



**BCBSM Non-Facility Maximum  
Payment Schedule  
Traditional/Trust PPO  
Blue Preferred Plus**

*Effective July 1, 2025*

	Code Eligible for Blueprint and PGIP Allocation	Trad/TRUST Base Fee	BPP Base Fee
<b>Evaluation &amp; Management Codes</b>			
99202: Office or Other Outpatient Services, New Patient	X	\$82.88	\$74.59
99203: Office or Other Outpatient Services, New Patient	X	\$117.35	\$105.62
99204: Office or Other Outpatient Services, New Patient	X	\$179.33	\$161.40
99211: Office or Other Outpatient Services, Established Patient	X	\$25.17	\$22.65
99212: Office or Other Outpatient Services, Established Patient	X	\$54.61	\$49.15
99213: Office or Other Outpatient Services, Established Patient	X	\$85.82	\$77.24
99214: Office or Other Outpatient Services, Established Patient	X	\$124.45	\$112.01
<b>CMT Codes</b>			
98940: Chiropractic Manipulation, 1-2 Areas	X	\$29.27	\$26.34
98941: Chiropractic Manipulation, 3-4 Areas	X	\$42.48	\$38.23
98942: Chiropractic Manipulation, 5 Areas	X	\$54.98	\$49.48
98943: Extrapinal, 1 or more regions	X	\$27.49	\$24.74
<b>Physical Medicine Codes</b>			
97012: Traction, Mechanical	X	\$15.71	\$14.14
97014: Electric Stim, Supervised	X	\$13.57	\$12.21
97018: Paraffin Bath	X	\$6.78	\$6.10
97022: Whirlpool	X	\$17.14	\$15.43
97024: Diathermy	X	\$7.85	\$7.07
97026: Infrared	X	\$7.50	\$6.75
97028: Ultraviolet	X	\$8.93	\$8.04
97032: Electric Stim, Manual	X	\$15.71	\$14.14
97034: Contrast Baths	X	\$14.99	\$13.49
97035: Ultrasound	X	\$15.35	\$13.82
97110: Therapeutic Exercises	X	\$31.77	\$28.59
97112: Neuromuscular Reeducation	X	\$35.34	\$31.81
97116: Gait Training	X	\$31.77	\$28.59
97124: Massage	X	\$15.38	\$13.84
97140: Manual Therapy	X	\$29.99	\$26.99

	Code Eligible for Blueprint and PGIP Allocation	Trad/TRUST Base Fee	BPP Base Fee
<b>Radiology Codes</b>			
72020: Spine, Single View, Specify Level	X	\$38.88	\$34.99
72040: Spine, Cervical, Two or Three Views	X	\$63.38	\$57.04
72050: Spine, Cervical, Minimum Four Views	X	\$86.28	\$77.65
72052: Spine, Cervical, Complete, Including Oblique and Flexion and/or Extension	X	\$99.06	\$89.15
72070: Spine, Thoracic, Two Views	X	\$52.73	\$47.46
72072: Spine, Thoracic, Three Views	X	\$62.85	\$56.57
72074: Spine, Thoracic, Minimum of Four Views	X	\$71.37	\$64.23
72080: Spine, Thoracolumbar, Two Views	X	\$55.39	\$49.85
72081: Spine, Entire Thoracic and Lumbar, Including Skull, Cervical and Sacral Spine If Performed; One View	X	\$68.71	\$61.84
72082: Spine, Entire, Survey Study, Two-Three Views	X	\$112.38	\$101.14
72083: Spine, Entire, Four-Five Views	X	\$127.82	\$115.04
72084: Spine, Entire, Minimum of Six Views	X	\$157.12	\$141.41
72100: Spine, Lumbosacral, Two or Three Views	X	\$63.38	\$57.04
72110: Spine, Lumbosacral, Minimum of Four Views	X	\$83.09	\$74.78
72114: Spine, Lumbosacral, Complete, Including Bending	X	\$98.00	\$88.20
72120: Spine, Lumbosacral, Bending Views Only, Minimum Four Views	X	\$64.98	\$58.48
72170: Pelvis, One or Two Views	X	\$44.74	\$40.27
72190: Pelvis, Complete, Minimum of Three Views	X	\$67.11	\$60.40
72200: Sacroiliac Joints, Less Than Three Views	X	\$53.79	\$48.41
72202: Sacroiliac Joints, Three or More Views	X	\$62.85	\$56.57
72220: Sacrum and Coccyx, Minimum of Two Views	X	\$52.19	\$46.97
73020: Shoulder, One View	X	\$34.62	\$31.16
73030: Shoulder, Complete, Minimum two views	X	\$55.39	\$49.85
73050: Acromioclavicular Joints, Bilateral	X	\$46.34	\$41.71
73060: Humerus, Minimum Two Views	X	\$51.13	\$46.02
73070: Elbow, Two Views	X	\$46.87	\$42.18
73080: Elbow, Complete	X	\$52.19	\$46.97
73090: Forearm, Two Views	X	\$46.87	\$42.18
73100: Wrist, Two Views	X	\$53.79	\$48.41
73110: Wrist, Complete	X	\$66.04	\$59.44
73120: Hand, Two Views	X	\$50.06	\$45.05
73130: Hand, Minimum Three Views	X	\$59.65	\$53.69
73140: Finger, Minimum Two Views	X	\$61.25	\$55.13
73501: Hip, Unilateral, One View	X	\$53.26	\$47.93
73551: Femur, One View	X	\$47.70	\$42.66
73552: Femur, Two Views	X	\$56.99	\$51.29
73560: Knee, One or Two Views	X	\$54.33	\$48.90
73565: Both Knees, Standing	X	\$63.91	\$57.52
73590: Tibia and Fibula, Two Views	X	\$50.60	\$45.54
73600: Ankle, Two Views	X	\$51.13	\$46.02
73620: Foot, Two Views	X	\$45.27	\$40.74
73630: Foot, Complete, Minimum of Three Views	X	\$54.33	\$48.90

- These fees apply to services provided to Traditional/TRUST and Blue Preferred Plus members, regardless of customer group.
- The “Base Fee Amount” listed above represents the Maximum Allowable Fees Payable by BCBSM. Doctors should continue to bill their usual and customary fees for services rendered. Appropriate and accurate documentation is also required for all services.
- Your actual payment from Blue Cross will reflect the Physician Group Incentive Program (PGIP) allocation of 6.5 percent (up from 6 percent in 2024), as well as the 1 percent “Blueprint reward pool” allocation (down from 1.5 in 2024), which are subtracted from the allowed amount. The total allocation percentage for 2025 remains the same.