

# Colorado 2010 Medicare Fees for January and February ONLY

The President has signed the Department of Defense Appropriations Act of 2010, which provides for a zero percent (0%) update to the 2010 Medicare Physician Fee Schedule (MPFS) for a two month period, January 1, 2010, through February 28, 2010. During the next few months, the Senate will consider a bill that will address the fee decrease for the remainder of the year. Below is the up-to-date fee schedule used for Colorado for 2010 - just published by Trailblazer. Note that your 2010 fees will not be identical to the 2009 fees because the values for the CMT codes changed from 2009 to 2010. Additionally, the cost of practice in every state is evaluated annually. This cost information also affects reimbursement rates.

## 2010 COLORADO Medicare Fee Schedule Effective for January and February (possible change in March)

Procedure	PAR amount	NON PAR amount	LIMITING charge
98940	\$23.99	\$22.79	\$26.21
98941	\$33.29	\$31.63	\$36.37
98942	\$43.41	\$41.24	\$47.43

*Amounts payable at 80% after deductible - PART B deductible is \$155 for 2010*

- The **PAR** amount is the allowed amount for a participating provider. Provider agrees to accept assignment for Medicare Part B payment for all services on all claims for which the Medicare provider is eligible to receive payment under Medicare. Under this agreement, the provider may bill the beneficiary for the 20% co-insurance, the deductible (if any), and any services NOT covered by Medicare Part B. The provider cannot collect from anyone the difference between the amount billed on the claims and the Medicare approved amount. Provider will be reimbursed directly by Medicare for covered services.
- The **NON PAR** amount is the allowed amount for a non-participating provider who accepts Medicare assignment. Medicare will reimburse 80% of this amount to the doctor and the patient is responsible for the 20% co-pay.
- The **LIMITING** charge the highest amount allowed for a non-participating provider that does NOT accept assignment. The patient pays for the procedure at the **LIMITING** charge and Medicare reimburses the patient 80% of the **NON PAR** amount. *YOU must ALWAYS bill Medicare whether you accept assignment or not.*
- No provider can charge the patient over the **PAR, NON PAR, or LIMITING** amounts. The **LIMITING** column does NOT apply to a **PAR** doctor in any way.

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