PREMERA | BLUE CROSS

PREMERA HMO

July 9, 2026

Professional Fee Schedule Maintenance Policy

In order to establish a consistent method of incorporating changes into our professional fee schedules, Premera is updating our Professional Fee Schedule Maintenance Policy. This serves as notification of the revised policy effective October 7, 2026.

Our professional fee schedules are based on industry-standard pricing methodologies*. These pricing sources are periodically updated and we, in turn, may incorporate updates to our professional fee schedule for a number of reasons. We will send a notification when one of the following classes of fee schedule maintenance events occurs:

New Code and Pricing Source Updates

- Addition of payment rates for newly adopted Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes. Addition of payment rates for new technologies and new uses of established technologies Premera concludes are eligible for payment.
    - Pricing is typically updated quarterly this typically occurs in January, April, July and October, when pricing is updated, a communication will be sent to contracted providers.

- Corrections made by Centers for Medicare and Medicaid Services (CMS) or other industry sources.
    - Corrections are updated annually, and typically in July, a communication will be sent to contracted providers.

- Updates to average sales price (ASP) or average wholesale price (AWP) for vaccines, injectables or pharmaceuticals
    - Pricing is updated twice a year, typically in July and December, when pricing is updated, a communication will be sent to contracted providers with a 90-day notification.

- Industry sourced updates for durable medical equipment or supplies (DME), parenteral/enteral items and services (PEN), Laboratory (CLAB), or other goods or non-physician services for existing codes that currently do not have a pricing source.
    - Updates are made annually, typically in July, a communication will be sent to contracted providers.

Anesthesia Base Units

The American Society of Anesthesiologists (ASA) recommends revisions to the anesthesia base units for January of each calendar year.

- Beginning Jan 1, 2008, the anesthesia base units used in Premera's anesthesia fee schedule will be kept current with the effective date of the ASA guidelines.

Professional New Code Reimbursement

When new professional procedure codes and modifiers are announced industry-wide, Premera's claims system will recognize each new code on the claims with dates-of-service on or after the new codes effective date.

- If the providers contract links reimbursement for a class of procedure codes to a particular source (example: RBRVS), new codes in the same pay class will be reimbursed using similar logic.
    - Reimbursement of these new codes will be based on the current contract terms and the weights or rates found in the new pricing source.
- If the contract does not specify reimbursement for the applicable pay class, but the fee schedule defaults to Plan Fee Schedule or another reimbursement methodology, the default methodology will be applied.

If the corresponding new pricing source is not available in time to be implemented by the new codes effective date interim reimbursement logic will be applied. When fixed pricing is updated, communication will be sent to network providers with a 90 day notification.

- If the current contract denotes default reimbursement logic, the contracted logic will be applied.
- Otherwise, interim reimbursement (with the exception of new drug and vaccine codes which will be By Report) will be based on a percentage of the providers billed charges.
    - The percentage will reflect average market reimbursement levels for existing codes.
- The reimbursement logic for the affected new codes will be regularly evaluated for new pricing sources.
    - Reimbursement will then be revised to reflect contract terms and the weights or rates found in the new pricing source.

New procedure codes (with the exception of new drug and vaccine codes which will be By Report) and modifiers released with effective dates other than January 1 will be reimbursed at a percentage of billed charges until the next contract renewal or regular fee schedule maintenance update typically in July, whichever is earlier.

- The percentage will reflect average market reimbursement levels for existing codes.
- Certain procedure codes deemed appropriate for reporting purposes only will be recognized but not necessarily reimbursed.
- Non-specific (“unlisted”, “unspecified”, “unclassified”, “not otherwise specified (NOS) or classified (NOC)” or "miscellaneous” procedure codes will be reimbursed on a case-by-case basis rather than assigned explicit rates.

If you have questions about this policy, email physician and Provider Relations at ProviderRelations@Premera.com. If you have claims-related questions, please contact the Customer Service phone number on the back of the member’s ID card.

Note: this is not a change in the way we adjudicate claims. Actual payment is subject to Premera payment policies, the subscribers benefits and eligibility at the time of services, and the application of certain industry standard claims adjudication procedures.

*These include, but are not limited to, Resource Based Relative Value Scale (RBRVS); American Society of Anesthesiologists (ASA) base units; Medicare Durable Medical Equipment, Prosthetics/Orthotics and Supplies (DMEPOS) Fee Schedule; Medicare Clinical Laboratory Fee Schedule (CLAB); Pharmaceutical Average Sales Prices (ASP); and Pharmaceutical Average Wholesale Price (AWP).