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

**Locality #9 – Brazoria**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.31 | $27.84 | $32.02 |
| 98941  | $42.21 | $40.10 | $46.12 |
| 98942  | $55.00 | $52.25 | $60.09 |

**Locality #11 – Dallas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.28 | $27.82 | $31.99 |
| 98941  | $42.15 | $40.04 | $46.05 |
| 98942  | $54.89 | $52.15 | $59.97 |

**Locality #15 – Galveston**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.42 | $27.95 | $32.14 |
| 98941  | $42.35 | $40.23 | $46.26 |
| 98942  | $55.17 | $52.41 | $60.27 |

**Locality #18 – Harris**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.51 | $28.03 | $32.23 |
| 98941  | $42.45 | $40.33 | $46.38 |
| 98942  | $55.35 | $52.58 | $60.47 |

**Locality #20 – Jefferson**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $27.88 | $26.49 | $30.46 |
| 98941  | $40.22 | $38.21 | $43.94 |
| 98942  | $52.47 | $49.85 | $57.33 |

**Locality #28 – Tarrant**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $28.82 | $27.38 | $31.49 |
| 98941  | $41.52 | $39.44 | $45.36 |
| 98942  | $54.09 | $51.39 | $59.10 |

**Locality #31 – Travis**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $29.22 | $27.76 | $31.92 |
| 98941  | $41.99 | $39.89 | $45.87 |
| 98942  | $54.63 | $51.90 | $59.69 |

**Locality #99 – Rest of Texas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940  | $28.06 | $26.66 | $30.66 |
| 98941  | $40.47 | $38.45 | $44.22 |
| 98942  | $52.78 | $50.14 | $57.66 |

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 Sequestration or 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.]

* *”Sequestration” is a 2% budget deduction issue taken on ALL federally funded payments; it applies to participating and non-par doctors and cannot be collected from patients.*

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

**Deductible for 2020 is: $198.00**