

**Maximum Allowable Fee Schedule for Blue Cross Medicare Advantage PPO
Effective 1/1/2016**

**Primary Care Physician (PCP) – MD & DO
Specialty Care Physician (SCP) – MD, DO & DPM**

Counties: Collin, Dallas, Denton, Grayson & Tarrant

DEFINITION	RANGE	Blue Cross Medicare Advantage PPO (of local Medicare Allowable)
Imaging	70000 – 79999	86%
Laboratory	80000 – 89999	68%
All other codes		100% Notes: <ul style="list-style-type: none"> • <i>Physician Assistants, Advance Nurse Practitioners, Registered Nurse First Assistants, Clinical Nurse Specialists and Nurse Midwives will be reimbursed 85% of these rates.</i> • <i>Social Workers will be reimbursed 75% of these rates.</i> • <i>Assistant Surgery allowable is 16% of the Surgery rate.</i>

Notes:

- Reimbursement is based on a percentage of the Medicare allowable that is posted at www.cms.gov/Medicare. For any procedure which Medicare deems as carrier discretion, reimbursement is based on a percentage of the allowable that is posted at www.novitas-solutions.com. The percentages are outlined in the table above.
- Payment of compensation shall be in accordance with the BCBSTX Blue Medicare Advantage (PPO) applicable policies and procedures. Such reimbursement shall be considered payment in full for services rendered except for applicable Copayments, Coinsurance or Deductible amounts.

- The Allowable Amount for vision services V2020 - V2799 (if a covered benefit under the Member's benefit plan) will be 75% of billed charges subject to the maximum benefit limit specified in the Member's benefit plan.
- The codes listed below will be reimbursed at the allowable amounts indicated below.

CPT Code	Blue Choice PPO	HMO Blue Texas	Blue Advantage HMO
90460	\$19.65	\$19.65	\$19.65
90461	\$9.83	\$9.83	\$9.83

- Procedures not covered by the above specifications will be reimbursed in accordance with the BCBSTX fee schedule on the website under "Other Codes".
- The Allowable Amount for codes for which no maximum allowable is assigned (other than individual consideration codes) will be 50% of billed charges. BCBSTX reimbursement will be subject to the maximum benefit limit specified in the Member's benefit plan.
- Reimbursement will be adjusted in accordance with BCBSTX claims processing guidelines and coding edits. Refer to the website for additional information. BCBSTX reimbursement will be subject to the maximum benefit limit specified in the Member's benefit plan.
- Please refer to your current Blue Cross and Blue Shield Agreement for further clarification on pricing. The CMS conversion factor is 35.7547 effective 11/1/2015.

Definition	Range	Blue Choice PPO Conversion Factor/Multiplier	HMO Blue Texas Conversion Factor/Multiplier	Blue Advantage HMO Conversion Factor/Multiplier
Anesthesia		45.00	42.00	42.00

Office Based Surgeries will be reimbursed at the allowable amounts indicated below when these surgeries are performed in the physician's office.

CPT Code	Blue Choice PPO	HMO Blue Texas
58563	\$1,821.90	\$1,790.62
58120	\$886.24	\$866.49
58565	\$2,075.30	\$2,035.86
58555	\$842.95	\$825.67
58558	\$1,024.36	\$1,000.05
57460	\$324.44	\$309.58
57522	\$917.48	\$895.41
51715	\$708.67	\$690.14
52000	\$320.75	\$309.04
52281	\$500.26	\$486.60
52310	\$495.16	\$480.97
53850	\$1,431.91	\$1,379.04

**The following codes will be reimbursed at the allowable amounts indicated below when performed in the physician's office.

CPT Code	Blue Choice PPO	HMO Blue Texas	Blue Advantage HMO
90867	\$463.15	\$463.15	\$463.15
90868	\$275.32	\$275.32	\$275.32
90869	\$548.67	\$548.67	\$548.67

Notes:

- For CPT codes 10000 – 99999 and 0000T – 9999T and HCPCS codes A0000 - Z9999 that have a relative value posted on the BCBSTX website, the maximum allowable fee will be the result of multiplying the relative value (RV) and the applicable conversion factor as outlined in the table above. Geographic Practice Cost Indices (GPCIs) will not be applied to the relative values, so the relative values will not differ by Medicare locality for this range of codes. The relative values will consider the site of service where the service is performed (facility or non-facility).
- Laboratory procedures for Blue Choice PPO and Blue Advantage HMO will be reimbursed in accordance with the schedule posted on the website under "Clinical Laboratory" or "Other Lab" and applying the applicable multiplier as outlined in the table above. For physicians located in certain counties, only the lab services/tests indicated on the Reimbursable Lab Services list will be reimbursed on a fee-for-service basis if performed in the physician's office for HMO Blue Texas members. Please note that all other lab services/tests performed in the physician's office will not be reimbursed. You may access the county listing and the Reimbursable Lab Services list at www.bcbstx.com/provider under the General Reimbursement Information section.
- Drugs will be reimbursed in accordance with the schedule posted on the website under "Drugs".
 - The CPT/HCPCS Fee Schedule will be updated quarterly on March 1, June 1, September 1 and December 1 each year.
 - The NDC Fee Schedule will be updated monthly.
- Durable Medical Equipment, Prosthetics and Orthotics, and Supplies will be reimbursed in accordance with the schedule posted on the website under "Durable Medical Equipment/ Prosthetics and Orthotics".
- Physician Assistants, Advance Nurse Practitioners, Registered Nurse First Assistants, Licensed Surgical Assistants, Clinical Nurse Specialists, Physical Therapy Assistants, Occupational Therapy Assistants, Speech Therapy Assistants, and Nurse Midwives will be reimbursed at 85% of the rates as posted on the website except for Drugs, Clinical Lab, Other Lab, Durable Medical Equipment / Prosthetics and Orthotics. The reduction will not apply to Drugs, Clinical Lab, Other Lab, Durable Medical Equipment / Prosthetics and Orthotics.
- Anesthesia covered services that are not based on time and points are reimbursed according to the above specifications. Services that are based on time and points are not subject to this methodology and will continue to be reimbursed at current rates.
- The Allowable Amount for hearing services, HCPCS V5000 - V5299, not listed in the DME Schedule will be 50% of billed charges. All services are subject to the member's benefit plan. Not all plans include coverage for hearing services. In addition, covered services may be subject to a maximum benefit limit.

**Maximum Allowable Fee Schedule for Blue Choice PPO, HMO Blue Texas & Blue Advantage HMO
Effective 11/1/2015**

**Primary Care Physician (PCP) – MD & DO
Specialty Care Physician (SCP) – MD, DO & DPM**

Counties: Collin, Dallas, Denton, Grayson & Tarrant

Definition	Range	Blue Choice PPO Conversion Factor/Multiplier	HMO Blue Texas Conversion Factor/Multiplier	Blue Advantage HMO Conversion Factor/Multiplier
Evaluation and Management	99201-99205, 99217-99239, 99281-99380, 99430-99499.	PCP = 37.54 SCP = 36.83	PCP = 36.47 SCP = 35.75	PCP = 32.65 SCP = 29.32
E&M Preventive Medicine Services (Standard)	99381-99390, 99398-99429.	PCP = 37.54 SCP = 36.83	PCP = 36.47 SCP = 35.75	PCP = 32.65 SCP = 29.32
E&M Preventive Medicine Services (Established)	99391-99397.	PCP = 37.54 SCP = 36.83	PCP = 36.47 SCP = 35.75	PCP = 32.65 SCP = 29.32
E&M Established Patient Office Visits	99211-99215.	PCP = 37.54 SCP = 36.83	PCP = 36.47 SCP = 35.75	PCP = 32.65 SCP = 29.32
E&M Office Consultations	99241-99245.	PCP = 35.89 SCP = 32.70	PCP = 35.90 SCP = 31.71	PCP = 29.28 SCP = 26.12
E&M Hospital Consultations	99246-99255.	PCP = 37.54 SCP = 36.83	PCP = 36.47 SCP = 35.75	PCP = 32.65 SCP = 29.32
Surgery*	10000-29199, 29281-29519, 29591-59399, 59401-59509, 59511-69999, G0104, G0105 & G0121.	43.62	40.05	31.46
Surgery	29200-29280, 29520-29590.	26.91	26.91	24.21
Surgery	59400 & 59510.	39.33	39.33	31.46
Medicine*	90000-90399, 90476-92505, 92509-92519, 92598-92600, 92634-97000, 97007-97009, 97029-97031, 97040-97109, 97547-97749, 97800-97801, 97805-97809, 97815-98939, 98944-99199, 99500-99999.	46.12	41.83	31.46
Medicine	92506-92508, 92520-92597, 92601-92633, 97001-97006, 97010-97028, 97032-97039, 97110-97546, 97750-97799, 97802-97804, 97810-97814, 98940-98943.	26.91	26.91	24.21
Medicine	90400-90474 excludes 90460 & 90461 (see allowables listed below).	31.29	31.29	25.03
Imaging	70000-79999.	31.46	31.46	28.78
Imaging	G0106, G0120, G0202, G0204, G0206, G6001-G6017.	31.46	31.46	28.78
Laboratory with Relative Values	80000-89999.	19.67	19.67	19.67
Clinical Lab	80000-89999 plus additional codes listed in the "Clinical Lab Schedule" section on the website.	1.04	1.04	1.04
Other Lab	80000-89999 listed in the "Other Lab Codes Schedule" section on the website.	1.26	1.26	1.26
HCPCS	A0000-Z9999 except those specifically listed above.	32.18	32.18	32.18
Category III	0000T-9999T.	32.18	32.18	32.18

Definition	Range	Blue Choice PPO Conversion Factor/Multiplier	HMO Blue Texas Conversion Factor/Multiplier	Blue Advantage HMO Conversion Factor/Multiplier
Category III	0000T-9999T.	32.18	32.18	32.18
Anesthesia		45.00	42.00	42.00

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58120	\$877.46	\$840.15
58565	\$2,057.77	\$1,983.26
58555	\$835.27	\$802.64
58558	\$1,013.56	\$967.64
57460	\$317.83	\$289.76
57522	\$907.67	\$865.97
51715	\$700.44	\$665.43
52000	\$315.54	\$293.42
52281	\$494.19	\$468.37
52310	\$488.85	\$462.05
53850	\$1,408.41	\$1,308.54

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Specialty Care Physician (SCP) – MD, DO & DPM**

Counties: Archer, Baylor, Bosque, Bowie, Clay, Cooke, Ellis, Fannin, Freestone, Hill, Hood, Hunt, Jack, Johnson, Kaufman, Montague, Navarro, Parker, Rockwall, Somervell, Wilbarger & Wise

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E&M Office Consultations	99241-99245.	PCP = 34.31 SCP = 31.64	PCP = 34.42 SCP = 31.04	PCP = 28.64 SCP = 22.75
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Medicine	92506-92508, 92520-92597, 92601-92633, 97001-97006, 97010-97028, 97032-97039, 97110-97546, 97750-97799, 97802-97804, 97810-97814, 98940-98943.	26.91	26.91	24.21
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Other Lab	80000-89999 listed in the "Other Lab Codes Schedule" section on the website.	1.26	1.26	1.26
HCPCS	A0000-Z9999 except those specifically listed above.	32.18	32.18	32.18