



PROVIDER FEE SCHEDULE UPDATE

Plan: Intel Connected Care
Plan Effective Date: January 1, 2016
Fee Schedule Effective Date: April 15, 2022

Reimbursement Terms

- Unless otherwise specified below, Covered Services shall be reimbursed at 100% of the 2020 Medicare RBRVS Allowable Fee Schedule in Maricopa County, Arizona, as updated regularly by CMS, less applicable Copayments, Deductibles and Coinsurance.
- HCPCS Level II J Codes billed by providers shall be reimbursed at 100% of current Medicare RBRVS Allowable Fee Schedule in Maricopa County, Arizona, as updated regularly by CMS, less applicable Copayments, Deductibles and Coinsurance.
- American Society of Anesthesiologists (ASA) procedure codes shall be reimbursed at \$70 per 15-minute unit, less applicable Copayments, Deductibles and Coinsurance.
- Covered Services for which CMS has not established a RBRVS allowable, including but not limited to codes for unlisted procedures as well as new Current Procedural Terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) shall be reimbursed at 70% of billed charges, less applicable Copayments, Deductibles and Coinsurance.
- OB Case Rates: Deliveries performed at ACN in-network hospital or birthing center shall be reimbursed at \$2,500 global rate, less applicable Copayments, Deductibles and Coinsurance. Deliveries performed at an out of network hospital shall be reimbursed at \$1,750 global rate, less applicable Copayments, Deductibles and Coinsurance.
- **Telephone Visits**
 - ✓ Criteria: Telephone evaluation and management service provided by a physician (or other qualified health care professional) to an established patient, parent or guardian not leading to an assessment and management service or procedure within the next 24 hours or soonest available appointment.
 - ✓ Eligible Codes: 99441, 99442, 99443
 - ✓ Reimbursement for Covered Services: 100% of 2020 Medicare RBRVS for corresponding code, less applicable Copayments, Deductibles and Coinsurance
- **Video Visits**
 - ✓ Eligible Codes: 99211, 99212 or 99213 with a GT Modifier (required)
 - ✓ Reimbursement for Covered Services: 100% of 2020 Medicare RBRVS for corresponding code, less applicable Copayments, Deductibles and Coinsurance
- **Annual Physicals**
 - ✓ Annual physicals shall be reimbursed per the below, less applicable Copayments, Deductibles and Coinsurance, and include base reimbursement and an incentive for each annual physical code that will be in effect through Dec. 31, 2022:

Code	Base Reimbursement	One-time Annual Incentive for 2022	Total 2022 Reimbursement
99385	\$125	\$50	\$ 175
99386	\$150	\$50	\$ 200
99387	\$175	\$50	\$ 225
99395	\$100	\$50	\$ 150
99396	\$125	\$50	\$ 175
99397	\$150	\$50	\$ 200