PAYER NEGOTIATION PACKET · JULY 2026

Example GI Practice — BCBSTX Blue Choice PPO

Gastroenterology · 5 providers · Dallas–Fort Worth, TX · Prepared from public price-transparency disclosures

SAMPLE PACKET — the market percentiles, Medicare baseline and facility disclosures are real, current DFW data. The example practice and its "your rate" column are illustrative, shown to demonstrate the format. Your packet uses your actual contracted rates.

1 EXECUTIVE SUMMARY

Across this practice's 12 highest-volume codes, contracted rates sit below the BCBSTX Blue Choice PPO market median on **10 codes**. Valued at documented annual volumes, the cumulative gap to median is:

$29,971
annual gap to market median

10/12
codes below median

$11,716
largest single-code gap

2 RATE POSITION BY CODE

CODE	DESCRIPTION	YOUR RATE	% OF MEDICARE	MARKET P10	MEDIAN	P90	POSITION	ANNUAL GAP
G0121	Screening colonoscopy (not high risk) [HCPCS]	$185	113%	$173	$230	$287		$11,716
45380	Colonoscopy with biopsy	$233	132%	$231	$249	$331		$5,121
45385	Colonoscopy with polypectomy (snare)	$296	133%	$291	$314	$550		$3,792
45378	Colonoscopy, diagnostic	$215	132%	$213	$229	$305		$3,444
G0105	Screening colonoscopy (high risk) [HCPCS]	$207	127%	$173	$229	$287		$2,024
43239	Upper GI endoscopy (EGD) with biopsy	$162	132%	$159	$172	$228		$1,799
45384	Colonoscopy with polypectomy (hot biopsy)	$270	134%	$263	$283	$376		$813

CODE	DESCRIPTION	YOUR RATE	% OF MEDICARE	MARKET P10	MEDIAN	P90	POSITION	ANNUAL GAP
43235	Upper GI endoscopy (EGD), diagnostic	$145	132%	$142	$153	$202		$669
43249	EGD with balloon dilation	$175	129%	$162	$190	$252		$471
45330	Sigmoidoscopy, diagnostic	$67	125%	$61	$72	$93		$121
99214	Office visit, established patient, moderate complexity	$125	93%	$111	$119	$160		–
99204	Office visit, new patient, moderate complexity	$197	111%	$152	$164	$230		–

Band spans market p10–p90 of BCBSTX Blue Choice PPO-disclosed professional rates for peer groups; vertical tick = median. your rate, below median your rate, at/above median

3 FACILITY-SIDE VALIDATION (2026 ACTUAL-PAID DISCLOSURES)

Separately from the payer negotiation, hospital price-transparency files now disclose the *actual allowed amounts* (median / 10th / 90th percentile, from remittance data) and claim counts for these procedures across DFW facilities. The dollar figures below are institutional facility amounts and are **not** comparable to the professional fees in Section 2 – they are included only to confirm these are high-volume codes that transact at real, documented scale in this market, so the benchmark reflects everyday procedures rather than edge cases. Claim counts are hospital-reported over a 12–15 month window.

CODE	FACILITY	SETTING	MEDIAN ALLOWED	P10–P90	CLAIMS (12–15 MO)
43235	Baylor University Medical Center	outpatient	$1,460	$1,460–$1,460	1 through 10
43235	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$1,577	$1,571–$2,144	1 through 10
43239	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$1,909	$1,219–$2,638	63
43239	Texas Health Presbyterian Hospital Dallas	outpatient	$2,280	$1,126–$2,392	34
43249	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$2,579	$1,651–$3,302	11
43249	Texas Health Presbyterian Hospital Dallas	outpatient	$2,326	$2,088–$2,784	1 through 10
45330	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$1,285	$1,285–$1,285	1 through 10
45378	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$1,732	$1,175–$1,958	1 through 10

CODE	FACILITY	SETTING	MEDIAN ALLOWED	P10-P90	CLAIMS (12-15 MO)
45378	Texas Health Presbyterian Hospital Dallas	outpatient	$1,759	$1,750–$2,356	1 through 10
45380	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$2,283	$1,713–$2,875	58
45380	Texas Health Presbyterian Hospital Dallas	outpatient	$2,257	$1,518–$3,093	26
45385	Texas Health Harris Methodist Hospital Fort Worth	outpatient	$2,227	$1,576–$2,479	33
45385	Texas Health Presbyterian Hospital Dallas	outpatient	$1,647	$346–$2,560	19
99204	Texas Health Presbyterian Hospital Dallas	outpatient	$76	$76–$105	52
99204	Methodist Hospitals of Dallas	both	$361	$332–$361	27
99214	Methodist Hospitals of Dallas	both	$212	$195–$212	309
99214	Texas Health Presbyterian Hospital Dallas	outpatient	$65	$52–$65	97

4 REQUESTED FEE SCHEDULE ADJUSTMENT

These are the codes where the practice is currently paid below the disclosed market median. The ask is specific and evidence-backed: adjust each to the market median – the rate BCBSTX Blue Choice PPO already discloses paying comparable groups in this market – effective at contract renewal, rather than a blanket percentage increase. The "Change" column shows the percentage lift from the current rate to that median.

CODE	CURRENT	REQUESTED (MARKET MEDIAN)	CHANGE
45378	$215	$229	7%
45380	$233	$249	7%
45385	$296	$314	6%
45384	$270	$283	5%
43239	$162	$172	6%
43235	$145	$153	5%
45330	$67	$72	7%
43249	$175	$190	9%
G0121	$185	$230	24%
G0105	$207	$229	11%

Re: Fee schedule review — Example GI Practice (TIN 75-0000000)

Dear BCBSTX Blue Choice PPO Network Management,

We are writing to request a review of our professional fee schedule ahead of our contract renewal. Using publicly disclosed rate data — negotiated-rate files published under the Transparency in Coverage rule and hospital machine-readable files published under 45 CFR 180 (v3.0, including actual allowed-amount disclosures effective January 2026) — we benchmarked our contracted rates for our 12 highest-volume procedure codes against professional rates paid to comparable gastroenterology groups in the Dallas–Fort Worth, TX market.

Our current rates fall below the market median on 10 of 12 codes, in several cases below the 10th percentile of rates BCBSTX Blue Choice PPO itself has disclosed for peer groups in this market. At our documented annual volumes, the gap to market median totals approximately $29,971 per year.

We are requesting an adjustment of the codes listed in Section 4 to the disclosed market median, effective on renewal. The full benchmark tables and methodology are enclosed. We would welcome a call within the next 30 days.

Respectfully,
[Practice Administrator], Example GI Practice

Methodology: professional negotiated rates from payer Transparency-in-Coverage in-network files, deduplicated by tax ID × rate and restricted to gastroenterology taxonomy NPIs in target counties via NPPES. Procedures are benchmarked in the facility setting (POS 22/24) and office visits at POS 11, each compared to the matching Medicare column. Market columns are aggregated 10th / 50th / 90th percentile figures across peer groups — no individual practice's identified rates are shown. The annual gap sums, across codes paid below the market median, (median − your rate) × your annual volume; it assumes those codes are renegotiated to the median at the volumes shown and does not net codes already paid above median. Facility context from hospital price-transparency v3.0 files (45 CFR 180). Medicare baseline: CY2026 PFS, Dallas locality. All sources are public disclosures mandated by federal rule. Generated by FairRate.