BOREAL HEALTH PLAN

Boreal Health Plan of Minnesota, Inc. | P.O. Box 59042, Minneapolis, MN 55459 | Network Contracting: (800) 555-0151 | Payer ID: BHPMN

PARTICIPATING PROVIDER AGREEMENT — AMENDMENT NO. 7

EXHIBIT B: PROFESSIONAL FEE SCHEDULE (COMMERCIAL PPO / POS PRODUCTS)

Provider Group	Northstar Orthopedic Specialists, P.A.	**Agreement No.**	PPA-2019-0447
Group NPI / TIN	1538227465 / 41-2284567	**Rate Period**	**January 1, 2026 – December 31, 2026**
Service Locations	7900 Xerxes Ave S, Ste 410, Bloomington, MN (and satellite per Schedule 1)	**Locality / Products**	Twin Cities metro / Commercial PPO, POS

CPT / HCPCS	Description	Unit	2025 Rate (Reference)	2026 Contracted Rate
99202	Office/outpatient visit, new patient, straightforward MDM	Visit	129.40	134.50
99203	Office/outpatient visit, new patient, low MDM	Visit	179.05	186.20
99204	Office/outpatient visit, new patient, moderate MDM	Visit	258.40	268.75
99212	Office/outpatient visit, established patient, straightforward MDM	Visit	71.30	74.15
99213	Office/outpatient visit, established patient, low MDM	Visit	137.10	142.60
99214	Office/outpatient visit, established patient, moderate MDM	Visit	190.75	198.40
20610	Arthrocentesis/injection, major joint or bursa; without ultrasound guidance	Procedure	94.65	98.45
20611	Arthrocentesis/injection, major joint or bursa; with ultrasound guidance	Procedure	126.75	131.85
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space (add-on code)	Procedure	1,139.00	1,184.50
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Procedure	3,789.60	3,941.18
29881	Arthroscopy, knee, surgical; with meniscectomy (medial or lateral)	Procedure	2,390.70	2,486.30
29888	Arthroscopically aided anterior cruciate ligament repair/augmentation	Procedure	3,962.25	4,120.75
27447	Arthroplasty, knee, condyle and plateau (total knee arthroplasty), professional	Procedure	5,596.15	5,820.00
73562	Radiologic examination, knee; 3 views	Study	47.05	48.95
73721	MRI, any joint of lower extremity; without contrast material †	Study	612.40	**745.00**
97110	Therapeutic procedure, therapeutic exercises; each 15 minutes	Per unit	33.45	34.80
99024	Postoperative follow-up visit, included in global surgical package	Visit	0.00	0.00

REIMBURSEMENT TERMS (SUMMARY — SEE AGREEMENT FOR FULL TEXT)

1. **Lesser-of provision.** Reimbursement for covered services equals the lesser of the provider's billed charge or the 2026 contracted rate above, less applicable member cost share (deductible, coinsurance, copayment).

2. **Modifiers and multiple procedures.** Modifier 50 (bilateral): 150% of the contracted rate. Multiple surgical procedures, same session: 100% / 50% / 50%. Assistant surgeon (modifiers 80, 82, AS): 16% of the contracted rate. NCCI edits and add-on code rules apply; add-on codes (e.g., 29826) are payable only when billed with an eligible primary procedure.
3. **† Imaging rates renegotiated.** Rates for diagnostic imaging codes (70010–79999) were renegotiated effective **January 1, 2026**, under Amendment No. 7. The 2025 rate column is provided for reference only and does not apply to dates of service on or after January 1, 2026.
4. **Unlisted codes.** Covered codes not listed in this Exhibit are reimbursed at 145% of the current-year Minnesota Medicare locality fee schedule (non-facility) in effect on the date of service.
5. **Prior authorization.** Elective arthroscopic procedures and advanced imaging require prior authorization per Section 7.3 of the member's Certificate of Coverage and Section 7 of the Agreement.
6. **Payment reconciliation.** Either party may request adjustment of an underpayment or overpayment within twelve (12) months of the remittance date (Section 9.4). Requests must reference the claim number and remittance advice number.

Exhibit B to Participating Provider Agreement No. PPA-2019-0447, executed as part of Amendment No. 7, effective 01/01/2026. | Boreal Health Plan of Minnesota, Inc. — Network Contracting Department | Provider acknowledgment on file (12/09/2025).