

January 31, 2026

Dear Provider:

Effective May 1, 2026, Blue Cross and Blue Shield of Texas (BCBSTX) will implement changes in the maximum allowable fee schedule for Blue Choice PPO<sup>SM</sup>, Blue Essentials<sup>SM</sup> (including the Health Select Network), Blue Premier<sup>SM</sup>, Blue High Performance, Blue Advantage HMO<sup>SM</sup>, MyBlue Health and ParPlan networks (collectively referred to as "Networks").

Details will be posted on [www.bcbstx.com/provider](http://www.bcbstx.com/provider) (the "Website") under the Standards & Requirements tab. Under the General Reimbursement Information section providers can click "View General Reimbursement Information" to access the details. When prompted, the password is "manual". The following is a brief description of the changes:

- The methodology used to develop the maximum allowable fee schedules will be primarily based on 2025 CMS values. The BCBSTX RVU and other reference files are posted on the Website for those services for which the BCBSTX reimbursement is based on CMS values.
- BCBSTX provides general reimbursement information policies, fee schedule request forms and fee schedule information at [www.bcbstx.com/provider](http://www.bcbstx.com/provider). Reimbursement changes and updates will be posted under "Reimbursement Changes/Updates" in the Reimbursement Schedules section on the Website. The specific effective date will be noted for each change that is posted.
- Professional provider incentives for certain surgical codes exist by place of service in Ambulatory Surgical Centers. Refer to the list of applicable codes on the Website.
- Physician Assistants, Advance Nurse Practitioners, Registered Nurse First Assistants, Licensed Surgical Assistants, Clinical Nurse Specialists, Physical Therapy Assistants, Occupational Therapy Assistants, Speech Therapy Assistants, and Nurse Midwives will be reimbursed at 85% of the maximum allowable fee as described above based on participating role (primary care or specialist). As it pertains to the aforementioned providers, Drugs, Clinical Lab, Other Lab, Durable Medical Equipment/ Prosthetics and Orthotics will not be subject to the reduction.
- Please refer to your current BCBSTX Agreement(s) for further clarification on reimbursement.

Please be advised the reimbursement information being disclosed contains confidential information proprietary to BCBSTX. The use and disclosure of this information is restricted under Texas Insurance Code Section 1301.136(b), Texas Insurance Code Section 843.321(b) and the terms of your Network agreement(s), as applicable.

We value your participation as a contracted provider. As some Networks are limited in scope or geographic area, if you are not participating in one of the Networks, please disregard the information pertaining to that particular network. If you have questions, please contact the appropriate Network Management office .

Sincerely,



Brad Tucker  
Vice President, Network Management – TX

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