|  |  |  |  |
| --- | --- | --- | --- |
| **PROCEDURE****CODE** | **PAR FEE****Allowable** | **NON PAR FEE****Allowable** | **Limiting****Charge** |

**Locality #9 – Brazoria**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.01 | $27.56 | $31.69 |
| 98941  | $42.15 | $40.04 | $46.05 |
| 98942  | $54.52 | $51.79 | $59.56 |

**Locality #11 – Dallas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.02 | $27.57 | $31.71 |
| 98941  | $42.16 | $40.05 | $46.06 |
| 98942  | $54.48 | $51.76 | $59.52 |

**Locality #15 – Galveston**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.17 | $27.71 | $31.87 |
| 98941  | $42.37 | $40.25 | $46.29 |
| 98942  | $54.78 | $52.04 | $59.85 |

**Locality #18 – Harris**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.26 | $27.80 | $31.97 |
| 98941  | $42.46 | $40.34 | $46.39 |
| 98942  | $54.90 | $52.16 | $59.98 |

**Locality #20 – Jefferson**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $27.84 | $26.45 | $30.42 |
| 98941  | $40.51 | $38.48 | $44.25 |
| 98942  | $52.49 | $49.87 | $57.35 |

**Locality #28 – Tarrant**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $28.60 | $27.17 | $31.25 |
| 98941  | $41.59 | $39.51 | $45.44 |
| 98942  | $53.77 | $51.08 | $58.74 |

**Locality #31 – Travis**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $28.89 | $27.45 | $31.57 |
| 98941  | $41.95 | $39.85 | $45.83 |
| 98942  | $54.17 | $51.46 | $59.18 |

**Locality #99 – Rest of Texas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $27.97 | $26.57 | $30.56 |
| 98941  | $40.70 | $38.67 | $44.47 |
| 98942  | $52.70 | $50.07 | $57.58 |

Medicare ***does not*** pay for the CMT code 98943.

**Participating providers** have agreed (by contract) to ***always*** accept assignment on Medicare patients. They collect 20% of the “allowable” fee [1st column] from the patient and 80% of the allowable fee will be paid directly to the doctor from MC. Non-compliant doctors’ checks will automatically be deducted adjusted amounts for MIPS (if required to comply).\*

**Non-participating providers** may pick and choose which patient they want to accept assign on —patient to patient, visit to visit.

If a **non-participating provider accepts assignment**, they use the second column and charge the patient the “non-par/assign/allowable” amount. They collect 20% of that amount from the patient and MC pays 80% of that amount directly to the doctor (minus any fines, if applicable).\*

Non-par “limiting fee” [3rd column] is the amount the doctor can legally collect (for the CMT) from the patient on a **non-assigned claim**, however, the patient will be reimbursed from MC only 80% of the “allowable non-par” amount [2nd column] not 80% of the limiting fee. [This amount is ONLY if the Doctor is compliant with MIPS (if required to comply); amount may change if MIPS fines apply.]\*

*\*2019 FINES ARE BASED ON 2017 MIPS SCORES –YOU MAY BE EXEMPT; MIPS EXEMPTION IN 2017 WAS 100 MC PATIENTS OR $30,000 IN MC PAYMENTS.*

**Deductibles are met on “allowable” fee amounts ONLY.**

**Deductible for 2019 is: $185.00**