



**BlueCross BlueShield
of Texas**

November 26, 2019

North Texas ENT Associates
Attn: Kathie Norris, Executive Director
17300 Preston Road Ste 160
Dallas, TX 75252

Dear Ms. Norris:

Effective March 1, 2020, Blue Cross and Blue Shield of Texas (BCBSTX) will implement changes in the maximum allowable fee schedule for Blue Choice PPOSM, Blue EssentialsSM (including the Health Select Network), Blue PremierSM, Blue High Performance, Blue Advantage HMOSM, MyBlue Health and ParPlan networks (collectively referred to as "Networks").

All files and fee schedules for the Networks will be posted on www.bcbstx.com/provider (the "Website") under the Standards & Requirements tab. Under the General Reimbursement Information section providers can click "View General Reimbursement Information" to access the Network fee schedules. When prompted, the password is "manual". The following is a brief description of the changes:

- The methodology used to develop the maximum allowable fee schedules will be based on 2019 CMS values as posted on the Website for those services for which the BCBSTX reimbursement is based on CMS values.
- BCBSTX provides general reimbursement information policies, fee schedule request forms and fee schedule information at www.bcbstx.com/provider. Reimbursement changes and updates will be posted under "Reimbursement Changes/Updates" in the Reimbursement Schedules section on the Website. The specific effective date will be noted for each change that is posted.
- The conversion factor for certain surgical codes may vary by place of service for Ambulatory Surgical Center and Outpatient Hospital. Refer to the attached updated list of applicable codes.

Please be advised the reimbursement information being disclosed within this letter and the attachment contains confidential information proprietary to BCBSTX. The use and disclosure of this information is restricted under Texas Insurance Code Section 1301.136(b), Texas Insurance Code Section 843.321(b) and the terms of your Network agreement(s), as applicable.

We value your participation as a contracted provider. As some Networks are limited in scope or geographic area, if you are not participating in one of the Networks, please disregard the information pertaining to that particular network. If you have questions, please contact the Network Management department at (972) 766-8900.

Sincerely,

Rick Haddock
Vice President, Network Management

Enclosures



**BlueCross BlueShield
of Texas**

**Maximum Allowable Fee Schedules
Effective 3/1/2020**

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

Counties: Collin, Dallas, Denton, Grayson & Tarrant

Definition	Range	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier	Blue Advantage HMO & MyBlue Health Conversion Factor/Multiplier
Evaluation and Management	99201-99205, 99217-99239, 99281-99380, 99430-99499.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-32.8 SCP-29.55
E&M Preventive Medicine Services (Standard)	99381-99390, 99398-99429.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-32.8 SCP-29.55
E&M Preventive Medicine Services (Established)	99391-99397.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-32.8 SCP-29.55
E&M Established Patient Office Visits	99211-99215.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-32.8 SCP-29.55
E&M Office Consultations	99241 - 99245.	PCP-36.04 SCP-34.96	PCP-36.04 SCP-34.96	PCP-29.19 SCP-25.95
E&M Hospital Consultations	99246 - 99255.	PCP-36.04 SCP-34.96	PCP-36.04 SCP-34.96	PCP-29.19 SCP-25.95
Surgery*	10000-29199, 29281-29519, 29591-59399, 59401-59509, 59511-69999, G0104, G0105 & G0121. (except for defined place of service (POS) codes).	43.97	40.36	31.71
Surgery – ASC POS 24*	See POS 24 Code list below	50.56	46.42	36.47
Surgery – Outpatient Hospital POS 22*	See POS 22 Code list below	37.37	34.31	26.96
Surgery	29200-29280, 29520-29590.	27.12	27.12	24.40
Surgery	59400 & 59510.	39.64	39.64	31.71
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.	46.49	42.17	31.71
Medicine	92506-92508, 92520-92597, 92601-92633, 97001-97006, 97010-97028, 97032-97039, 97110-97546, 97750-97799, 97802-97804, 97810-97814, 98940-98943.	27.12	27.12	24.40
Imaging	70000-79999.	31.71	31.71	29.01
Imaging	G0106, G0120 & G6001 - G6017.	31.71	31.71	29.01
Laboratory with Relative Values	80000-89999.	19.82	19.82	19.82



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Clinical Lab	80000-89999 plus additional codes listed in the "Clinical Lab Schedule" section on the website.	0.55	0.55	0.55
Other Lab	80000-89999 listed in the "Other Lab Codes Schedule" section on the website.	0.71	0.71	0.71
HCPCS	A0000-Z9999 except those specifically listed above.	32.44	32.44	32.44
Category III	0000T-9999T.	32.44	32.44	32.44
Anesthesia	Per Unit Rate	45.00	42.00	42.00

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

CPT Code	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier	Blue Advantage HMO & MyBlue Health Conversion Factor/Multiplier
90867	450.65	450.65	450.65
90868	269.29	269.29	269.29
90869	533.23	533.23	533.23

*The following 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 Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier
52000	320.75	309.04
52281	500.26	486.60
52310	495.16	480.97
57522	917.48	895.41
58120	886.24	866.49
58555	842.95	825.67

* The codes listed below will be reimbursed at the allowable amounts indicated below.

CPT Code	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier	Blue Advantage HMO & MyBlue Health Conversion Factor/Multiplier
90460	19.65	19.65	19.65
90461	9.83	9.83	9.83
90471	15.72	15.72	15.72
90472	7.86	7.86	7.86
90473	15.72	15.72	15.72
90474	7.86	7.86	7.86



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* The codes listed below will be reimbursed using the conversion factor/multiplier indicated above if performed in a place of service Ambulatory Surgical Center (POS 24) for Collin, Dallas, Denton & Tarrant Counties only.

CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT
11450	19297	21320	23180	24147	24666	25280	26113	26455	26727	27345	27612	27769	28119	28476	29844
11462	19300	21325	23184	24149	24675	25290	26116	26460	26735	27347	27619	27784	28120	28496	29845
11463	19301	21330	23190	24164	24685	25295	26117	26471	26742	27350	27620	27810	28122	28505	29846
11470	19302	21335	23195	24201	25000	25310	26118	26474	26746	27355	27625	27822	28140	28525	29847
11770	19303	21336	23397	24300	25001	25312	26121	26478	26756	27356	27626	27823	28173	28555	29848
11771	19304	21337	23405	24301	25020	25320	26123	26480	26765	27358	27630	27825	28175	28585	29851
11772	19316	21355	23406	24305	25040	25332	26125	26490	26776	27360	27632	27827	28200	28615	29855
11960	19318	21360	23412	24310	25066	25337	26140	26496	26785	27364	27634	27828	28202	28636	29860
11971	19325	21390	23415	24340	25073	25350	26145	26497	26842	27380	27635	27829	28208	28645	29861
12037	19328	21406	23420	24341	25076	25360	26160	26498	26843	27381	27637	27832	28210	28666	29862
12046	19330	21461	23430	24342	25077	25390	26180	26500	26850	27385	27638	27842	28225	28675	29863
15003	19340	21550	23440	24343	25078	25394	26185	26502	26860	27386	27641	27848	28226	28705	29866
15101	19342	21552	23450	24344	25085	25400	26200	26508	26861	27394	27650	27860	28238	28715	29871
15110	19355	21554	23455	24345	25100	25405	26205	26516	26862	27396	27652	27870	28250	28725	29873
15150	19357	21556	23462	24346	25101	25415	26210	26520	26863	27403	27654	27871	28262	28730	29874
15155	19366	21558	23465	24357	25105	25425	26215	26525	26910	27405	27658	27884	28285	28735	29875
15200	19370	21932	23466	24358	25107	25431	26230	26530	26951	27407	27659	27892	28288	28737	29876
15273	19371	21933	23480	24359	25109	25440	26235	26531	26952	27409	27664	28008	28289	28740	29877
15650	19380	21935	23485	24362	25110	25445	26236	26535	26990	27416	27665	28020	28291	28750	29879
15731	20150	21936	23550	24363	25111	25447	26250	26536	26991	27418	27675	28022	28292	28755	29880
15734	20206	22102	23552	24365	25112	25450	26260	26540	27000	27420	27676	28035	28296	28760	29881
15736	20225	22510	23585	24366	25115	25515	26320	26541	27001	27422	27680	28039	28297	28810	29882
15738	20680	22511	23605	24371	25116	25520	26350	26542	27041	27424	27685	28041	28298	28820	29883
15777	20690	22513	23615	24400	25118	25525	26352	26545	27043	27425	27686	28047	28299	28825	29884
15820	20692	22514	23630	24430	25120	25526	26356	26546	27045	27427	27687	28052	28300	29800	29885
15821	20693	22900	23665	24435	25125	25545	26357	26548	27048	27428	27691	28055	28302	29804	29886
15822	20694	22901	23670	24515	25126	25574	26358	26550	27059	27429	27695	28060	28304	29806	29887
15830	20902	22903	23700	24516	25130	25575	26370	26561	27062	27430	27696	28062	28305	29807	29888
15832	20924	22905	23921	24538	25135	25606	26373	26562	27080	27437	27698	28070	28306	29819	29891
15836	20982	23020	24000	24545	25145	25645	26390	26565	27257	27438	27700	28080	28307	29820	29892
15839	21015	23040	24006	24546	25150	25652	26392	26567	27266	27440	27704	28090	28308	29821	29893
15841	21016	23044	24073	24566	25151	25671	26410	26587	27305	27442	27705	28100	28309	29822	29894
15936	21029	23066	24076	24575	25210	25676	26412	26591	27306	27446	27707	28103	28313	29823	29895
15937	21034	23073	24077	24579	25215	25695	26418	26593	27307	27475	27709	28104	28315	29825	29897
16030	21047	23076	24101	24582	25230	25800	26420	26608	27310	27479	27720	28106	28320	29826	29898
19081	21121	23078	24102	24586	25240	25810	26426	26645	27324	27502	27726	28107	28322	29827	29899
19083	21123	23120	24105	24587	25259	25820	26428	26650	27328	27509	27732	28108	28340	29828	29905
19085	21198	23125	24110	24605	25260	25825	26433	26665	27331	27570	27752	28110	28344	29834	29906
19101	21199	23130	24116	24615	25265	26034	26434	26676	27332	27600	27758	28111	28345	29835	29907
19110	21235	23140	24120	24620	25270	26037	26437	26685	27334	27601	27759	28112	28415	29836	29914
19120	21244	23146	24130	24635	25272	26045	26440	26686	27335	27602	27762	28114	28420	29837	29915
19125	21245	23150	24140	24655	25274	26055	26442	26706	27339	27606	27766	28116	28445	29838	29916
19126	21280	23155	24145	24665	25275	26111	26445	26715	27340	27610	27768	28118	28465	29840	30118



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Table with 16 columns of CPT codes ranging from 30125 to 31625.



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* The codes listed below will be reimbursed using the conversion factor/multiplier indicated above if performed in a place of service of Outpatient Hospital (POS 22) for Collin, Dallas, Denton & Tarrant Counties only.

CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT
29826	30140	42825	45380	45385	45392	47564	49650	49654	52005	52235	52332	52356	64493	66984
29827	31255	42826	45381	45386	45393	49505	49651	49655	52204	52260	52351	57288	64721	69436
29881	42820	45378	45382	45388	47562	49585	49652	50590	52224	52281	52352	58558	66821	G0105
29888	42821	45379	45384	45390	47563	49587	49653	52000	52234	52310	52353	64483	66982	G0121

Notes:

- The maximum allowable fee will be the result of multiplying the relative value (RV) as posted on the BCBSTX Website and the applicable conversion factor as outlined in the table above. The relative values will consider the site of service where the service is performed (facility, non-facility). The conversion factor for certain surgical codes may vary by place of service for Ambulatory Surgical Center and Outpatient Hospital.
- 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 maximum allowable fee as described above based on participating role (PCP or SCP). Drugs, Clinical Lab, Other Lab, Durable Medical Equipment/ Prosthetics and Orthotics will be reimbursed at 100% of the published rates.
- Laboratory procedures 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.
- 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.
- Procedures not covered by any of the above specifications; please see the BCBSTX fee schedule posted on the Website under www.bcbstx.com/provider (under the Standards & Requirements tab - go to the General Reimbursement Information section and click on View General Reimbursement Information).
- Please refer to your current BCBSTX Agreement(s) for further clarification on pricing. The conversion factor utilized by Blue Cross and Blue Shield of Texas will be 36.0391 effective 3/1/2020.

The reimbursement information disclosed above contains confidential information proprietary to BCBSTX. The use and disclosure of this information is restricted under Texas Insurance Code Section 1301.136(b), Texas Insurance Code Section 843.321(b) and the terms of your Blue Choice PPOSM, Blue EssentialsSM (including the Health Select Network), Blue PremierSM, Blue High Performance, Blue Advantage HMOSM, MyBlue Health and ParPlan Agreement(s).



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**Maximum Allowable Fee Schedules
Effective 3/1/2020**

**Primary Care Physician or Provider (PCP) – MD & DO
Specialty Care Physician or Provider (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

Definition	Range	Blue Choice PPO & Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier	Blue Advantage HMO & Conversion Factor/Multiplier
Evaluation and Management	99201-99205, 99217-99239, 99281-99380, 99430-99499.	PCP-37.12 SCP-36.04	PCP-36.4 SCP-35.32	PCP-33.52 SCP-25.77
E&M Preventive Medicine Services (Standard)	99381-99390, 99398-99429.	PCP-37.12 SCP-36.04	PCP-36.4 SCP-35.32	PCP-33.52 SCP-25.77
E&M Preventive Medicine Services (Established)	99391-99397.	PCP-37.12 SCP-36.04	PCP-36.4 SCP-35.32	PCP-33.52 SCP-25.77
E&M Established Patient Office Visits	99211-99215.	PCP-37.12 SCP-36.04	PCP-36.4 SCP-35.32	PCP-33.52 SCP-25.77
E&M Office Consultations	99241 - 99245.	PCP-36.04 SCP-34.96	PCP-35.32 SCP-34.24	PCP-29.19 SCP-25.77
E&M Hospital Consultations	99246 - 99255.	PCP-36.04 SCP-34.96	PCP-35.32 SCP-34.24	PCP-29.19 SCP-25.77
Surgery*	10000-29199, 29281-29519, 29591-59399, 59401-59509, 59511-69999, G0104, G0105 & G0121. (except for defined place of service (POS) codes).	41.99	36.04	29.79
Surgery – ASC POS 24*	See POS 24 Code list below	48.29	41.44	34.26
Surgery – Outpatient Hospital POS 22*	See POS 22 Code list below	35.69	30.63	25.32
Surgery	29200-29280, 29520-29590.	27.12	27.12	24.40
Surgery	59400 & 59510.	37.84	36.04	29.79
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–	43.25	37.12	29.79



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	99999.			
Medicine	92506-92508, 92520-92597, 92601-92633, 97001-97006, 97010-97028, 97032-97039, 97110-97546, 97750-97799, 97802-97804, 97810-97814, 98940-98943.	27.12	27.12	24.40
Imaging	70000-79999.	31.71	31.71	31.71
Imaging	G0106, G0120 & G6001 - G6017.	31.71	31.71	31.71
Laboratory with Relative Values	80000-89999.	19.82	19.82	19.82
Clinical Lab	80000-89999 plus additional codes listed in the "Clinical Lab Schedule" section on the website.	0.55	0.55	0.55
Other Lab	80000-89999 listed in the "Other Lab Codes Schedule" section on the website.	0.71	0.71	0.71
HCPCS	A0000-Z9999 except those specifically listed above.	32.44	32.44	32.44
Category III	0000T-9999T.	32.44	32.44	32.44
Anesthesia	Per Unit Rate	45	42	42

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

CPT Code	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier	Blue Advantage HMO & Conversion Factor/Multiplier
90867	450.65	450.65	450.65
90868	269.29	269.29	269.29
90869	533.23	533.23	533.23

*The following 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 Conversion Factor/Multiplier	Blue Essentials, Blue Premier* & Blue High Performance* Conversion Factor/Multiplier
52000	315.54	293.42
52281	494.19	468.37



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52310	488.85	462.05
57522	907.67	865.97
58120	877.46	840.15
58555	835.27	802.64

* The codes listed below will be reimbursed at the allowable amounts indicated below.

CPT Code	Blue Choice PPO & Conversion Factor/Multiplier	Blue Essentials, Blue Premier & Blue High Performance Conversion Factor/Multiplier	Blue Advantage HMO & Conversion Factor/Multiplier
90460	19.65	19.65	19.65
90461	9.83	9.83	9.83
90471	15.72	15.72	15.72
90472	7.86	7.86	7.86
90473	15.72	15.72	15.72
90474	7.86	7.86	7.86

* The codes listed below will be reimbursed using the conversion factor/multiplier indicated above if performed in a place of service Ambulatory Surgical Center (POS 24).

11450	19297	21320	23180	24147	24666	25280	26113	26455	26727	27345	27612	27769	28119	28476	29844
11462	19300	21325	23184	24149	24675	25290	26116	26460	26735	27347	27619	27784	28120	28496	29845
11463	19301	21330	23190	24164	24685	25295	26117	26471	26742	27350	27620	27810	28122	28505	29846
11470	19302	21335	23195	24201	25000	25310	26118	26474	26746	27355	27625	27822	28140	28525	29847
11770	19303	21336	23397	24300	25001	25312	26121	26478	26756	27356	27626	27823	28173	28555	29848
11771	19304	21337	23405	24301	25020	25320	26123	26480	26765	27358	27630	27825	28175	28585	29851
11772	19316	21355	23406	24305	25040	25332	26125	26490	26776	27360	27632	27827	28200	28615	29855
11960	19318	21360	23412	24310	25066	25337	26140	26496	26785	27364	27634	27828	28202	28636	29860
11971	19325	21390	23415	24340	25073	25350	26145	26497	26842	27380	27635	27829	28208	28645	29861
12037	19328	21406	23420	24341	25076	25360	26160	26498	26843	27381	27637	27832	28210	28666	29862
12046	19330	21461	23430	24342	25077	25390	26180	26500	26850	27385	27638	27842	28225	28675	29863
15003	19340	21550	23440	24343	25078	25394	26185	26502	26860	27386	27641	27848	28226	28705	29866
15101	19342	21552	23450	24344	25085	25400	26200	26508	26861	27394	27650	27860	28238	28715	29871
15110	19355	21554	23455	24345	25100	25405	26205	26516	26862	27396	27652	27870	28250	28725	29873
15150	19357	21556	23462	24346	25101	25415	26210	26520	26863	27403	27654	27871	28262	28730	29874
15155	19366	21558	23465	24357	25105	25425	26215	26525	26910	27405	27658	27884	28285	28735	29875
15200	19370	21932	23466	24358	25107	25431	26230	26530	26951	27407	27659	27892	28288	28737	29876
15273	19371	21933	23480	24359	25109	25440	26235	26531	26952	27409	27664	28008	28289	28740	29877
15650	19380	21935	23485	24362	25110	25445	26236	26535	26990	27416	27665	28020	28291	28750	29879
15731	20150	21936	23550	24363	25111	25447	26250	26536	26991	27418	27675	28022	28292	28755	29880
15734	20206	22102	23552	24365	25112	25450	26260	26540	27000	27420	27676	28035	28296	28760	29881
15736	20225	22510	23585	24366	25115	25515	26320	26541	27001	27422	27680	28039	28297	28810	29882
15738	20680	22511	23605	24371	25116	25520	26350	26542	27041	27424	27685	28041	28298	28820	29883
15777	20690	22513	23615	24400	25118	25525	26352	26545	27043	27425	27686	28047	28299	28825	29884
15820	20692	22514	23630	24430	25120	25526	26356	26546	27045	27427	27687	28052	28300	29800	29885
15821	20693	22900	23665	24435	25125	25545	26357	26548	27048	27428	27691	28055	28302	29804	29886
15822	20694	22901	23670	24515	25126	25574	26358	26550	27059	27429	27695	28060	28304	29806	29887
15830	20902	22903	23700	24516	25130	25575	26370	26561	27062	27430	27696	28062	28305	29807	29888
15832	20924	22905	23921	24538	25135	25606	26373	26562	27080	27437	27698	28070	28306	29819	29891
15836	20982	23020	24000	24545	25145	25645	26390	26565	27257	27438	27700	28080	28307	29820	29892
15839	21015	23040	24006	24546	25150	25652	26392	26567	27266	27440	27704	28090	28308	29821	29893
15841	21016	23044	24073	24566	25151	25671	26410	26587	27305	27442	27705	28100	28309	29822	29894
15936	21029	23066	24076	24575	25210	25676	26412	26591	27306	27446	27707	28103	28313	29823	29895



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Table with 16 columns and 15 rows of numerical data.

Table with 16 columns and 40 rows of numerical data.



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* The codes listed below will be reimbursed using the conversion factor/multiplier indicated above if performed in a place of service of Outpatient Hospital (POS 22).

CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT	CPT
29826	30140	42825	45380	45385	45392	47564	49650	49654	52005	52235	52332	52356	64493	66984
29827	31255	42826	45381	45386	45393	49505	49651	49655	52204	52260	52351	57288	64721	69436
29881	42820	45378	45382	45388	47562	49585	49652	50590	52224	52281	52352	58558	66821	G0105
29888	42821	45379	45384	45390	47563	49587	49653	52000	52234	52310	52353	64483	66982	G0121

Notes:

- The maximum allowable fee will be the result of multiplying the relative value (RV) as posted on the BCBSTX Website and the applicable conversion factor as outlined in the table above. The relative values will consider the site of service where the service is performed (facility, non-facility). The conversion factor for certain surgical codes may vary by place of service for Ambulatory Surgical Center and Outpatient Hospital.
- 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 maximum allowable fee as described above based on participating role (PCP or SCP). Drugs, Clinical Lab, Other Lab, Durable Medical Equipment/ Prosthetics and Orthotics will be reimbursed at 100% of the published rates.
- Laboratory procedures 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.
- 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.
- Procedures not covered by any of the above specifications; please see the BCBSTX fee schedule posted on the Website under www.bcbstx.com/provider (under the Standards & Requirements tab - go to the General Reimbursement Information section and click on View General Reimbursement Information).
- Please refer to your current BCBSTX Agreement(s) for further clarification on pricing. The conversion factor utilized by Blue Cross and Blue Shield of Texas will be 36.0391 effective 3/1/2020.

The reimbursement information disclosed above contains confidential information proprietary to BCBSTX. The use and disclosure of this information is restricted under Texas Insurance Code Section 1301.136(b), Texas Insurance Code Section 843.321(b) and the terms of your Blue Choice PPOSM, Blue EssentialsSM (including the Health Select Network), Blue PremierSM, Blue High Performance, Blue Advantage HMOSM.



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**Maximum Allowable Fee Schedules
Effective 3/1/2020**

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

Counties: Anderson, Camp, Cass, Cherokee, Delta, Franklin, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt & Wood

Definition	Range	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials & Blue Premier Conversion Factor/Multiplier	Blue Advantage HMO Conversion Factor/Multiplier
Evaluation and Management	99201-99205, 99217-99239, 99281-99380, 99430-99499.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-33.52 SCP-28.83
E&M Preventive Medicine Services (Standard)	99381-99390, 99398-99429.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-33.52 SCP-28.83
E&M Preventive Medicine Services (Established)	99391-99397.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-33.52 SCP-28.83
E&M Established Patient Office Visits	99211-99215.	PCP-38.2 SCP-37.12	PCP-37.48 SCP-36.4	PCP-33.52 SCP-28.83
E&M Office Consultations	99241 - 99245.	PCP-36.04 SCP-34.96	PCP-36.04 SCP-34.96	PCP-29.19 SCP-25.77
E&M Hospital Consultations	99246 - 99255.	PCP-36.04 SCP-34.96	PCP-36.04 SCP-34.96	PCP-29.19 SCP-25.77
Surgery*	10000-29199, 29281-29519, 29591-59399, 59401-59509, 59511-69999, G0104, G0105 & G0121. (except for defined place of service (POS) codes).	56.85	53.61	33.30
Surgery	29200-29280, 29520-29590.	27.12	27.12	24.40
Surgery	59400 & 59510.	Flat Fee	46.85	Flat Fee
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.	57.12	54.06	33.30
Medicine	92506-92508, 92520-92597, 92601-92633, 97001-97006, 97010-97028, 97032-97039, 97110-97546, 97750-97799, 97802-97804, 97810-97814, 98940-98943.	27.12	27.12	24.40
Imaging	70000-79999.	34.60	34.60	29.01
Imaging	G0106, G0120 & G6001 - G6017.	34.60	34.60	29.01
Laboratory with Relative Values	80000-89999.	30.27	30.27	19.82



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Clinical Lab	80000-89999 plus additional codes listed in the "Clinical Lab Schedule" section on the website.	0.84	0.84	0.55
Other Lab	80000-89999 listed in the "Other Lab Codes Schedule" section on the website.	1.00	1.00	0.71
HCPCS	A0000-Z9999 except those specifically listed above.	32.44	32.44	32.44
Category III	0000T-9999T.	32.44	32.44	32.44
Anesthesia	Per Unit Rate	45	42	42

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

CPT Code	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials Blue Premier Conversion Factor/Multiplier	Blue Advantage Conversion Factor/Multiplier
90867	450.65	450.65	450.65
90868	269.29	269.29	269.29
90869	533.23	533.23	533.23

*The following 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 Conversion Factor/Multiplier	Blue Essentials & Blue Premier Conversion Factor/Multiplier
52000	368.57	356.86
52281	556.08	542.41
52310	553.10	538.91
57522	1,007.64	985.56
58120	966.90	947.15
58555	913.50	896.22

* The codes listed below will be reimbursed at the allowable amounts indicated below.

CPT Code	Blue Choice PPO Conversion Factor/Multiplier	Blue Essentials & Blue Premier Conversion Factor/Multiplier	Blue Advantage Conversion Factor/Multiplier
90460	19.65	19.65	19.65
90461	9.83	9.83	9.83
90471	15.72	15.72	15.72
90472	7.86	7.86	7.86
90473	15.72	15.72	15.72
90474	7.86	7.86	7.86



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