



Fee schedule for Blue Cross Blue Shield of Michigan revised November 1, 2018

- 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

Blue Cross' Medicare Advantage Enhanced Benefit- Fee Schedule				
Physician Services Procedure code	Location of service: F = Facility NF = Non facility	Effective 07/01/2016 Allowed Amount	Effective 07/01/2017 Allowed Amount	Effective 07/01/2018 Allowed Amount
58300	F	\$54.95	\$57.95	\$57.86
58300	NF	\$77.52	\$77.52	\$78.53
80050	Same	\$35.77	\$35.77	\$35.77
92015	F	\$19.55	\$19.55	\$19.52
92015	N	\$19.90	\$19.90	\$19.87
99381		\$153.91	\$154.40	\$155.18
99382	Same	\$160.85	\$161.36	\$162.12
99383	Same	\$120.13	\$120.48	\$120.66
99384	Same	\$135.76	\$135.40	\$136.27
99385	Same	\$131.14	\$131.14	\$132.02
99386	Same	\$152.47	\$152.47	\$153.31

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Blue Cross' Medicare Advantage Enhanced Benefit- Fee Schedule

Physician Services Procedure code	Location of service: F = Facility NF = Non-facility	Effective 07/01/2016 Allowed Amount	Effective 07/01/2017 Allowed Amount	Effective 07/01/2018 Allowed Amount
99387	Same	\$165.26	\$165.26	\$166.09
99391	Same	\$138.52	\$138.52	\$139.31
99392	Same	\$147.94	\$147.94	\$148.73
99393	Same	\$105.55	\$105.55	\$106.11
99394	Same	\$115.86	\$115.86	\$116.40
99395	Same	\$126.06	\$118.35	\$118.89
99396	Same	\$126.17	\$126.17	\$126.69
99397	Same	\$135.76	\$135.76	\$136.64
A4261	Same	\$78.84	\$78.84	\$78.84
S0800		\$1,088.17	\$1,088.17	\$1,086.57
S0800 (Bilateral)		\$1,632.25	\$1,632.25	\$1,632.25
S4981	Same	\$77.39	\$77.39	\$77.27
S4989	Same	\$127.82	\$127.82	\$127.82

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Blue Cross' Medicare Advantage Enhanced Benefit- Fee Schedule

Medical Supplies HCPCS code	DMEnson Allowed Amount Effective 01/01/2017	Northwood Allowed Amount Effective 01/01/2018
A4266	\$34.20	N/A
A4452	\$0.09 \$300 lifetime maximum	\$0.09 \$300 lifetime maximum
A4520	\$0.80	\$0.79
A4554	\$0.36	\$0.28
A4634	\$35.78	\$20.24
A4649	I.C.	I.C.
A6530	\$21.00	\$21.00
A6533	\$22.93	\$22.93
A6534	\$57.33	\$35.98
A6535	\$57.94	\$35.98
A6536	\$65.18	\$65.18
A6537	\$69.40	\$69.40
A6538	\$84.00	\$84.00
A6539	\$77.85	\$74.98
A6540	\$87.50	\$74.98
A6541	\$92.25	\$75.60
A6549	I.C.	I.C.
A9282	\$100.00	\$200.00
E0241	\$14.39	\$14.39
E0242	\$121.52	\$121.52
E0243	\$59.65	\$16.96
E0244	\$17.50	\$17.50
E0245	\$39.00	\$34.95

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Blue Cross' Medicare Advantage Enhanced Benefit- Fee Schedule

Dental codes	BCBSM Fee Schedule Effective 01/01/2017	BCBSM Fee Schedule Effective 01/01/2018
D0120	SE MI \$43.00 Non SE MI \$41.00	SE MI \$43.00 Non SE MI \$41.00
D0140	SE MI \$70.00 Non SE MI \$67.00	SE MI \$70.00 Non SE MI \$67.00
D0150	SE MI \$74.00 Non SE MI \$69.00	SE MI \$74.00 Non SE MI \$69.00
D0160	SE MI \$110.00 Non SE MI \$105.00	SE MI \$110.00 Non SE MI \$105.00
D0220	SE MI \$24.00 Non SE MI \$23.00	SE MI \$24.00 Non SE MI \$23.00
D0230	SE MI \$17.00 Non SE MI \$16.00	SE MI \$17.00 Non SE MI \$16.00
D0270	SE MI \$24.00 Non SE MI \$22.00	SE MI \$24.00 Non SE MI \$22.00
D0272	SE MI \$37.00 Non SE MI \$35.00	SE MI \$37.00 Non SE MI \$35.00
D0273	SE MI \$45.00 Non SE MI \$42.00	SE MI \$45.00 Non SE MI \$42.00
D0274	SE MI \$53.00 Non SE MI \$51.00	SE MI \$53.00 Non SE MI \$51.00
D1110	SE MI \$76.00 Non SE MI \$71.00	SE MI \$76.00 Non SE MI \$71.00
D4910	SE MI \$145.00 Non SE MI \$142.00	SE MI \$145.00 Non SE MI \$142.00
D9940	SE MI \$585.00 Non SE MI \$550.00	SE MI \$585.00 Non SE MI \$550.00

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Blue Cross' Medicare Advantage Enhanced Benefit- Fee Schedule		
Drug Injections	Effective 08/01/2018	Effective 11/01/2018
J1050	\$0.07	\$0.07
J7300	\$780.38	\$753.78
J7302 (this code has been end-dated by CMS as of 12/31/2015)	N/A	N/A
J7303	\$33.18	\$33.18
J7304	\$15.76	\$15.76
J7306	IC	IC
J7307	\$786.95	\$786.95
J7297	\$698.07	\$698.07
J7298	\$927.15	\$927.15

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BLUE CROSS MEDICARE ADVANTAGE ENHANCED BENEFIT – OTHER SERVICES

Home Infusion Therapy codes	Effective 01/01/2017	Effective 01/01/2018
99601	\$132.90	\$138.00
99602	\$66.44	\$69.00
S5497	\$8.20	\$8.20
S5498	\$8.20	\$8.20
S5501	\$11.71	\$11.71
S5502	\$35.13	\$35.13
S5517	\$35.13	\$35.13
S5518	\$35.13	\$35.13
S5520	132.69	\$132.69
S5521	\$108.58	\$108.58
S9061	\$61.83	\$61.83
S9325	\$65.69	\$65.69
S9326	\$65.69	68.95
S9327	\$65.69	\$67.04
S9328	\$65.69	\$66.08
S9329	\$68.01	\$71.86
S9330	\$68.01	\$68.40
S9331	\$68.01	\$68.01
S9336	\$35.83	\$46.58
S9338	\$71.65	\$71.65
S9346	\$65.69	\$65.69
S9347	\$71.65	\$71.65
S9348	\$65.69	\$65.69
S9351	\$35.83	\$46.58
S9355	\$68.01	\$68.01
S9357	\$65.69	\$70.46
S9359	\$35.83	\$46.58
S9361	\$65.69	\$65.69

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Blue Cross' Medicare Advantage Enhanced Benefit- Fee Schedule

Home Infusion Therapy codes	Effective 01/01/2017		Effective 01/01/2018
S9363	\$15.30		\$20.19
S9364	\$200.03		\$203.03
S9365	\$200.03		\$203.03
S9366	\$200.03		\$203.03
S9367	\$238.85		\$238.85
S9368	\$238.85		\$238.85
S9370	\$9.04		\$11.75
S9372	\$9.04		\$11.75
S9373	\$41.81		\$54.35
S9374	\$41.81		\$54.35
S9375	\$41.81		\$54.35
S9376	\$41.81		\$54.35
S9377	\$41.81		\$54.35
S9379	I.C.		I.C.
S9490	\$65.69		\$65.69
S9494	\$65.69		\$75.76
S9497	\$65.69		\$76.50
S9500	\$65.69		\$72.26
S9501	\$65.69		\$72.26
S9502	\$65.69		\$72.26
S9503	\$65.69		\$72.26
S9504	\$65.69		\$72.26
S9537	\$8.20		\$10.66
S9542	\$8.66		\$11.43
Private Duty Nursing codes	Effective 07/01/2016	Effective 01/01/2017	Effective 07/01/2018
S9123	\$53.84	\$54.65	\$54.65
S9124	\$46.59	\$47.29	\$47.29

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BLUE CROSS MEDICARE ADVANTAGE ENHANCED BENEFIT – OTHER SERVICES

Hearing codes	Effective 01/01/2017	Effective 01/01/2018
S0618	\$67.00	\$67.00
V5010	\$118.00	\$118.00
V5020	\$43.00	\$43.00
V5030	\$854.00	\$854.00
V5040	\$818.00	\$818.00
V5050	\$1,500.00	\$1,500.00
V5060	\$879.00	\$879.00
V5070	\$796.00	\$796.00
V5080	\$728.00	\$728.00
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
V5170	\$853.00	\$853.00
V5180	\$826.00	\$826.00
V5190	\$633.00	\$633.00
V5210	\$918.00	\$918.00
V5220	\$911.00	\$911.00
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

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Hearing codes	Effective 01/01/2017	Effective 01/01/2018
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 07/01/2017	Effective 01/01/2018	Effective 07/01/2018 *With 10% VBR
98961	Same	\$16.29	\$16.29	\$16.62
98962	Same	\$12.11	\$12.11	\$12.35
98966	F	\$15.05	\$15.05	\$17.07
98966	NF	\$16.73	\$16.73	\$17.07
98967	F	\$30.51	\$30.51	\$32.84
98967	NF	\$32.20	\$32.20	\$32.84
98968	F	\$46.41	\$46.41	\$48.61
98968	NF	\$47.65	\$47.65	\$48.61
99487	Same	\$99.26	\$99.26	\$101.25
99489	Same	\$49.84	\$49.84	\$50.84
G9001	Same	\$130.41	\$130.41	\$133.01
G9002	Same	\$65.21	\$65.21	\$66.51
G9007	Same	\$33.10	\$33.10	\$33.76
G9008	Same	\$50.15	\$50.15	\$51.15
S0257	Same	\$33.00	\$33.00	\$33.66

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