

Chiropractor Medicare Provider Fee Schedule Increase Medicare Advantage PPOSM

Blue Cross and Blue Shield of Texas (BCBSTX) will implement an increase in the maximum allowable fee schedule for procedure code noted below effective Jan. 1, 2023. **Chiropractic** providers can bill the following Current Procedural Terminology (CPT®) codes for **Medicare Advantage PPO** members and PPO Open Access networks.

Description	Core CPT
Chiropractic manipulative treatment (CMT): Spinal, 1-2 regions	98940
Chiropractic manipulative treatment (CMT); Spinal, 3-4 regions	98941
Chiropractic manipulative treatment (CMT): Spinal, 5 regions	98942
Evaluation and Management, Initial Visit	99202
Evaluation and Management, Initial Visit	99203
Evaluation and Management, Initial Visit	99204
Evaluation and Management, Established Patient	99212
Evaluation and Management, Established Patient	99213
Evaluation and Management, Established Patient	99214
Manual Therapy	97140
Therapeutic Exercise	97110
Physical Performance Examination	97750
Re-evaluation	99211
Neuromuscular Re-education	97112
Therapeutic Activities	97530
Hot/Cold Packs	97010
Electrical Stimulation (Unattended)	97014
Ultrasound/Phonophoresis	97035
PT Evaluation: Low Complexity	97161
Gait Training	97116
PT Evaluation: Moderate Complexity	97162
Self-Care/Home Management Training	97535
Electrical Stimulation (Manual)	97032
Mechanical Traction	97012
Aquatic Exercise	97113
Massage	97124
Paraffin Bath	97018
Whirlpool	97022
Infrared Light	97026
Iontophoresis	97033
Laser/Other	97039
Radiologic examination, spine, single view, specify level	72020

Radiologic examination, spine, cervical; two or three views	72040
Radiologic examination, spine; thoracic, two views	72070
Radiologic examination, spine; thoracic, three views	72072
Radiologic examination, spine, lumbosacral; two or three views	72100
Radiologic examination, pelvis; one or two views	72170
Radiologic examination, pelvis; complete, minimum of three views	72190
Radiologic examination, sacroiliac joints; less than three views	72200
Radiologic examination, sacrum and coccyx; minimum of two views	72220

Fee schedule links are available by selecting the Claims & Payments menu, Fee Schedule Listing, and then choose the appropriate Additional Fee Schedules for Medicare. They can also be found via the Resources tab in the BCBSTX-branded Payer Spaces section in the [Availity portal](#).

How to Use the Availity Fee Schedule Listing Tool:

Note: Availity Administrators must assign the “Provider Fee Schedule” role for users to gain access to this tool.

- Log in to [Availity](#)
- Select Claims & Payments from the navigation menu
- Select Fee Schedule Listing
- Select BCBSTX as the payer
- Select your organization and Tax ID number
- Enter the Billing National Provider Identifier (NPI) and Rendering NPI (if applicable)
- Select the Network, Place of Service, and Provider
- Enter the procedure code(s) and modifier(s)

You must be registered with [Availity](#) to use the new Fee Schedule tool. You can sign up today at Availity, at no charge. For registration assistance, call Availity Client Services at [1-800-282-4548](#). If you do not have online access, you may continue to submit your requests using the [Professional Fee Schedule Request](#) form located on our provider website.

If you have any questions or if you need additional information, please contact your [BCBSTX Network Management Representative](#).

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