifies an adjustment to the allowed amount should be excluded from the data.

The reimbursement index value for each payment amount was computed by dividing the amount by the APAC median for that service. This gives a value of 1.0 for the APAC median and sets others proportional to it. The weighted average reimbursement index for the WC fee schedule MAPs was calculated by summing the product of the reimbursement index value and the number of services in the WC data and then dividing by the total number of services in the category.