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

**Locality #9 – Brazoria**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.06 | $25.71 | $29.57 |
| 98941 | $38.99 | $37.04 | $42.60 |
| 98942 | $50.25 | $47.74 | $54.90 |

**Locality #11 – Dallas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.06 | $25.71 | $29.57 |
| 98941 | $38.96 | $37.01 | $42.56 |
| 98942 | $50.20 | $47.69 | $54.84 |

**Locality #15 – Galveston**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.01 | $25.66 | $29.51 |
| 98941 | $38.92 | $36.97 | $42.52 |
| 98942 | $50.16 | $47.65 | $54.80 |

**Locality #18 – Harris**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.23 | $25.87 | $29.75 |
| 98941 | $39.14 | $37.18 | $42.76 |
| 98942 | $50.40 | $47.88 | $55.06 |

**Locality #20 – Jefferson**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $25.72 | $24.43 | $28.09 |
| 98941 | $37.16 | $35.30 | $40.60 |
| 98942 | $48.01 | $45.61 | $52.45 |

**Locality #28 – Tarrant**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $26.96 | $25.61 | $29.45 |
| 98941 | $38.83 | $36.89 | $42.42 |
| 98942 | $50.05 | $47.55 | $54.68 |

**Locality #31 – Travis**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.35 | $25.98 | $29.88 |
| 98941 | $39.30 | $37.34 | $42.94 |
| 98942 | $50.57 | $48.04 | $55.25 |

**Locality #99 – Rest of Texas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $26.20 | $24.89 | $28.62 |
| 98941 | $37.79 | $35.90 | $41.29 |
| 98942 | $48.76 | $46.32 | $53.27 |

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 2024 is: $240.00 (up $14.)**