February 6, 2020

<ProviderName> <Address> <City>, <State> <ZIP>

Subject: Adjustments to Fee Allowance Schedule effective April 15, 2020

Dear Provider:

We appreciate your ongoing participation in Blue Shield of California's PPO Network, and we continue to be proud of our long-standing relationship with our network of physicians and provider organizations. We look forward to continuing in our efforts together to provide quality care at an affordable price for our members.

We are writing to inform you of some upcoming changes to Blue Shield's professional allowances, effective for durable medical equipment and clinical services rendered on and after April 15, 2020. The changes reflect our consistent, value-based approach in reviewing and setting professional allowances¹ while ensuring our rates are competitive within the marketplace and align with industry norms.

We encourage you to review the new allowances that will become effective April 15, 2020. Beginning February 6, 2020, you may view the complete fee schedule online to identify the applicable, specific changes at the individual CPT level that may pertain to your practice. Visit the home page at **blueshieldca.com/provider** and log in, then select the "Professional Fee Schedule" link located under the *Claims* section menu on the home page.

If you would like to request a written list of up to **12 allowances** that pertain to your practice, please complete, scan and email the enclosed *Provider Allowance Review Form* to **BSCProviderInfo@blueshieldca.com**. Blue Shield will respond to your emailed inquiry within ten (10) business days. Thank you, once again, for the care and services you provide to our Blue Shield members.

Sincerely,

Hugo Florez Vice President Provider Network Management, PPO and Specialty Networks

Enclosure: Provider Allowance Review Form¹

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Dr. Phillip Baldi, D.O. Senior Medical Director Operations Management

Blue Shield's allowances capture actual time, skill, training and costs associated with providing the service. A combination of methodologies and factors are used to determine fair reimbursement: clinician input, type of service, geography and regional factors, relative value units, the market and other industry sources. T10832 (2/20)



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