

Medicare Plus BlueSM PPO

Enhanced Benefits Fee Schedule



Fee schedule for Medicare Plus Blue revised January 16, 2025

- Inclusion of a fee schedule amount for an item doesn't necessarily indicate coverage.
- Shaded cell indicates codes are no longer covered for the enhanced benefit. *I.C. – Individual Consideration

| Physician Services Procedure code | Location of service: F = Facility NF = Non-facility | Effective 07/01/2022 Allowed Amount | Effective 07/01/2023 Allowed Amount | Effective 07/01/2024 Allowed Amount |
|--------------------------------------|---|--|--|--|
| 0362T | | N/A | \$37.50 | \$37.50 |
| 0373T | | N/A | \$37.50 | \$37.50 |
| 43842 | | N/A | \$1811.01 | \$1837.47 |
| 58300 | F | \$62.31 | \$63.68 | \$63.00 |
| 58300 | NF | \$140.10 | \$140.93 | \$139.02 |
| 58970 | F | N/A | \$308.53 | \$312.64 |
| 58970 | NF | N/A | \$381.96 | \$386.14 |
| 58974 | Same | N/A | \$703.47 | \$765.96 |
| 58976 | F | N/A | \$334.41 | \$337.14 |
| 58976 | NF | N/A | \$410.49 | \$414.36 |
| 59840 | F | N/A | \$354.49 | \$360.04 |
| 59840 | NF | N/A | \$399.39 | \$405.31 |
| 59841 | N | N/A | \$593.28 | \$602.37 |
| 59841 | NF | N/A | \$681.51 | \$690.25 |
| 59850 | | N/A | \$623.92 | \$633.79 |
| 59851 | | N/A | \$683.62 | \$693.98 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Physician Services Procedure code | Location of service: F = Facility NF = Non-facility | Effective 07/01/2022 Allowed Amount | Effective 07/01/2023 Allowed Amount | Effective 07/01/2024 Allowed Amount |
|--------------------------------------|---|--|--|--|
| 59852 | | N/A | \$941.43 | \$953.35 |
| 59855 | | N/A | \$678.34 | \$688.12 |
| 59856 | | N/A | \$792.98 | \$804.23 |
| 59857 | | N/A | \$924.00 | \$935.78 |
| 80050 | Same | \$35.77 | \$35.77 | \$35.77 |
| 89250 | | N/A | \$225.37 | \$225.37 |
| 89253 | | N/A | \$291.11 | \$291.11 |
| 89254 | | N/A | \$436.66 | \$436.66 |
| 89255 | | N/A | \$127.36 | \$127.36 |
| 89257 | | N/A | \$18.22 | \$18.22 |
| 89258 | | N/A | \$254.71 | \$254.71 |
| 89259 | | N/A | \$254.71 | \$254.71 |
| 89261 | | N/A | \$13.46 | \$13.46 |
| 89264 | | N/A | \$18.22 | \$18.22 |
| 89268 | | N/A | \$94.00 | \$94.00 |
| 89272 | | N/A | \$270.00 | \$270.00 |
| 89280 | | N/A | \$1260.75 | \$1,260.75 |
| 89281 | | N/A | \$1,575.94 | \$1,575.94 |
| 89290 | | N/A | \$1,134.68 | \$1,134.68 |
| 89291 | | N/A | \$1,575.94 | \$1,575.94 |
| 89337 | | N/A | \$150.00 | \$150.00 |
| 89342 | | N/A | \$240.00 | \$240.00 |
| 89343 | | N/A | \$150.00 | \$150.00 |

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| Physician Services Procedure code | Location of service: F = Facility NF = Non-facility | Effective 07/01/2022 Allowed Amount | Effective 07/01/2023 Allowed Amount | Effective 07/01/2024 Allowed Amount |
|--------------------------------------|---|--|--|--|
| 89346 | | N/A | \$150.00 | \$150.00 |
| 89352 | | N/A | \$300 | \$300.00 |
| 92015 | F | \$21.75 | \$21.30 | \$21.37 |
| | NF | \$22.13 | \$22.08 | \$22.14 |
| 97151 | Same | N/A | \$42.82 | \$42.82 |
| 97152 | Same | N/A | \$25.00 | \$25.00 |
| 97153 | Same | N/A | \$18.75 | \$18.83 |
| 97154 | Same | N/A | \$17.45 | \$17.45 |
| 97155 | Same | N/A | \$25.83 | \$25.38 |
| 97156 | Same | N/A | \$37.50 | \$37.50 |
| 97157 | Same | N/A | \$23.79 | \$23.79 |
| 97158 | Same | N/A | \$23.79 | \$23.79 |
| 97802 | F | N/A | \$50.72 | \$50.60 |
| 97802 | NF | N/A | \$57.58 | \$58.05 |
| 97803 | F | N/A | \$42.79 | \$43.14 |
| 97803 | NF | N/A | \$50.19 | \$50.60 |
| 97804 | F | N/A | \$24.30 | \$24.50 |
| 97804 | NF | N/A | \$26.42 | \$26.63 |
| 97810 | F | \$47.89 | \$48.08 | \$48.47 |
| | NF | \$60.38 | \$60.23 | \$61.25 |
| 97811 | F | \$40.60 | \$40.68 | \$40.48 |
| | NF | \$45.28 | \$45.43 | \$45.27 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Physician Services Procedure code | Location of service: F = Facility NF = Non-facility | Effective 07/01/2022 Allowed Amount | Effective 07/01/2023 Allowed Amount | Effective 07/01/2024 Allowed Amount |
|--------------------------------------|---|--|--|--|
| 97813 | F | \$51.53 | \$52.30 | \$52.73 |
| | NF | \$70.79 | \$71.32 | \$72.43 |
| 97814 | F | \$44.24 | \$44.38 | \$44.74 |
| | NF | \$58.30 | \$58.11 | \$58.59 |
| 99381 | Same | \$167.08 | \$170.64 | \$174.16 |
| 99382 | Same | \$174.37 | \$178.04 | \$182.15 |
| 99383 | Same | \$132.80 | \$136.56 | \$137.92 |
| 99384 | Same | \$151.11 | \$152.60 | \$154.62 |
| 99385 | Same | \$146.53 | \$148.34 | \$150.35 |
| 99386 | Same | \$169.43 | \$170.80 | \$173.27 |
| 99387 | Same | \$183.17 | \$185.90 | \$188.03 |
| 99391 | Same | \$150.95 | \$153.21 | \$156.58 |
| 99392 | Same | \$160.31 | \$162.77 | \$166.70 |
| 99393 | Same | \$117.15 | \$119.68 | \$121.21 |
| 99394 | Same | \$128.22 | \$130.52 | \$132.48 |
| 99395 | Same | \$130.89 | \$133.62 | \$135.59 |
| 99396 | Same | \$140.81 | \$141.75 | \$144.13 |
| 99397 | Same | \$151.50 | \$152.92 | \$155.01 |
| A4261 | Same | \$78.84 | \$78.84 | \$78.84 |
| G0270 | F | N/A | \$42.79 | \$43.14 |
| | NF | N/A | \$50.19 | \$50.60 |
| G0271 | F | N/A | \$24.30 | \$24.50 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Physician Services Procedure code | Location of service: F = Facility NF = Non-facility | Effective 07/01/2022 Allowed Amount | Effective 07/01/2023 Allowed Amount | Effective 07/01/2024 Allowed Amount |
|--------------------------------------|---|--|--|--|
| G0271 | NF | N/A | \$26.42 | \$26.63 |
| H0031 | | N/A | \$168.75 | \$168.75 |
| H0032 | | N/A | \$168.75 | \$168.75 |
| H2014 | | N/A | \$17.19 | \$17.19 |
| H2019 | | N/A | \$17.19 | \$17.19 |
| S0620 | F | N/A | \$52.29 | \$52.06 |
| | NF | N/A | \$98.37 | \$98.68 |
| S0621 | F | N/A | \$57.71 | \$57.50 |
| | NF | N/A | \$103.41 | \$103.73 |
| S0800 | | \$1,168.35 | \$1,197.56 | \$1,197.56 |
| S0800 (Bilateral) | | \$1,632.25 | \$1,632.25 | \$1,632.25 |
| S2083 | | | \$117.41 | \$117.41 |
| S4981 | Same | \$83.09 | \$85.17 | \$85.17 |
| S4989 | Same | \$127.82 | \$127.82 | \$127.82 |
| S5108 | | N/A | \$23.44 | \$23.44 |
| S5111 | | N/A | \$17.19 | \$17.19 |
| S9470 | | N/A | \$48.86 | \$48.86 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Medical Supplies HCPCS code | Allowed Amount Effective 11/01/2023 | Allowed Amount Effective 11/01/2024 |
|--------------------------------|-------------------------------------|-------------------------------------|
| A4266 | \$80.00 | \$80.00 |
| A4452 | \$0.47 | \$0.48 |
| A4520 | \$0.80 | \$0.80 |
| A4554 | \$22.50 | \$22.50 |
| A4649 | I.C. | I.C. |
| A6530 | \$28.35 | \$ 36.93 |
| A6531 | \$57.53 | \$59.03 |
| A6532 | \$81.07 | \$83.18 |
| A6533 | \$73.71 | \$51.86 |
| A6534 | \$85.50 | \$52.99 |
| A6535 | \$89.10 | \$68.18 |
| A6536 | \$112.50 | \$69.91 |
| A6537 | \$130.50 | \$82.88 |
| A6538 | \$148.50 | \$97.04 |
| A6539 | \$107.73 | \$92.51 |
| A6540 | \$126.00 | \$110.30 |
| A6541 | \$127.80 | \$130.66 |
| A6544 | \$34.20 | \$34.20 |
| A6549 | I.C. | I.C. |
| A9276 | \$14.47 | \$14.47 |
| A9277 | \$571.20 | \$571.20 |
| A9278 | \$459.20 | \$459.20 |
| A9282 | \$425.00 | \$425.00 |
| E0241 | \$13.99 | \$13.99 |
| E0243 | \$16.49 | \$16.49 |
| E0244 | \$17.02 | \$17.02 |
| E0245 | \$33.99 | \$33.99 |
| E0246 | \$37.89 | \$37.89 |
| E0247 | \$63.16 | \$63.16 |
| E0248 | \$199.83 | \$199.83 |
| L8010 | \$51.00 | \$51.00 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Drug Injections | Effective 08/01/2024 | Effective 11/01/2024 |
|-----------------|----------------------|----------------------|
| J1050 | \$0.01 | \$0.01 |
| J7300 | \$ 1,100.19 | \$ 1,100.19 |
| J7304 | \$43.01 | \$43.01 |
| J7306 | IC | IC |
| J7307 | \$ 1,175.94 | \$ 1,175.94 |
| J7297 | \$ 899.78 | \$ 899.78 |
| J7298 | \$ 1,162.57 | \$ 1,162.57 |
| S0190 | \$36.33 | \$36.33 |
| S0191 | \$0.64 | \$0.64 |

| Home Infusion Therapy codes | Effective 01/01/2024 | Effective 01/01/2025 |
|-----------------------------|----------------------|----------------------|
| 99601 | \$188.59 | \$193.30 |
| 99602 | \$94.30 | \$96.66 |
| S5497 | \$9.14 | \$9.37 |
| S5498 | \$9.14 | \$9.37 |
| S5501 | \$13.07 | \$13.40 |
| S5502 | \$39.17 | \$40.15 |
| S5517 | \$39.17 | \$40.15 |
| S5518 | \$39.17 | \$40.15 |
| S5520 | \$147.96 | \$151.66 |
| S5521 | \$121.08 | \$124.11 |
| S5522 | \$130.05 | \$133.30 |
| S5523 | \$130.05 | \$133.30 |
| S9061 | \$68.95 | \$70.67 |
| S9325 | \$73.26 | \$75.09 |
| S9326 | \$76.89 | \$78.81 |
| S9327 | \$74.77 | \$76.64 |
| S9328 | \$73.26 | \$75.54 |
| S9329 | \$80.13 | \$82.13 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Home Infusion Therapy codes | Effective 01/01/2024 | Effective 01/01/2025 |
|-----------------------------|----------------------|----------------------|
| S9330 | \$76.29 | \$78.20 |
| S9331 | \$75.85 | \$77.75 |
| S9336 | \$51.95 | \$53.25 |
| S9338 | \$79.91 | \$81.91 |
| S9340 | \$15.61 | \$16.00 |
| S9341 | \$15.61 | \$16.00 |
| S9342 | \$26.10 | \$26.66 |
| S9343 | \$15.61 | \$16.00 |
| S9346 | \$73.26 | \$75.09 |
| S9347 | \$79.91 | \$81.91 |
| S9348 | \$73.26 | \$75.09 |
| S9351 | \$51.95 | \$53.25 |
| S9353 | \$20.81 | \$21.33 |
| S9355 | \$75.85 | \$77.75 |
| S9357 | \$78.57 | \$80.53 |
| S9359 | \$51.95 | \$53.25 |
| S9361 | \$73.26 | \$75.09 |
| S9363 | \$22.51 | \$23.07 |
| S9364 | \$226.41 | \$232.07 |
| S9365 | \$226.41 | \$232.07 |
| S9366 | \$226.41 | \$232.07 |
| S9367 | \$266.35 | \$273.01 |
| S9368 | \$266.35 | \$273.01 |
| S9370 | \$13.11 | \$13.44 |
| S9372 | \$13.11 | \$13.44 |
| S9373 | \$60.62 | \$62.14 |
| S9374 | \$60.62 | \$62.14 |
| S9375 | \$60.62 | \$62.14 |
| S9376 | \$60.62 | \$62.14 |
| S9377 | \$60.62 | \$62.14 |
| S9379 | I.C. | I.C. |
| S9490 | \$73.26 | \$75.09 |
| S9494 | \$84.48 | \$86.59 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Home Infusion Therapy codes | Effective 01/01/2024 | Effective 01/01/2025 |
|-----------------------------|----------------------|----------------------|
| S9497 | \$85.31 | \$87.44 |
| S9500 | \$80.58 | \$82.59 |
| S9501 | \$80.58 | \$82.59 |
| S9502 | \$80.58 | \$82.59 |
| S9503 | \$80.58 | \$82.59 |
| S9504 | \$80.58 | \$82.59 |
| S9537 | \$11.88 | \$12.18 |
| S9542 | \$12.75 | \$13.07 |

| Private Duty Nursing codes | Effective 07/01/2022 | Effective 07/01/2022 | Effective 07/01/2024 |
|----------------------------|----------------------|----------------------|----------------------|
| S9123 | \$59.89 | \$61.09 | \$62.31 |
| S9124 | \$51.83 | \$52.87 | \$53.93 |

| Hearing codes | Effective 01/01/2024 | Effective 01/01/2025 |
|---------------|----------------------|----------------------|
| S0618 | \$67.00 | \$67.00 |
| V5010 | \$124.00 | \$124.00 |
| V5020 | \$45.00 | \$45.00 |
| V5030 | \$854.00 | \$854.00 |
| V5040 | \$818.00 | \$818.00 |
| V5050 | \$1,500.00 | \$1,500.00 |
| V5060 | \$879.00 | \$879.00 |
| V5171 | \$1,500.00 | \$1,500.00 |
| V5172 | \$1,500.00 | \$1,500.00 |
| V5181 | \$1,500.00 | \$1,500.00 |
| V5100 | \$744.00 | \$744.00 |
| V5120 | \$1,432.00 | \$1,432.00 |
| V5130 | \$2,542.00 | \$2,542.00 |
| V5140 | \$1,477.00 | \$1,477.00 |
| V5150 | \$1,371.00 | \$1,371.00 |
| V5190 | \$633.00 | \$633.00 |
| V5211 | \$2,542.00 | \$2,542.00 |
| V5212 | \$2,542.00 | \$2,542.00 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Hearing codes | Effective 01/01/2024 | Effective 01/01/2025 |
|---------------|----------------------|----------------------|
| V5213 | \$2,542.00 | \$2,542.00 |
| V5214 | \$2,542.00 | \$2,542.00 |
| V5215 | \$2,542.00 | \$2,542.00 |
| V5221 | \$2,542.00 | \$2,542.00 |
| V5230 | \$807.00 | \$807.00 |
| V5242 | \$1,500.00 | \$1,500.00 |
| V5243 | \$1,500.00 | \$1,500.00 |
| V5244 | \$1,500.00 | \$1,500.00 |
| V5245 | \$1,500.00 | \$1,500.00 |
| V5246 | \$1,500.00 | \$1,500.00 |
| V5247 | \$1,500.00 | \$1,500.00 |
| V5248 | \$2,542.00 | \$2,542.00 |
| V5249 | \$2,542.00 | \$2,542.00 |
| V5250 | \$2,542.00 | \$2,542.00 |
| V5251 | \$2,542.00 | \$2,542.00 |
| V5252 | \$2,542.00 | \$2,542.00 |
| V5253 | \$2,542.00 | \$2,542.00 |
| V5254 | \$1,500.00 | \$1,500.00 |
| V5255 | \$1,500.00 | \$1,500.00 |
| V5256 | \$1,500.00 | \$1,500.00 |
| V5257 | \$1,500.00 | \$1,500.00 |
| V5258 | \$2,542.00 | \$2,542.00 |
| V5259 | \$2,542.00 | \$2,542.00 |
| V5260 | \$2,542.00 | \$2,542.00 |
| V5261 | \$2,542.00 | \$2,542.00 |
| V5299 | I.C. | I.C. |

| Provider Delivered Care Management | Location of service: F = Facility NF = Non-facility | Effective 07/01/2022 | Effective 07/01/2023 | Effective 07/01/2024 |
|------------------------------------|---|----------------------|----------------------|----------------------|
| 98961 | Same | \$16.62 | \$16.62 | \$15.34 |
| 98962 | Same | \$12.35 | \$12.35 | \$11.40 |
| S0257 | Same | \$33.66 | \$33.66 | \$31.06 |

Medicare Plus Blue Enhanced Benefits Fee Schedule

| Ambulance Services | Effective 01/01/2024 | Effective 01/01/2025 |
|--------------------|-------------------------|----------------------|
| A0998 | \$486.53 | \$501.13 |

| Mobile Crisis and Crisis Stabilization for Behavioral Health | Effective 01/01/2024 | Effective 07/01/2024 |
|---|-------------------------|----------------------|
| H2011 | \$53.76 | \$53.76 |
| S9485 | \$1,212.69 | \$2,467.66 |

| Radiology Codes | Effective 07/01/2023 | Effective 7/01/2024 |
|-----------------|-------------------------|---------------------|
| 70328 | \$41.21 | \$41.54 |
| 70330 | \$66.04 | \$66.58 |
| 70332 | \$93.51 | \$91.61 |
| 70336 | \$329.13 | \$323.82 |
| 70350 | \$12.68 | \$13.32 |
| 70355 | \$13.21 | \$13.85 |