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

**Locality #9 – Brazoria**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.66 | $27.23 | $31.31 |
| 98941 | $41.12 | $39.06 | $44.92 |
| 98942 | $53.78 | $51.09 | $58.75 |

**Locality #11 – Dallas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.55 | $27.12 | $31.19 |
| 98941 | $40.95 | $38.90 | $44.74 |
| 98942 | $53.54 | $50.86 | $58.49 |

**Locality #15 – Galveston**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.69 | $27.26 | $31.35 |
| 98941 | $41.17 | $39.11 | $44.98 |
| 98942 | $53.84 | $51.15 | $58.82 |

**Locality #18 – Harris**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.85 | $27.41 | $31.52 |
| 98941 | $41.34 | $39.27 | $45.16 |
| 98942 | $54.14 | $51.43 | $59.14 |

**Locality #20 – Jefferson**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.22 | $25.86 | $29.74 |
| 98941 | $39.13 | $37.17 | $42.75 |
| 98942 | $51.24 | $48.68 | $55.98 |

**Locality #28 – Tarrant**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.07 | $26.67 | $30.67 |
| 98941 | $40.30 | $38.29 | $44.03 |
| 98942 | $52.72 | $50.08 | $57.59 |

**Locality #31 – Travis**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $28.57 | $27.14 | $31.21 |
| 98941 | $40.88 | $38.84 | $44.67 |
| 98942 | $53.38 | $50.71 | $58.32 |

**Locality #99 – Rest of Texas**

|  |  |  |  |
| --- | --- | --- | --- |
| 98940 | $27.36 | $25.99 | $29.89 |
| 98941 | $39.31 | $37.34 | $42.94 |
| 98942 | $51.47 | $48.90 | $56.24 |

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 2022 is: $233.00**