

Texas Medicare Fees– Part B (Novitas JH & Rail Road)

2023

PROCEDURE CODE	PAR FEE Allowable	NON PAR FEE Allowable	Limiting Charge
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Locality #9 – Brazoria

98940	\$28.20	\$26.79	\$30.81
98941	\$40.65	\$38.62	\$44.41
98942	\$52.75	\$50.11	\$57.63

Locality #11 – Dallas

98940	\$28.16	\$26.75	\$30.76
98941	\$40.56	\$38.53	\$44.31
98942	\$52.63	\$50.00	\$57.50

Locality #15 – Galveston

98940	\$28.20	\$26.79	\$30.81
98941	\$40.64	\$38.61	\$44.40
98942	\$52.74	\$50.10	\$57.62

Locality #18 – Harris

98940	\$28.39	\$26.97	\$31.02
98941	\$40.84	\$38.80	\$44.62
98942	\$52.95	\$50.30	\$57.85

Locality #20 – Jefferson

98940	\$26.80	\$25.46	\$29.28
98941	\$38.72	\$36.78	\$42.30
98942	\$50.32	\$47.80	\$54.97

Locality #28 – Tarrant

98940	\$27.85	\$26.46	\$30.43
98941	\$40.14	\$38.13	\$43.85
98942	\$52.10	\$49.50	\$56.93

Locality #31 – Travis

98940	\$28.32	\$26.90	\$30.94
98941	\$40.72	\$38.68	\$44.48
98942	\$52.76	\$50.12	\$57.64

Locality #99 – Rest of Texas

98940	\$27.11	\$25.75	\$29.61
98941	\$39.13	\$37.17	\$42.75
98942	\$50.82	\$48.28	\$55.52

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 MACRA/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 MACRA/MIPS (***if required to comply***); **amount may change if MACRA/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 2023 is: \$226.00