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

**Locality #9 – Brazoria**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.89 | $27.45 | $31.57 |
| 98941 | $41.46 | $39.39 | $45.30 |
| 98942 | $54.23 | $51.52 | $59.25 |

**Locality #11 – Dallas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.78 | $27.34 | $31.44 |
| 98941 | $41.29 | $39.23 | $45.11 |
| 98942 | $53.98 | $51.28 | $58.97 |

**Locality #15 – Galveston**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.93 | $27.48 | $31.60 |
| 98941 | $41.51 | $39.43 | $45.34 |
| 98942 | $54.29 | $51.58 | $59.32 |

**Locality #18 – Harris**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $29.09 | $27.64 | $31.79 |
| 98941 | $41.68 | $39.60 | $45.54 |
| 98942 | $54.59 | $51.86 | $59.64 |

**Locality #20 – Jefferson**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.44 | $26.07 | $29.98 |
| 98941 | $39.46 | $37.49 | $43.11 |
| 98942 | $51.67 | $49.09 | $56.45 |

**Locality #28 – Tarrant**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.30 | $26.89 | $30.92 |
| 98941 | $40.63 | $38.60 | $44.39 |
| 98942 | $53.16 | $50.50 | $58.08 |

**Locality #31 – Travis**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.80 | $27.36 | $31.46 |
| 98941 | $41.22 | $39.16 | $45.03 |
| 98942 | $53.83 | $51.14 | $58.81 |

**Locality #99 – Rest of Texas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.58 | $26.20 | $30.13 |
| 98941 | $39.64 | $37.66 | $43.31 |
| 98942 | $51.90 | $49.31 | $56.71 |

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

**Participating providers** have agreed (by contract) to ***always*** accept assignment on Medicare patients. After the deductible, 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 (minus Sequestration or any fines, if applicable).\* Non-compliant doctors’ checks will automatically be deducted or added 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. After the deductible they collect 20% of that amount from the patient and MC pays 80% of that amount directly to the doctor after deductible (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, after the deductible has been satisfied. [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 2021 is: $203.00**