BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0001U		$18.85	2/1/17	
0002M		$503.40	10/1/18	
0002U		$512.43	2/1/17	
0003M		$503.40	10/1/18	
0003U		$103.50	2/1/17	
0005U		$257.85	5/1/17	
0006U		$61.02	8/1/17	3/31/20
0007U		$15.26	8/1/17	
0008U		$290.74	8/1/17	
0009U		$22.00	8/1/17	
0010U		$157.14	8/1/17	
0011U		$61.02	8/1/17	
0012M		$3,873.00	4/1/18	
0012U		$25.65	8/1/17	9/30/22
0013M		$3,873.00	4/1/18	
0013U		$25.65	8/1/17	9/30/22
0014M		$503.40	4/1/20	12/31/23
0014U		$25.65	8/1/17	9/30/22
0015M		$602.10	10/1/20	
0016M		$760.00	10/1/20	
0016U		$25.65	8/1/17	
0017M		$2,510.21	1/1/21	
0017U		$25.65	8/1/17	
0018M		$3,240.00	10/1/21	
0018U		$25.65	10/1/17	
0019M		$25.65	10/1/23	
0019U		$25.65	10/1/17	
0020M		$150.00	7/1/24	
0021U		$25.65	10/1/17	
0022U		$25.65	10/1/17	
0023U		$25.65	10/1/17	
0024U		$18.85	1/1/18	
0025U		$18.85	1/1/18	
0026U		$18.85	1/1/18	
0027U		$18.85	1/1/18	
0029U		$18.85	1/1/18	
0030U		$18.85	1/1/18	
0031U		$18.85	1/1/18	
0032U		$18.85	1/1/18	
0033U		$18.85	1/1/18	
0034U		$18.85	1/1/18	
0035U		$14.32	4/1/18	
0036U		$1,840.00	4/1/18	
0037U		$1,840.00	4/1/18	
0038U		$37.02	4/1/18	
0039U		$18.71	4/1/18	
0040U		$223.35	4/1/18	
0041U		$21.10	4/1/18	
0042U		$21.10	4/1/18	
0043U		$21.10	4/1/18	
0044U		$21.10	4/1/18	
0045U		$2,713.94	7/1/18	
0046U		$165.68	7/1/18	
0047U		$3,873.00	7/1/18	
0048U		$3.82	7/1/18	
0049U		$246.77	7/1/18	
0050U		$3.82	7/1/18	
0051U		$61.02	7/1/18	
0052U		$33.82	7/1/18	
0053U		$602.10	7/1/18	6/30/23
0054U		$61.02	7/1/18	
0055U		$2,713.94	7/1/18	
0056U		$920.00	7/1/18	9/30/22
0058T	0344	$56.42	1/1/11	12/31/20
0058U		$132.50	7/1/18	
0059U		$132.50	7/1/18	
0060U		$292.94	7/1/18	
0061U		$38.65	7/1/18	
0062U		$11.48	10/1/18	
0063U		$105.04	10/1/18	
0064U		$16.34	10/1/18	
0065U		$5.27	10/1/18	
0066U		$98.11	10/1/18	9/30/23
0067U		$215.43	10/1/18	
0068U		$24.76	10/1/18	
0069U		$508.87	10/1/18	
0070U		$450.91	10/1/18	
0071U		$450.91	10/1/18	
0072U		$450.91	10/1/18	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0073U		$450.91	10/1/18	
0074U		$450.91	10/1/18	
0075U		$450.91	10/1/18	
0076U		$450.91	10/1/18	
0077U		$36.23	10/1/18	
0078U		$25.65	10/1/18	9/30/24
0079U		$25.65	10/1/18	
0080U		$1,172.28	1/1/19	
0081U		$22.00	1/1/19	12/31/19
0082U		$22.00	1/1/19	
0083U		$22.00	1/1/19	
0084U		$18.85	7/1/19	
0085T	0340	$42.69		12/31/20
0085U		$14.24	7/1/19	12/31/19
0086U		$20.46	7/1/19	
0087U		$3,240.00	7/1/19	
0088U		$3,240.00	7/1/19	
0089U		$3,750.00	7/1/19	
0090U		$3,750.00	7/1/19	
0091U		$303.34	7/1/19	
0092U		$2,871.00	7/1/19	
0093U		$61.02	7/1/19	
0094U		$3.82	7/1/19	
0095U		$571.72	7/1/19	
0096U		$43.33	7/1/19	
0097U		$514.55	7/1/19	3/31/22
0098U		$514.55	7/1/19	3/31/21
0099U		$571.72	7/1/19	3/31/21
0100U		$571.72	7/1/19	3/31/21
0101U		$802.33	7/1/19	
0102U		$541.86	7/1/19	
0103U		$541.86	7/1/19	
0104U		$541.86	7/1/19	9/30/19
0105U		$17.43	10/1/19	
0106T	0341	$5.51		
0106U		$24.11	10/1/19	
0107T	0341	$5.51		
0107U		$14.80	10/1/19	
0108T	0341	$5.51		
0108U		$129.18	10/1/19	
0109T	0341	$5.51		
0109U		$14.80	10/1/19	
0110T	0341	$5.51		
0110U		$71.83	10/1/19	
0111U		$193.25	10/1/19	
0112U		$43.33	10/1/19	
0113U		$262.08	10/1/19	
0114U		$129.18	10/1/19	
0115U		$43.33	10/1/19	
0116U		$114.43	10/1/19	
0117U		$14.24	10/1/19	
0118U		$3,240.00	10/1/19	
0119U		$24.09	10/1/19	
0120U		$3,873.00	10/1/19	
0121U		$6.80	10/1/19	
0122U		$6.80	10/1/19	
0123U		$10.62	10/1/19	
0124U		$31.80	10/1/19	6/30/20
0125U		$11.16	10/1/19	6/30/20
0126U		$11.16	10/1/19	6/30/20
0127U		$18.59	10/1/19	6/30/20
0128U		$18.59	10/1/19	6/30/20
0129U		$2,252.93	10/1/19	
0130U		$802.33	10/1/19	
0131U		$838.33	10/1/19	
0132U		$838.33	10/1/19	
0133U		$3,873.00	10/1/19	
0134U		$541.86	10/1/19	
0135U		$541.86	10/1/19	
0136U		$2,000.00	10/1/19	
0137U		$282.88	10/1/19	
0138U		$2,252.93	10/1/19	
0139U		$105.04	1/1/20	9/30/21
0140U		$43.33	1/1/20	
0141U		$43.33	1/1/20	
0142U		$43.33	1/1/20	
0143U		$22.00	1/1/20	6/30/23
0144U		$22.00	1/1/20	6/30/23
0145U		$61.02	1/1/20	6/30/23

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0146U		$22.00	1/1/20	6/30/23
0147U		$22.00	1/1/20	6/30/23
0148U		$22.00	1/1/20	6/30/23
0149U		$61.02	1/1/20	6/30/23
0150U		$22.00	1/1/20	6/30/23
0151U		$571.72	1/1/20	3/31/22
0152U		$20.46	1/1/20	
0153U		$3,873.00	1/1/20	
0154U		$137.00	1/1/20	
0155U		$137.00	1/1/20	
0156U		$1,160.00	1/1/20	
0157U		$780.00	1/1/20	
0158U		$675.40	1/1/20	
0159U		$381.70	1/1/20	
0160U		$641.85	1/1/20	
0161U		$707.02	1/1/20	
0162U		$675.40	1/1/20	
0163U		$508.87	4/1/20	
0164U		$17.27	4/1/20	
0165U		$22.14	4/1/20	
0166U		$503.40	4/1/20	
0167U		$9.29	4/1/20	9/30/24
0168U		$795.00	4/1/20	9/30/21
0169U		$18.85	4/1/20	
0170U		$105.04	4/1/20	
0171U		$652.94	4/1/20	
0172U		$25.65	7/1/20	
0173U		$25.65	7/1/20	
0174U		$602.10	7/1/20	
0175U		$25.65	7/1/20	
0176U		$14.24	7/1/20	
0177U		$137.00	7/1/20	
0178U		$22.14	7/1/20	
0179U		$324.58	7/1/20	
0180U		$18.85	7/1/20	
0181U		$18.85	7/1/20	
0182U		$18.85	7/1/20	
0183U		$18.85	7/1/20	
0184U		$18.85	7/1/20	
0185U		$18.85	7/1/20	
0186U		$18.85	7/1/20	
0187U		$18.85	7/1/20	
0188U		$18.85	7/1/20	
0189U		$18.85	7/1/20	
0190U		$18.85	7/1/20	
0191U		$18.85	7/1/20	
0192U		$18.85	7/1/20	
0193U		$18.85	7/1/20	
0194U		$18.85	7/1/20	
0195U		$18.85	7/1/20	
0196U		$18.85	7/1/20	
0197U		$18.85	7/1/20	
0198U		$18.85	7/1/20	
0199U		$18.85	7/1/20	
0200U		$18.85	7/1/20	
0201U		$18.85	7/1/20	
0202U		$100.00	5/20/20	12/14/20
0202U		$416.78	12/15/20	
0203U		$1,050.00	10/1/20	
0204U		$1,050.00	10/1/20	6/30/24
0205U		$137.00	10/1/20	
0206U		$137.00	10/1/20	
0207U		$137.00	10/1/20	
0208T	0035	$15.64	1/1/10	
0208U		$150.00	10/1/20	12/31/21
0209T	0035	$15.64	1/1/10	
0209U		$900.00	10/1/20	
0210T	0035	$15.64	1/1/10	
0210U		$18.09	10/1/20	
0211T	0035	$15.64	1/1/10	
0211U		$137.00	10/1/20	
0212T	0364	$31.68	1/1/10	
0212U		$427.26	10/1/20	
0213U		$427.26	10/1/20	
0214U		$427.26	10/1/20	
0215U		$427.26	10/1/20	
0216U		$301.35	10/1/20	
0217U		$301.35	10/1/20	
0218U		$301.35	10/1/20	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0219U		$301.35	10/1/20	
0220U		$71.36	10/1/20	
0221U		$427.26	10/1/20	
0222U		$427.26	10/1/20	
0223U		$100.00	6/25/20	12/14/20
0223U		$416.78	12/15/20	
0224U		$42.13	4/1/21	
0224U		$100.00	6/25/20	3/31/21
0225U		$100.00	8/10/20	12/14/20
0225U		$416.78	12/15/20	
0226U		$42.28	4/1/21	
0226U		$51.31	8/10/20	3/31/21
0227U		$62.14	1/1/21	
0228U		$25.65	1/1/21	
0229U		$124.64	1/1/21	
0230U		$137.00	1/1/21	
0231U		$137.00	1/1/21	
0232U		$274.83	1/1/21	
0233U		$274.83	1/1/21	
0234U		$527.87	1/1/21	
0235U		$300.00	1/1/21	
0236U		$137.00	1/1/21	
0237U		$274.83	1/1/21	
0238U		$675.40	1/1/21	
0239U		$2,919.60	1/1/21	11/30/21
0239U		$3,500.00	12/1/21	
0240U		$51.31	10/6/20	12/14/20
0240U		$142.63	12/15/20	
0241U		$51.31	10/6/20	12/14/20
0241U		$142.63	12/15/20	
0242U		$597.91	4/1/21	
0243U		$31.80	4/1/21	
0244U		$3,500.00	4/1/21	
0245U		$3,002.09	4/1/21	
0246U		$720.00	4/1/21	
0247U		$31.80	4/1/21	
0248U		$579.46	7/1/21	
0249U		$283.41	7/1/21	
0250U		$3,500.00	7/1/21	
0251U		$11.98	7/1/21	
0252U		$759.05	7/1/21	
0253U		$49.47	7/1/21	
0254U		$49.47	7/1/21	
0255U		$12.31	10/1/21	
0256U		$24.11	10/1/21	
0257U		$22.17	10/1/21	
0258U		$3,750.00	10/1/21	
0259U		$34.19	10/1/21	
0260U		$25.65	10/1/21	
0261U		$71.36	10/1/21	
0262U		$3,750.00	10/1/21	
0263U		$109.03	10/1/21	
0264U		$25.65	10/1/21	
0265U		$427.26	10/1/21	
0266U		$25.65	10/1/21	
0267U		$5,031.20	10/1/21	
0268U		$282.88	10/1/21	
0269U		$274.83	10/1/21	
0270U		$600.00	10/1/21	
0271U		$282.88	10/1/21	
0272U		$846.27	10/1/21	
0273U		$25.65	10/1/21	
0274U		$274.83	10/1/21	
0275U		$18.37	10/1/21	
0276U		$25.65	10/1/21	
0277U		$274.83	10/1/21	
0278U		$25.65	10/1/21	
0279U		$17.27	10/1/21	
0280U		$17.27	10/1/21	
0281U		$17.27	10/1/21	
0282U		$720.00	10/1/21	
0283U		$18.40	10/1/21	
0284U		$22.94	10/1/21	
0285U		$25.65	1/1/22	
0286U		$466.17	1/1/22	
0287U		$3,600.00	1/1/22	
0288U		$25.65	1/1/22	
0289U		$137.00	1/1/22	
0290U		$11.53	1/1/22	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0291U		$25.65	1/1/22	
0292U		$25.65	1/1/22	
0293U		$25.65	1/1/22	
0294U		$150.00	1/1/22	
0295U		$107.00	1/1/22	
0296U		$150.00	1/1/22	
0297U		$137.00	1/1/22	
0298U		$137.00	1/1/22	
0299U		$137.00	1/1/22	
0300U		$137.00	1/1/22	
0301U		$35.09	1/1/22	
0302U		$35.09	1/1/22	
0303U		$7.77	1/1/22	
0304U		$7.77	1/1/22	
0305U		$13.36	1/1/22	
0306U		$25.65	4/1/22	
0307U		$25.65	4/1/22	
0308U		$25.65	4/1/22	
0309U		$25.65	4/1/22	
0310U		$503.40	4/1/22	
0311U		$8.65	4/1/22	
0312U		$760.00	4/1/22	
0313U		$3,600.00	4/1/22	
0314U		$1,950.00	4/1/22	
0315U		$1,950.00	4/1/22	
0316U		$17.21	4/1/22	
0317U		$2,030.00	4/1/22	
0318U		$47.25	4/1/22	
0319U		$3,240.00	4/1/22	
0320U		$3,240.00	4/1/22	
0321U		$35.09	4/1/22	
0322U		$109.03	4/1/22	
0323U		$416.78	7/1/22	
0324U		$579.46	7/1/22	3/31/23
0325U		$579.46	7/1/22	3/31/23
0326U		$2,919.60	7/1/22	
0327U		$795.00	7/1/22	
0328U		$246.92	7/1/22	
0329U		$25.65	7/1/22	
0330U		$35.09	7/1/22	
0331U		$25.65	7/1/22	
0332U		$3,750.00	10/1/22	
0333U		$508.87	10/1/22	
0334U		$3,500.00	10/1/22	
0335U		$427.26	10/1/22	
0336U		$427.26	10/1/22	
0337U		$2,871.00	10/1/22	
0338U		$25.65	10/1/22	
0339U		$3,873.00	10/1/22	
0340U		$3,920.00	10/1/22	
0341U		$795.00	10/1/22	
0342U		$20.81	10/1/22	
0343U		$3,873.00	10/1/22	
0344U		$25.65	10/1/22	
0345U		$25.65	10/1/22	
0346U		$24.09	10/1/22	12/31/24
0347U		$450.91	10/1/22	
0348U		$450.91	10/1/22	
0349U		$450.91	10/1/22	
0350U		$450.91	10/1/22	
0351U		$100.00	10/1/22	
0352U		$142.63	10/1/22	12/31/24
0353U		$35.09	10/1/22	6/30/24
0354U		$35.09	10/1/22	3/31/24
0355U		$950.00	1/1/23	
0356U		$150.00	1/1/23	
0357T	0433	$183.62	1/1/15	12/31/19
0357U		$71.36	1/1/23	9/30/23
0358U		$540.99	1/1/23	
0359U		$760.00	1/1/23	
0360U		$2,871.00	1/1/23	
0361U		$17.27	1/1/23	
0362U		$3,675.00	1/1/23	
0363U		$760.00	1/1/23	
0364U		$3,750.00	4/1/23	
0365U		$760.00	4/1/23	
0366U		$760.00	4/1/23	
0367U		$760.00	4/1/23	
0368U		$71.36	4/1/23	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0369U		$35.09	4/1/23	
0370U		$70.20	4/1/23	
0371U		$35.09	4/1/23	
0372U		$142.63	4/1/23	
0373U		$35.09	4/1/23	
0374U		$35.09	4/1/23	
0375U		$358.80	4/1/23	
0376U		$3,873.00	4/1/23	
0377U		$25.65	4/1/23	
0378U		$25.65	4/1/23	
0379U		$2,919.60	4/1/23	
0380U		$742.27	4/1/23	12/31/24
0381U		$94.99	4/1/23	
0382U		$109.03	4/1/23	
0383U		$109.03	4/1/23	
0384U		$950.00	4/1/23	
0385U		$950.00	4/1/23	
0386U		$143.50	4/1/23	9/30/23
0387U		$1,950.00	7/1/23	
0388U		$324.58	7/1/23	
0389U		$503.40	7/1/23	
0390U		$31.80	7/1/23	
0391U		$3,750.00	7/1/23	
0392U		$450.91	7/1/23	
0393U		$540.99	7/1/23	
0394U		$24.09	7/1/23	
0395U		$2,030.00	7/1/23	
0396U		$143.50	7/1/23	9/30/24
0397U		$324.58	7/1/23	9/30/23
0398U		$143.50	7/1/23	
0399U		$14.70	7/1/23	
0400U		$2,448.56	7/1/23	
0401U		$25.65	7/1/23	
0402U		$35.09	10/1/23	
0403U		$25.65	10/1/23	
0404U		$283.41	10/1/23	
0405U		$20.81	10/1/23	
0406U		$2,871.00	10/1/23	
0407U		$950.00	10/1/23	
0408U		$45.23	10/1/23	
0409U		$3,750.00	10/1/23	
0410U		$20.81	10/1/23	
0411U		$25.65	10/1/23	
0412U		$24.09	10/1/23	
0413U		$25.65	10/1/23	
0414U		$25.65	10/1/23	
0415U		$25.65	10/1/23	
0416U		$35.09	10/1/23	3/31/24
0417U		$427.26	10/1/23	
0418U		$71.36	10/1/23	
0419U		$25.65	10/1/23	
0420U		$760.00	1/1/24	
0421U		$508.87	1/1/24	
0422U		$137.00	1/1/24	
0423T		$11.51	1/1/16	12/31/21
0423U		$25.65	1/1/24	
0424U		$3,873.00	1/1/24	
0425U		$5,031.20	1/1/24	
0426U		$5,031.20	1/1/24	
0427U		$7.12	1/1/24	
0428U		$3,500.00	1/1/24	12/31/24
0429U		$35.09	1/1/24	
0430U		$22.97	1/1/24	
0431U		$12.05	1/1/24	
0432U		$12.05	1/1/24	
0433U		$760.00	1/1/24	
0434U		$742.27	1/1/24	
0435U		$49.47	1/1/24	
0436U		$3,750.00	1/1/24	
0437U		$25.65	1/1/24	
0438U		$450.91	1/1/24	
0439U		$25.65	4/1/24	
0440U		$25.65	4/1/24	
0441U		$18.09	4/1/24	
0442U		$35.09	4/1/24	
0443U		$17.27	4/1/24	
0444U		$2,919.60	4/1/24	
0445U		$540.99	4/1/24	
0446U		$9.30	4/1/24	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0447U		$9.30	4/1/24	
0448U		$682.29	4/1/24	12/31/24
0449U		$2,448.56	4/1/24	
0450U		$25.00	7/1/24	
0451U		$25.00	7/1/24	
0452U		$760.00	7/1/24	
0453U		$71.36	7/1/24	
0454U		$25.65	7/1/24	
0455U		$35.09	7/1/24	
0456U		$1,050.00	7/1/24	12/31/24
0457U		$24.09	7/1/24	
0458U		$2,871.00	7/1/24	
0459U		$540.99	7/1/24	
0460U		$25.65	7/1/24	
0461U		$450.91	7/1/24	
0462T	5743	$252.53	1/1/17	12/31/21
0462U		$0.00	7/1/24	
0463T	5743	$252.53	1/1/17	12/31/21
0463U		$950.00	7/1/24	
0464T	5721	$127.05	1/1/17	
0464U		$508.87	7/1/24	
0465U		$760.00	7/1/24	
0466U		$25.65	7/1/24	
0467U		$25.65	7/1/24	
0468U		$25.65	7/1/24	
0469U		$427.26	7/1/24	
0470U		$150.00	7/1/24	
0471U		$71.36	7/1/24	
0472T	5743	$252.63	7/1/17	
0472U		$17.27	7/1/24	
0473T	5742	$109.22	7/1/17	
0473U		$2,919.60	7/1/24	
0474U		$3,873.00	7/1/24	
0475T		$18.59	7/1/17	12/31/22
0475U		$1,117.98	7/1/24	
0476T	5734	$100.02	7/1/17	12/31/22
0476U		$450.91	10/1/24	
0477T	5734	$100.02	7/1/17	12/31/22
0477U		$450.91	10/1/24	
0478T		$18.59	7/1/17	12/31/22
0478U		$682.29	10/1/24	
0479U		$17.27	10/1/24	
0480U		$416.78	10/1/24	
0481U		$193.25	10/1/24	
0482U		$31.80	10/1/24	
0483U		$35.09	10/1/24	
0484U		$35.09	10/1/24	
0485U		$137.00	10/1/24	
0486U		$137.00	10/1/24	
0487U		$597.91	10/1/24	
0488U		$2,448.56	10/1/24	
0489U		$2,448.56	10/1/24	
0490U		$25.65	10/1/24	
0491U		$25.65	10/1/24	
0492U		$25.65	10/1/24	
0493U		$3,240.00	10/1/24	
0494U		$427.26	10/1/24	
0495U		$25.65	10/1/24	
0496U		$71.36	10/1/24	
0497T	5741	$37.73	1/1/18	12/31/22
0497U		$3,873.00	10/1/24	
0498T		$25.78	1/1/18	12/31/22
0498U		$682.29	10/1/24	
0499U		$682.29	10/1/24	
0500T		$47.80	1/1/18	12/31/24
0500U		$25.65	10/1/24	
0501U		$71.36	10/1/24	
0502U		$35.09	10/1/24	
0503U		$137.00	10/1/24	
0504U		$8.09	10/1/24	
0505U		$142.63	10/1/24	
0506U		$143.50	10/1/24	
0507U		$358.80	10/1/24	
0508U		$3,240.00	10/1/24	
0509T	5721	$58.14	1/1/19	
0509U		$3,240.00	10/1/24	
0510U		$3,750.00	10/1/24	
0511U		$579.46	10/1/24	
0512U		$25.65	10/1/24	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0513U		$25.65	10/1/24	
0514U		$17.27	10/1/24	
0515U		$17.27	10/1/24	
0516U		$742.27	10/1/24	
0517U		$148.96	10/1/24	
0518U		$148.96	10/1/24	
0519U		$148.96	10/1/24	
0520U		$148.96	10/1/24	
0521T	5731	$17.17	1/1/19	
0521U		$6.14	1/1/25	
0522T	5741	$37.16	1/1/19	
0522U		$17.27	1/1/25	
0523U		$597.91	1/1/25	
0524U		$31.80	1/1/25	
0525U		$579.46	1/1/25	
0526U		$3,240.00	1/1/25	
0527U		$11.98	1/1/25	
0528T	5741	$37.16	1/1/19	
0528U		$35.09	1/1/25	
0529T	5741	$37.16	1/1/19	
0529U		$25.65	1/1/25	
0530U		$597.91	1/1/25	
0534T	5741	$37.16	1/1/19	12/31/23
0535T	5741	$37.16	1/1/19	12/31/23
0547T		$40.91	7/1/19	
0564T	5671	$49.46	1/1/20	12/31/24
0589T	5742	$113.41	1/1/20	
0590T	5742	$113.41	1/1/20	
0615T	5734	$109.03	7/1/20	
0631T	5731	$24.67	1/1/21	
0639T		$105.95	1/1/21	
0642T		$7.21	7/1/21	12/31/23
0650T	5741	$37.15	7/1/21	
0658T	5733	$55.66	7/1/21	
0695T		$987.56	1/1/22	
0696T	5741	$38.03	1/1/22	
0716T	5733	$56.85	7/1/22	
0728T		$0.00	7/1/22	
0729T		$0.00	7/1/22	
0740T	5733	$57.48	1/1/23	
0741T	5741	$35.00	1/1/23	
0751T		$22.99	1/1/23	
0752T		$49.47	1/1/23	
0753T		$49.47	1/1/23	
0754T		$283.41	1/1/23	
0755T		$628.20	1/1/23	
0756T		$49.47	1/1/23	
0757T		$33.43	1/1/23	
0758T		$70.28	1/1/23	
0759T		$628.20	1/1/23	
0760T		$143.50	1/1/23	
0761T		$64.51	1/1/23	
0762T		$283.41	1/1/23	
0763T		$143.50	1/1/23	
0764T		$8.65	1/1/23	
0765T		$8.65	1/1/23	
0778T	5721	$145.43	1/1/23	
0788T	5742	$92.23	1/1/24	
0789T	5742	$92.23	1/1/24	
0804T	5741	$35.00	7/1/23	
0826T	5741	$35.93	1/1/24	
0827T		$49.47	1/1/24	
0828T		$49.47	1/1/24	
0829T		$49.47	1/1/24	
0830T		$49.47	1/1/24	
0831T		$49.47	1/1/24	
0832T		$49.47	1/1/24	
0833T		$49.47	1/1/24	
0834T		$49.47	1/1/24	
0835T		$49.47	1/1/24	
0836T		$49.47	1/1/24	
0837T		$49.47	1/1/24	
0838T		$33.43	1/1/24	
0839T		$49.47	1/1/24	
0840T		$49.47	1/1/24	
0841T		$22.99	1/1/24	
0842T		$22.99	1/1/24	
0843T		$22.99	1/1/24	
0844T		$22.99	1/1/24	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0845T		$143.50	1/1/24	
0846T		$143.50	1/1/24	
0847T		$22.99	1/1/24	
0848T		$143.50	1/1/24	
0849T		$143.50	1/1/24	
0850T		$143.50	1/1/24	
0851T		$143.50	1/1/24	
0852T		$143.50	1/1/24	
0853T		$143.50	1/1/24	
0854T		$25.23	1/1/24	
0855T		$628.20	1/1/24	
0856T		$628.20	1/1/24	
0902T	5734	$128.90	1/1/25	
0903T		$17.30	1/1/25	
0904T	5733	$59.40	1/1/25	
0905T		$8.65	1/1/25	
0911T		$109.03	1/1/25	
0912T		$42.17	1/1/25	
0926T	5741	$37.29	1/1/25	
0927T	5741	$37.29	1/1/25	
0928T		$31.35	1/1/25	
0929T	5741	$37.29	1/1/25	
0930T	5211	$1,213.99	1/1/25	
0931T	5211	$1,213.99	1/1/25	
0937T		$108.06	1/1/25	
0938T		$55.66	1/1/25	
0939T		$111.95	1/1/25	
0940T		$28.47	1/1/25	
36415		$0.00	9/1/15	
36416		$0.00	9/1/15	
36591	0624	$39.92		
51727	0156	$182.86	1/1/10	
51728	0156	$183.94	1/1/10	
51729	0156	$186.10	1/1/10	
80047		$12.36		
80048		$12.36		
80050		$35.35		
80051		$10.24		
80053		$15.44		
80055		$38.95		
80061		$19.57		
80069		$12.68		
80074		$69.54		
80076		$11.93		
80081		$101.97	1/1/16	
80143		$18.64	1/1/21	
80145		$38.57	1/1/20	
80150		$22.01		
80151		$18.64	1/1/21	
80155		$19.30	1/1/14	
80156		$21.26		
80157		$19.36		
80158		$26.36		
80159		$25.23	1/1/14	
80161		$18.64	1/1/21	
80162		$19.39		
80163		$18.07	1/1/15	
80164		$19.78		
80165		$18.44	1/1/15	
80167		$18.64	1/1/21	
80168		$19.84		
80169		$18.73	1/1/14	
80170		$23.93		
80171		$18.09	1/1/14	
80173		$21.26		
80175		$18.09	1/1/14	
80176		$21.45		
80177		$18.09	1/1/14	
80178		$9.65		
80179		$18.64	1/1/21	
80180		$24.63	1/1/14	
80181		$18.64	1/1/21	
80183		$18.09	1/1/14	
80184		$16.72		
80185		$19.36		
80186		$20.10		
80187		$27.11	1/1/20	
80188		$24.23		
80189		$27.11	1/1/21	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
80190		$24.46		
80192		$24.46		
80193		$38.57	1/1/21	
80194		$21.31		
80195		$20.04		
80197		$20.04		
80198		$20.66		
80199		$24.63	1/1/14	
80200		$23.53		
80201		$17.40		
80202		$19.78		
80203		$18.09	1/1/14	
80204		$38.57	1/1/21	
80210		$27.11	1/1/21	
80220		$18.64	1/1/22	
80230		$38.57	1/1/20	
80235		$27.11	1/1/20	
80280		$38.57	1/1/20	
80285		$27.11	1/1/20	
80299		$19.99		
80305		$11.44	1/1/17	
80306		$15.26	1/1/17	
80307		$61.02	1/1/17	
80320		$4.11	7/1/15	
80321		$6.21	7/1/15	
80322		$12.42	7/1/15	
80323		$8.14	7/1/15	
80324		$1.11	7/1/15	
80325		$2.22	7/1/15	
80326		$3.32	7/1/15	
80327		$8.87	7/1/15	
80328		$17.74	7/1/15	
80329		$0.48	7/1/15	
80330		$1.21	7/1/15	
80331		$1.94	7/1/15	
80332		$0.51	7/1/15	
80333		$1.28	7/1/15	
80334		$2.05	7/1/15	
80335		$0.55	7/1/15	
80336		$1.37	7/1/15	
80337		$2.20	7/1/15	
80338		$1.70	7/1/15	
80339		$1.21	7/1/15	
80340		$2.42	7/1/15	
80341		$3.64	7/1/15	
80342		$0.62	7/1/15	
80343		$1.24	7/1/15	
80344		$1.86	7/1/15	
80345		$4.31	7/1/15	
80346		$2.78	7/1/15	
80347		$4.40	7/1/15	
80348		$2.35	7/1/15	
80349		$6.21	7/1/15	
80350		$2.07	7/1/15	
80351		$4.14	7/1/15	
80352		$6.21	7/1/15	
80353		$2.27	7/1/15	
80354		$2.10	7/1/15	
80355		$1.69	7/1/15	
80356		$3.50	7/1/15	
80357		$1.72	7/1/15	
80358		$2.30	7/1/15	
80359		$2.10	7/1/15	
80360		$1.70	7/1/15	
80361		$3.24	7/1/15	
80362		$0.62	7/1/15	
80363		$1.24	7/1/15	
80364		$1.86	7/1/15	
80365		$2.32	7/1/15	
80366		$1.92	7/1/15	
80367		$1.69	7/1/15	
80368		$1.70	7/1/15	
80369		$1.15	7/1/15	
80370		$2.30	7/1/15	
80371		$1.69	7/1/15	
80372		$2.08	7/1/15	
80373		$2.30	7/1/15	
80374		$4.88	7/1/15	
80375		$1.32	7/1/15	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
80376		$2.64	7/1/15	
80377		$3.95	7/1/15	
80400		$47.62		
80402		$126.94		
80406		$113.38		
80408		$183.24		
80410		$117.30		
80412		$481.26		
80414		$75.40		
80415		$81.60		
80416		$192.72		
80417		$64.24		
80418		$846.24		
80420		$105.18		
80422		$67.26		
80424		$73.74		
80426		$216.72		
80428		$97.36		
80430		$114.55		
80432		$197.24		
80434		$147.70		
80435		$150.35		
80436		$108.18		
80438		$73.59		
80439		$98.12		
80500	0433	$16.50		12/31/21
80502	0342	$10.06		12/31/21
80503	5671	$50.75	1/1/22	
80504	5672	$152.32	1/1/22	
80505	5672	$152.32	1/1/22	
80506		$45.05	1/1/22	
81000		$4.63		
81001		$4.63		
81002		$3.74		
81003		$3.28		
81005		$3.16		
81007		$3.75		
81015		$4.43		
81020		$5.38		
81025		$9.24		
81050		$4.37		
81105		$150.89	1/1/18	
81106		$150.89	1/1/18	
81107		$150.89	1/1/18	
81108		$150.89	1/1/18	
81109		$150.89	1/1/18	
81110		$150.89	1/1/18	
81111		$150.89	1/1/18	
81112		$150.89	1/1/18	
81120		$193.25	1/1/18	
81121		$295.79	1/1/18	
81162		$2,485.86	1/1/16	
81163		$468.00	1/1/19	
81164		$584.23	1/1/19	
81165		$282.88	1/1/19	
81166		$301.35	1/1/19	
81167		$282.88	1/1/19	
81168		$207.31	1/1/21	
81170		$329.51	1/1/16	
81171		$137.00	1/1/19	
81172		$274.83	1/1/19	
81173		$301.35	1/1/19	
81174		$185.20	1/1/19	
81175		$707.02	1/1/18	
81176		$298.64	1/1/18	
81177		$137.00	1/1/19	
81178		$137.00	1/1/19	
81179		$137.00	1/1/19	
81180		$137.00	1/1/19	
81181		$137.00	1/1/19	
81182		$137.00	1/1/19	
81183		$137.00	1/1/19	
81184		$137.00	1/1/19	
81185		$846.27	1/1/19	
81186		$185.20	1/1/19	
81187		$137.00	1/1/19	
81188		$137.00	1/1/19	
81189		$274.83	1/1/19	
81190		$185.20	1/1/19	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81191		$207.31	1/1/21	
81192		$207.31	1/1/21	
81193		$207.31	1/1/21	
81194		$518.28	1/1/21	
81195		$1,263.53	1/1/25	
81201		$780.00	10/1/18	
81202		$280.00	10/1/18	
81203		$200.00	10/1/18	
81204		$137.00	1/1/19	
81216		$185.12	10/1/18	
81218		$329.51	1/1/16	
81219		$165.68	1/1/16	
81230		$174.81	1/1/18	
81231		$174.81	1/1/18	
81232		$174.81	1/1/18	
81233		$175.40	1/1/19	
81234		$137.00	1/1/19	
81236		$282.88	1/1/19	
81237		$175.40	1/1/19	
81238		$600.00	1/1/18	
81239		$274.83	1/1/19	
81246		$114.90	7/1/15	
81247		$174.81	1/1/18	
81248		$375.25	1/1/18	
81249		$600.00	1/1/18	
81252		$101.12	10/1/18	
81253		$61.52	10/1/18	
81254		$35.00	10/1/18	
81258		$375.25	1/1/18	
81259		$600.00	1/1/18	
81269		$202.40	1/1/18	
81271		$137.00	1/1/19	
81272		$329.51	1/1/16	
81273		$124.87	1/1/16	
81274		$274.83	1/1/19	
81276		$197.19	1/1/16	
81277		$1,160.00	1/1/20	
81278		$207.31	1/1/21	
81279		$185.20	1/1/21	
81283		$75.44	1/1/18	
81284		$137.00	1/1/19	
81285		$274.83	1/1/19	
81286		$274.83	1/1/19	
81288		$3.82	7/1/15	
81289		$185.20	1/1/19	
81305		$175.40	1/1/19	
81306		$291.36	1/1/19	
81307		$282.88	1/1/20	
81308		$301.35	1/1/20	
81309		$274.83	1/1/20	
81311		$295.79	1/1/16	
81312		$137.00	1/1/19	
81313		$140.00	7/1/15	
81314		$329.51	1/1/16	
81320		$291.36	1/1/19	
81324		$758.36	10/1/18	
81325		$769.58	10/1/18	
81326		$52.85	10/1/18	
81327		$83.67	1/1/17	
81328		$174.81	1/1/18	
81329		$137.00	1/1/19	
81333		$137.00	1/1/19	
81334		$329.51	1/1/18	
81335		$174.81	1/1/18	
81336		$301.35	1/1/19	
81337		$185.20	1/1/19	
81338		$150.33	1/1/21	
81339		$185.20	1/1/21	
81343		$137.00	1/1/19	
81344		$137.00	1/1/19	
81345		$185.20	1/1/19	
81346		$174.81	1/1/18	
81347		$759.53	1/1/21	
81348		$759.53	1/1/21	
81349		$308.00	1/1/22	
81351		$641.85	1/1/21	
81352		$274.83	1/1/21	
81353		$308.00	1/1/21	
81357		$759.53	1/1/21	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81360		$759.53	1/1/21	
81361		$174.81	1/1/18	
81362		$375.25	1/1/18	
81363		$202.40	1/1/18	
81364		$324.58	1/1/18	
81410		$3.82	7/1/15	
81411		$3.82	7/1/15	
81412		$2,713.94	1/1/16	
81413		$802.33	1/1/17	
81414		$802.33	1/1/17	
81415		$1,840.00	7/1/15	
81416		$552.00	7/1/15	
81417		$3.82	7/1/15	
81418		$742.27	1/1/23	
81419		$25.65	1/1/21	
81420		$318.00	7/1/15	
81422		$802.33	1/1/17	
81425		$3.82	7/1/15	
81426		$3.82	7/1/15	
81427		$3.82	7/1/15	
81430		$3.82	7/1/15	
81431		$3.82	7/1/15	
81432		$2,713.94	1/1/16	
81433		$2,713.94	1/1/16	12/31/24
81434		$2,713.94	1/1/16	
81435		$3.82	7/1/15	
81436		$3.82	7/1/15	12/31/24
81437		$2,713.94	1/1/16	
81438		$2,713.94	1/1/16	12/31/24
81439		$802.33	1/1/17	
81440		$3.82	7/1/15	
81441		$2,448.56	1/1/23	
81442		$2,713.94	1/1/16	
81443		$2,448.56	1/1/19	
81445		$1,280.00	7/1/15	
81448		$722.10	1/1/18	
81449		$597.91	1/1/23	
81450		$920.00	7/1/15	
81451		$759.53	1/1/23	
81455		$3.82	7/1/15	
81456		$2,919.60	1/1/23	
81457		$597.91	1/1/24	
81458		$597.91	1/1/24	
81459		$597.91	1/1/24	
81460		$3.82	7/1/15	
81462		$597.91	1/1/24	
81463		$597.91	1/1/24	
81464		$597.91	1/1/24	
81465		$3.82	7/1/15	
81470		$3.82	7/1/15	
81471		$3.82	7/1/15	
81479		$25.65	10/1/18	
81490		$17.62	1/1/16	
81493		$2,713.94	1/1/16	
81507		$795.00	10/1/18	
81513		$142.63	1/1/21	
81514		$262.99	1/1/21	
81515		$262.99	1/1/25	
81517		$503.40	1/1/24	
81518		$3,873.00	1/1/19	
81519		$3.82	7/1/15	
81520		$3,099.02	1/1/18	
81521		$3,873.00	1/1/18	
81522		$3,873.00	1/1/20	
81523		$3,873.00	1/1/22	
81525		$2,713.94	1/1/16	
81528		$508.87	1/1/16	
81529		$7,193.00	1/1/21	
81535		$579.46	1/1/16	
81536		$177.56	1/1/16	
81538		$24.58	1/1/16	
81539		$602.10	1/1/17	
81540		$3.82	1/1/16	
81541		$3,873.00	1/1/18	
81542		$3,873.00	1/1/20	
81545		$3.82	1/1/16	12/31/20
81546		$3,600.00	1/1/21	
81551		$25.06	1/1/18	
81552		$22.00	1/1/20	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81554		$5,500.00	1/1/21	
81558		$3,240.00	1/1/25	
81560		$3,240.00	1/1/22	
81595		$2,713.94	1/1/16	
81596		$72.19	1/1/19	
82009		$6.36		
82010		$10.69		
82013		$10.32		
82016		$19.42		
82017		$14.56		
82024		$56.40		
82030		$29.62		
82040		$7.23		
82042		$7.56		
82043		$8.13		
82044		$6.68		
82045		$49.56		
82075		$17.60		
82077		$17.27	1/1/21	
82085		$14.17		
82088		$59.50		
82103		$19.61		
82104		$21.11		
82105		$24.49		
82106		$24.49		
82107		$94.04		
82108		$37.20		
82120		$5.49		
82127		$19.42		
82128		$19.42		
82131		$24.63		
82135		$24.04		
82136		$14.56		
82139		$14.56		
82140		$21.28		
82143		$10.03		
82150		$9.46		
82154		$42.10		
82157		$42.74		
82160		$36.51		
82163		$12.77		
82164		$21.31		
82166		$38.62	1/1/24	
82172		$22.62		
82175		$27.70		
82180		$14.43		
82190		$21.77		
82232		$23.62		
82233		$24.09	1/1/25	
82234		$24.09	1/1/25	
82239		$25.01		
82240		$38.81		
82247		$7.33		
82248		$7.33		
82252		$6.64		
82261		$14.56		
82270		$4.75		
82271		$4.75		
82272		$4.75		
82274		$23.22		
82286		$10.06		
82300		$33.79		
82306		$39.67		
82308		$39.10		
82310		$7.53		
82330		$19.95		
82331		$7.56		
82340		$8.81		
82355		$16.89		
82360		$18.80		
82365		$18.83		
82370		$18.29		
82373		$26.37		
82374		$7.14		
82375		$18.00		
82376		$8.75		
82378		$27.70		
82379		$14.56		
82380		$13.47		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
82382		$25.10		
82383		$36.59		
82384		$36.87		
82387		$19.42		
82390		$15.68		
82397		$20.63		
82415		$18.50		
82435		$6.70		
82436		$7.34		
82438		$7.14		
82441		$8.76		
82465		$6.36		
82480		$11.51		
82482		$11.22		
82485		$30.15		
82495		$29.61		
82507		$40.60		
82523		$27.29		
82525		$18.12		
82528		$32.86		
82530		$24.41		
82533		$23.81		
82540		$6.76		
82542		$26.37		
82550		$9.51		
82552		$19.56		
82553		$8.98		
82554		$8.98		
82565		$7.48		
82570		$7.56		
82575		$13.79		
82585		$12.52		
82595		$9.45		
82600		$28.33		
82607		$22.01		
82608		$20.91		
82610		$19.85		
82615		$11.92		
82626		$36.90		
82627		$32.46		
82633		$30.28		
82634		$30.28		
82638		$17.88		
82642		$32.53	1/1/19	
82652		$56.20		
82653		$22.97	1/1/22	
82656		$16.85		
82657		$26.37		
82658		$26.37		
82664		$38.18		
82668		$27.45		
82670		$40.80		
82671		$47.15		
82672		$12.77		
82677		$35.31		
82679		$36.45		
82681		$27.94	1/1/21	
82693		$21.75		
82696		$34.43		
82705		$7.43		
82710		$24.53		
82715		$24.86		
82725		$19.44		
82726		$26.37		
82728		$19.89		
82731		$94.04		
82735		$27.08		
82746		$21.47		
82747		$25.24		
82757		$25.32		
82759		$13.18		
82760		$16.35		
82775		$30.75		
82776		$11.95		
82777		$17.80	1/1/13	
82784		$13.58		
82785		$24.05		
82787		$6.11		
82800		$12.37		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
82803		$28.25		
82805		$41.43		
82810		$12.74		
82820		$14.59		
82930		$7.67	1/1/11	
82938		$25.83		
82941		$25.75		
82943		$12.77		
82945		$5.73		
82946		$19.84		
82947		$5.73		
82948		$4.63		
82950		$6.93		
82951		$18.80		
82952		$5.72		
82955		$12.77		
82960		$8.84		
82962		$3.42		
82963		$31.37		
82965		$11.29		
82977		$10.51		
82978		$20.81		
82979		$9.92		
82985		$22.01		
83001		$27.14		
83002		$27.04		
83003		$24.34		
83006		$29.93	1/1/15	
83009		$98.35		
83010		$18.37		
83012		$25.10		
83013		$98.35		
83014		$11.48		
83015		$27.50		
83018		$32.06		
83020		$18.80		
83021		$26.37		
83026		$3.45		
83030		$12.08		
83033		$8.70		
83036		$14.17		
83037		$14.17		
83045		$4.20		
83050		$4.29		
83051		$10.67		
83060		$8.42		
83065		$10.06		
83068		$9.92		
83069		$5.76		
83070		$6.93		
83080		$14.56		
83088		$43.12		
83090		$24.63		
83150		$15.22		
83491		$25.57		
83497		$6.79		
83498		$39.66		
83500		$33.07		
83505		$35.49		
83516		$16.85		
83518		$12.38		
83519		$19.73		
83520		$18.91		
83521		$17.27	1/1/22	
83525		$16.69		
83527		$18.91		
83528		$23.22		
83529		$17.27	1/1/22	
83540		$9.46		
83550		$12.77		
83570		$12.91		
83582		$20.69		
83586		$18.69		
83593		$32.02		
83605		$15.59		
83615		$8.81		
83625		$18.69		
83630		$28.66		
83631		$28.66		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
83632		$29.51		
83633		$6.79		
83655		$17.67		
83661		$32.09		
83662		$27.62		
83663		$27.62		
83664		$27.62		
83670		$13.38		
83690		$10.06		
83695		$18.91		
83698		$49.56		
83700		$16.44		
83701		$36.24		
83704		$46.07		
83718		$11.96		
83719		$16.99		
83721		$13.93		
83722		$35.06	1/1/19	
83727		$25.10		
83735		$9.78		
83775		$10.77		
83785		$35.90		
83789		$26.37		
83825		$18.94		
83835		$24.74		
83857		$15.68		
83861		$14.32	1/1/11	
83864		$29.07		
83872		$8.56		
83873		$25.12		
83874		$18.86		
83876		$18.91		
83880		$49.56		
83883		$19.85		
83884		$17.27	1/1/25	
83885		$35.77		
83915		$16.29		
83916		$29.36		
83918		$24.04		
83919		$24.04		
83921		$24.04		
83930		$7.19		
83935		$7.19		
83937		$41.57		
83945		$18.80		
83950		$94.04		
83951		$94.04		
83970		$60.27		
83986		$5.22		
83987		$22.74	1/1/10	
83992		$21.46		
83993		$28.66		
84030		$8.04		
84035		$2.97		
84060		$10.78		
84066		$14.10		
84075		$7.56		
84078		$10.66		
84080		$12.77		
84081		$24.12		
84085		$9.84		
84087		$15.07		
84100		$6.93		
84105		$7.56		
84106		$6.25		
84110		$12.34		
84112		$90.64	1/1/11	
84119		$12.57		
84120		$21.47		
84126		$37.19		
84132		$6.70		
84133		$6.28		
84134		$12.32		
84135		$27.94		
84138		$25.48		
84140		$30.19		
84143		$32.88		
84144		$30.46		
84145		$27.76	1/1/10	

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
84146		$28.30		
84150		$36.45		
84152		$26.85		
84153		$26.85		
84154		$26.85		
84155		$5.35		
84156		$5.35		
84157		$5.35		
84160		$7.56		
84163		$12.75		
84165		$15.68		
84166		$26.04		
84181		$24.87		
84182		$26.28		
84202		$12.90		
84203		$12.57		
84206		$26.01		
84207		$41.02		
84210		$15.85		
84220		$13.77		
84228		$16.99		
84234		$94.72		
84235		$76.41		
84238		$53.39		
84244		$32.12		
84252		$29.55		
84255		$37.27		
84260		$25.40		
84270		$31.73		
84275		$14.40		
84285		$34.38		
84295		$7.02		
84300		$7.10		
84302		$7.10		
84305		$31.04		
84307		$26.70		
84311		$10.20		
84315		$3.66		
84375		$28.62		
84376		$6.79		
84377		$6.79		
84378		$4.20		
84379		$4.20		
84392		$6.93		
84393		$17.27	1/1/25	
84394		$17.27	1/1/25	
84402		$37.18		
84403		$37.70		
84410		$72.55	1/1/17	
84425		$9.92		
84430		$12.77		
84431		$18.54	1/1/10	
84432		$23.45		
84433		$22.17	1/1/23	
84436		$10.03		
84437		$9.45		
84439		$13.17		
84442		$21.59		
84443		$24.53		
84445		$74.24		
84446		$20.70		
84449		$26.28		
84450		$7.55		
84460		$7.73		
84466		$13.44		
84478		$8.40		
84479		$9.45		
84480		$20.70		
84481		$24.74		
84482		$11.23		
84484		$14.37		
84485		$10.96		
84488		$10.66		
84490		$11.11		
84510		$15.18		
84512		$10.77		
84520		$5.76		
84525		$5.49		
84540		$6.93		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
84545		$9.64		
84550		$6.59		
84560		$6.93		
84577		$8.42		
84578		$4.74		
84580		$8.42		
84583		$7.34		
84585		$22.64		
84586		$20.37		
84588		$49.56		
84590		$16.93		
84591		$16.93		
84597		$9.92		
84600		$23.47		
84620		$17.29		
84630		$16.63		
84681		$30.38		
84702		$12.75		
84703		$10.97		
84704		$12.75		
84830		$14.65		
85002		$6.57		
85004		$9.45		
85007		$5.02		
85008		$5.02		
85009		$5.43		
85013		$3.46		
85014		$3.46		
85018		$3.46		
85025		$11.35		
85027		$9.45		
85032		$6.28		
85041		$4.40		
85044		$6.28		
85045		$5.85		
85046		$8.15		
85048		$3.71		
85049		$6.53		
85055		$39.09		
85060		$22.36		
85097	0343	$34.55		
85130		$17.37		
85170		$5.28		
85175		$6.64		
85210		$18.96		
85220		$25.77		
85230		$26.14		
85240		$9.37		
85244		$29.81		
85245		$11.95		
85246		$11.95		
85247		$11.95		
85250		$27.79		
85260		$26.14		
85270		$26.14		
85280		$28.25		
85290		$23.86		
85291		$12.98		
85292		$27.65		
85293		$27.65		
85300		$17.30		
85301		$15.79		
85302		$17.55		
85303		$20.19		
85305		$16.93		
85306		$20.15		
85307		$20.15		
85335		$18.80		
85337		$15.22		
85345		$6.28		
85347		$6.22		
85348		$5.44		
85360		$12.26		
85362		$10.06		
85366		$11.95		
85370		$13.59		
85378		$10.41		
85379		$13.59		
85380		$13.59		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
85384		$12.40		
85385		$12.40		
85390		$7.54		
85396		$19.12		
85397		$11.95		
85400		$12.91		
85410		$11.26		
85415		$25.10		
85420		$9.55		
85421		$11.95		
85441		$6.14		
85445		$9.95		
85460		$11.30		
85461		$9.69		
85475		$12.95		
85520		$19.11		
85525		$17.30		
85530		$19.84		
85536		$9.45		
85540		$12.56		
85547		$12.56		
85549		$27.39		
85555		$9.76		
85557		$12.77		
85576		$31.37		
85597		$21.19		
85598		$20.43	1/1/11	
85610		$5.74		
85611		$5.75		
85612		$10.21		
85613		$10.21		
85635		$14.38		
85651		$5.18		
85652		$3.94		
85660		$8.06		
85670		$8.44		
85675		$9.37		
85705		$12.41		
85730		$8.76		
85732		$9.45		
85810		$17.05		
86000		$10.19		
86001		$6.98		
86003		$6.98		
86005		$11.64		
86008		$22.14	1/1/18	
86015		$11.53	1/1/22	
86021		$21.98		
86022		$14.29		
86023		$8.42		
86036		$12.05	1/1/22	
86037		$12.05	1/1/22	
86038		$17.65		
86039		$16.30		
86041		$18.40	1/1/24	
86042		$18.40	1/1/24	
86043		$12.05	1/1/24	
86051		$11.53	1/1/22	
86052		$12.05	1/1/22	
86053		$12.05	1/1/22	
86060		$10.66		
86063		$8.44		
86077	0433	$16.50		
86078	0343	$34.55		
86079	0433	$16.50		
86140		$7.56		
86141		$18.91		
86146		$11.47		
86147		$11.47		
86148		$11.47		
86152	0342	$12.71	1/1/13	
86153	0342	$12.71	1/1/13	
86155		$23.33		
86156		$9.78		
86157		$11.77		
86160		$17.53		
86161		$17.53		
86162		$27.43		
86171		$9.37		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86200		$18.91		
86215		$19.35		
86225		$20.06		
86226		$17.68		
86231		$12.09	1/1/22	
86235		$26.18		
86255		$17.60		
86256		$17.60		
86258		$11.53	1/1/22	
86277		$22.98		
86280		$11.96		
86294		$28.64		
86300		$30.38		
86301		$30.38		
86304		$30.38		
86305		$29.81	1/1/10	
86308		$7.56		
86309		$9.45		
86310		$10.77		
86316		$30.38		
86317		$21.89		
86318		$18.91		5/18/20
86318		$45.23	5/19/20	
86320		$32.72		
86325		$32.65		
86327		$33.13		12/31/24
86328		$18.09	4/10/20	5/18/20
86328		$45.23	5/19/20	12/31/21
86328		$45.28	1/1/22	
86329		$13.45		
86331		$17.50		
86332		$35.59		
86334		$32.62		
86335		$42.85		
86336		$22.75		
86337		$25.26		
86340		$22.01		
86341		$25.26		
86343		$18.20		
86344		$11.66		
86352		$97.30	1/1/10	
86353		$71.58		
86355		$55.08		
86356		$39.09		
86357		$55.08		
86359		$55.08		
86360		$68.60		
86361		$39.09		
86362		$12.05	1/1/22	
86363		$12.05	1/1/22	
86364		$11.53	1/1/22	
86366		$18.40	1/1/24	
86367		$55.08		
86376		$21.25		
86381		$25.45	1/1/22	
86382		$24.69		
86384		$16.63		
86386		$22.61	1/1/12	
86403		$14.88		
86406		$13.11		
86408		$42.13	8/10/20	
86409		$100.00	8/10/20	12/14/20
86409		$105.33	12/15/20	
86413		$42.13	9/8/20	
86430		$8.29		
86431		$8.29		
86480		$90.49		
86481		$87.22	1/1/11	
86485	0341	$5.51		
86486	0341	$5.51		
86490	0341	$5.51		12/31/24
86510	0341	$5.51		
86580	0341	$5.51		
86581		$14.99	1/1/25	
86590		$16.11		
86592		$6.23		
86593		$6.43		
86596		$18.40	1/1/22	
86602		$11.94		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86603		$11.94		
86606		$11.94		
86609		$11.94		
86611		$11.94		
86612		$11.94		
86615		$19.25		
86617		$22.61		
86618		$24.87		
86619		$19.54		
86622		$11.94		
86625		$11.94		
86628		$11.94		
86631		$11.94		
86632		$11.94		
86635		$11.94		
86638		$11.94		
86641		$11.94		
86644		$21.02		
86645		$11.94		
86648		$11.94		
86651		$11.94		
86652		$11.94		
86653		$11.94		
86654		$11.94		
86658		$11.94		
86663		$19.16		
86664		$22.34		
86665		$26.48		
86666		$11.94		
86668		$15.18		
86671		$11.94		
86674		$21.50		
86677		$11.94		
86682		$11.94		
86684		$23.13		
86687		$12.25		
86688		$14.57		
86689		$28.26		
86692		$25.06		
86694		$21.02		
86695		$19.25		
86696		$28.26		
86698		$11.94		
86701		$12.96		
86702		$15.41		
86703		$20.02		
86704		$17.60		
86705		$17.18		
86706		$15.68		
86707		$16.89		
86708		$18.09		
86709		$16.44		
86710		$19.80		
86711		$19.79	1/1/13	
86713		$22.35		
86717		$11.94		
86720		$11.94		
86723		$11.94		
86727		$11.94		
86732		$19.25		
86735		$19.06		
86738		$19.34		
86741		$11.94		
86744		$11.94		
86747		$21.95		
86750		$19.25		
86753		$11.94		
86756		$11.94		
86757		$28.26		
86759		$19.25		
86762		$21.02		
86765		$18.81		
86768		$11.94		
86769		$12.88	4/10/20	5/18/20
86769		$42.13	5/19/20	
86771		$19.25		
86774		$21.61		
86777		$21.02		
86778		$18.64		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86780		$12.53	1/1/10	
86784		$11.94		
86787		$11.94		
86788		$11.94		
86789		$21.02		
86790		$11.94		
86793		$11.94		
86794		$20.80	1/1/18	
86800		$23.22		
86803		$20.84		
86804		$22.61		
86805		$76.34		
86806		$69.48		
86807		$57.77		
86808		$43.33		
86812		$37.68		
86813		$75.79		
86816		$40.67		
86817		$75.79		
86821		$75.79		
86825		$115.04	1/1/10	
86826		$38.35	1/1/10	
86828		$54.40	1/1/13	
86829		$40.80	1/1/13	
86830		$110.18	1/1/13	
86831		$94.44	1/1/13	
86832		$173.14	1/1/13	
86833		$157.40	1/1/13	
86834		$487.94	1/1/13	
86835		$440.72	1/1/13	
86850	0345	$14.49		
86860	0346	$25.15		
86870	0346	$25.15		
86880	0409	$7.72		
86885	0409	$7.72		
86886	0409	$7.72		
86890	0347	$48.47		
86891	0345	$14.49		
86900	0409	$7.72		
86901	0409	$7.72		
86902	0345	$14.93	1/1/11	
86904	0345	$14.49		
86905	0345	$14.49		
86906	0345	$14.49		
86910		$52.30		
86911		$11.90		
86920	0345	$14.49		
86921	0345	$14.49		
86922	0346	$25.15		
86923	0345	$14.49		
86927	0345	$14.49		
86930	0347	$48.47		
86931	0347	$48.47		
86932	0347	$48.47		
86940		$11.97		
86941		$17.68		
86945	0345	$14.49		
86950	0345	$14.49		
86960	0345	$14.49		
86965	0346	$25.15		
86970	0345	$14.49		
86971	0345	$14.49		
86972	0345	$14.49		
86975	0346	$25.15		
86976	0345	$14.49		
86977	0347	$48.47		
86978	0346	$25.15		
86985	0345	$14.49		
86999	0345	$14.49		
87003		$21.19		
87015		$9.75		
87040		$15.07		
87045		$13.77		
87046		$13.77		
87070		$12.57		
87071		$13.77		
87073		$13.77		
87075		$13.81		
87076		$11.80		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87077		$11.80		
87081		$9.69		
87084		$12.57		
87086		$11.79		
87088		$11.82		
87101		$11.26		
87102		$12.26		
87103		$13.17		
87106		$15.07		
87107		$15.07		
87109		$15.22		
87110		$28.60		
87116		$15.78		
87118		$15.98		
87140		$8.14		
87143		$18.29		
87147		$7.56		
87149		$29.27		
87150		$50.27	1/1/10	
87152		$7.64		
87153		$165.22	1/1/10	
87154		$218.06	1/1/22	
87158		$7.64		
87164		$15.68		
87166		$16.49		
87168		$6.23		
87169		$6.23		
87172		$6.23		
87176		$8.59		
87177		$12.77		
87181		$6.93		
87184		$10.07		
87185		$6.93		
87186		$12.62		
87187		$15.13		
87188		$9.69		
87190		$8.25		
87197		$21.93		
87205		$6.23		
87206		$7.84		
87207		$8.75		
87209		$26.24		
87210		$6.23		
87220		$6.23		
87230		$28.83		
87250		$28.55		
87252		$38.06		
87253		$24.80		
87254		$28.55		
87255		$49.44		
87260		$17.52		
87265		$17.52		
87267		$17.52		
87269		$17.52		
87270		$17.52		
87271		$17.52		
87272		$17.52		
87273		$17.52		
87274		$17.52		
87275		$17.52		
87276		$17.52		
87278		$17.52		
87279		$17.52		
87280		$17.52		
87281		$17.52		
87283		$17.52		
87285		$17.52		
87290		$17.52		
87299		$17.52		
87300		$17.52		
87301		$17.52		
87305		$17.52		
87320		$17.52		
87324		$17.52		
87327		$17.52		
87328		$17.52		
87329		$17.52		
87332		$17.52		
87335		$17.52		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87336		$17.52		
87337		$17.52		
87338		$21.00		
87339		$17.52		
87340		$15.08		
87341		$15.08		
87350		$16.83		
87380		$23.98		
87385		$17.52		
87389		$34.12	1/1/12	
87390		$25.76		
87391		$25.76		
87400		$17.52		
87420		$17.52		
87425		$17.52		
87426		$45.23	4/1/21	
87426		$51.31	6/25/20	3/31/21
87427		$17.52		
87428		$30.94	7/15/22	
87428		$51.31	11/10/20	1/31/21
87428		$73.49	2/1/21	7/14/22
87430		$17.52		
87449		$17.52		
87450		$13.99		10/5/20
87451		$13.99		
87467		$15.05	1/1/23	
87468		$35.09	1/1/23	
87469		$35.09	1/1/23	
87471		$51.25		
87472		$41.43		
87475		$29.27		
87476		$51.25		
87478		$35.09	1/1/23	
87480		$29.27		
87481		$51.25		
87482		$41.43		
87483		$571.72	1/1/17	
87484		$35.09	1/1/23	
87485		$29.27		
87486		$51.25		
87487		$41.43		
87490		$29.27		
87491		$51.25		
87492		$41.43		
87493		$50.27	1/1/10	
87495		$29.27		
87496		$51.25		
87497		$41.43		
87498		$51.25		
87500		$51.25		
87501		$72.22	1/1/11	
87502		$119.75	1/1/11	
87503		$28.64	1/1/11	
87505		$174.58	1/1/15	
87506		$290.45	1/1/15	
87507		$567.18	1/1/15	
87510		$29.27		
87511		$51.25		
87512		$41.43		
87513		$35.09	1/1/25	
87516		$51.25		
87517		$41.43		
87520		$29.27		
87521		$51.25		
87522		$41.43		
87523		$42.84	1/1/24	
87525		$29.27		
87526		$51.25		
87527		$41.43		
87528		$29.27		
87529		$51.25		
87530		$41.43		
87531		$29.27		
87532		$51.25		
87533		$41.43		
87534		$29.27		
87535		$51.25		
87536		$124.24		
87537		$29.27		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87538		$51.25		
87539		$41.43		
87540		$29.27		
87541		$51.25		
87542		$41.43		
87550		$29.27		
87551		$51.25		
87552		$41.43		
87555		$29.27		
87556		$51.25		
87557		$41.43		
87560		$29.27		
87561		$51.25		
87562		$41.43		
87563		$35.09	1/1/20	
87564		$76.77	1/1/25	
87580		$29.27		
87581		$51.25		
87582		$41.43		
87590		$29.27		
87591		$51.25		
87592		$41.43		
87593		$35.09	7/26/22	
87594		$35.09	1/1/25	
87623		$47.76	1/1/15	
87624		$47.76	1/1/15	
87625		$47.76	1/1/15	
87626		$70.20	1/1/25	
87631		$104.14	1/1/13	
87632		$157.90	1/1/13	
87633		$292.30	1/1/13	
87634		$86.66	1/1/18	
87635		$51.31	10/1/20	
87635		$51.33	3/13/20	9/30/20
87636		$43.33	10/6/20	12/14/20
87636		$142.63	12/15/20	
87637		$43.33	10/6/20	12/14/20
87637		$142.63	12/15/20	
87640		$51.25		
87641		$51.25		
87650		$29.27		
87651		$51.25		
87652		$41.43		
87653		$51.25		
87660		$29.27		
87661		$47.87	1/1/14	
87662		$63.35	1/1/18	
87797		$29.27		
87798		$51.25		
87799		$62.54		
87800		$58.56		
87801		$102.49		
87802		$17.52		
87803		$17.52		
87804		$17.52		
87806		$32.77	1/1/15	
87807		$17.52		
87808		$17.52		
87809		$17.52		
87810		$17.52		
87811		$14.80	10/6/20	12/14/20
87811		$41.38	12/15/20	
87850		$17.52		
87880		$17.52		
87899		$17.52		
87900		$190.31		
87901		$267.57		
87902		$267.57		
87903		$713.43		
87904		$38.06		
87905		$17.84		
87906		$128.95	1/1/11	
87910		$113.09	1/1/13	
87912		$113.09	1/1/13	
87913		$257.45	2/21/22	
88000		$432.44		
88005		$486.54		
88007		$540.64		
88012		$453.72		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
88014		$453.72		
88016		$432.44		
88020		$540.64		
88025		$594.38		
88027		$648.84		
88028		$561.92		
88029		$561.92		
88036		$465.26		
88037		$377.98		
88040		$1,405.52		
88104	0433	$16.50		
88106	0433	$16.50		
88108	0433	$16.50		
88112	0343	$34.55		
88120	0344	$56.42	1/1/11	
88121	0344	$56.42	1/1/11	
88125	0433	$16.50		
88130		$21.97		
88140		$11.67		
88141		$27.05		
88142		$29.58		
88143		$29.58		
88147		$16.62		
88148		$22.19		
88150		$15.42		
88152		$15.42		
88153		$15.42		
88155		$8.75		
88160	0433	$16.50		
88161	0433	$16.50		
88162	0433	$16.50		
88164		$15.42		
88165		$15.42		
88166		$15.42		
88167		$15.42		
88172	0343	$34.55		
88173	0343	$34.55		
88174		$31.19		
88175		$38.68		
88177	0342	$11.04	1/1/11	
88182	0343	$34.55		
88184	0433	$16.50		
88185	0433	$16.50		
88187	0342	$10.06		
88188	0343	$34.55		
88189	0343	$34.55		
88199	0342	$10.06		
88230		$170.10		
88233		$205.48		
88235		$215.00		
88237		$184.41		
88239		$215.39		
88240		$12.40		
88241		$12.40		
88245		$217.35		
88248		$252.84		
88249		$252.84		
88261		$258.05		
88262		$181.98		
88263		$219.42		
88264		$181.98		
88267		$224.15		
88269		$242.84		
88271		$31.27		
88272		$39.09		
88273		$46.91		
88274		$50.82		
88275		$58.64		
88280		$36.64		
88283		$100.15		
88285		$27.74		
88289		$50.28		
88291		$28.49		
88299	0342	$10.06		
88300	0433	$16.50		
88302	0433	$16.50		
88304	0343	$34.55		
88305	0343	$34.55		
88307	0344	$54.32		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
88309	0344	$54.32		
88311	0342	$10.06		
88312	0433	$16.50		
88313	0433	$16.50		
88314	0433	$16.50		
88319	0344	$54.32		
88321	0433	$16.50		
88323	0343	$34.55		
88325	0344	$54.32		
88329	0433	$16.50		
88331	0343	$34.55		
88332	0433	$16.50		
88333	0433	$16.50		
88334	0433	$16.50		
88341		$45.49	1/1/15	
88342	0343	$34.55		
88344		$77.02	1/1/15	
88346	0343	$34.55		
88348	0661	$159.49		
88350		$43.62	1/1/16	
88355	0343	$34.55		
88356	0344	$54.32		
88358	0343	$34.55		
88360	0343	$34.55		
88361	0343	$34.55		
88362	0344	$54.32		
88363	0342	$11.04	1/1/11	
88364		$70.21	1/1/15	
88365	0344	$54.32		
88366		$86.33	1/1/15	
88367	0344	$54.32		
88368	0343	$34.55		
88369		$48.72	1/1/15	
88371		$32.44		
88372		$33.22		
88373		$39.05	1/1/15	
88374	0433	$183.62	1/1/15	
88375	0342	$12.71	1/1/13	
88377	0433	$183.62	1/1/15	
88380		$117.58		
88381		$153.28		
88387		$7.93	1/1/10	
88388		$3.97	1/1/10	12/31/24
88399	0342	$10.06		
88720		$7.33		
88738		$7.19	1/1/10	
88740		$7.33		
88741		$7.33		
89049	0342	$10.06		
89050		$6.90		
89051		$8.04		
89055		$6.23		
89060		$10.44		
89125		$6.30		
89160		$5.38		
89190		$6.93		
89220	0433	$16.50		
89230	0343	$34.55		
89240	0342	$10.06		
89250	0344	$54.32		
89251	0344	$54.32		
89253	0344	$54.32		
89254	0344	$54.32		
89255	0344	$54.32		
89257	0344	$54.32		
89258	0344	$54.32		
89259	0344	$54.32		
89260	0344	$54.32		
89261	0344	$54.32		
89264	0344	$54.32		
89268	0344	$54.32		
89272	0344	$54.32		
89280	0344	$54.32		
89281	0344	$54.32		
89290	0344	$54.32		
89291	0344	$54.32		
89300		$8.42		
89310		$5.05		
89320		$12.77		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
89321		$12.77		
89322		$22.63		
89325		$15.58		
89329		$30.61		
89330		$14.45		
89331		$27.99		
89335	0344	$54.32		
89337	0433	$183.62	1/1/15	
89342	0344	$54.32		
89343	0344	$54.32		
89344	0344	$54.32		
89346	0344	$54.32		
89352	0344	$54.32		
89353	0344	$54.32		
89354	0344	$54.32		
89356	0344	$54.32		
89398	0342	$10.42	1/1/10	
91010	0361	$262.47		
91020	0361	$262.47		
91022	0361	$262.47		
91030	0361	$262.47		
91034	0361	$262.47		
91035	0361	$262.47		
91037	0361	$262.47		
91038	0361	$262.47		
91040	0360	$99.83		
91065	0360	$99.83		
91120	0126	$68.93		
91122	0156	$190.50		
91132	0360	$99.83		
91133	0360	$99.83		
92060	0698	$61.69		
92065	0698	$61.69		
92066	5733	$57.48	1/1/23	
92081	0230	$42.68		
92082	0698	$61.69		
92083	0698	$61.69		
92136	0698	$61.69		
92235	0231	$142.35		
92240	0231	$142.35		
92242	5722	$172.70	1/1/17	
92250	0698	$61.69		
92265	0698	$61.69		
92270	0230	$42.68		
92273	5722	$97.62	1/1/19	
92274	5721	$58.14	1/1/19	
92283	0230	$42.68		
92284	0698	$61.69		
92285	0698	$61.69		
92286	0231	$142.35		
92499	0230	$42.68		
92517	5721	$45.05	1/1/21	
92518	5721	$45.05	1/1/21	
92519	5722	$67.39	1/1/21	
92531		$10.82		
92532		$14.43		
92533		$8.66		
92534		$4.33		
92541	0363	$59.73		
92542	0363	$59.73		
92544	0363	$59.73		
92545	0363	$59.73		
92546	0660	$104.58		
92547		$5.77		
92548	0660	$104.58		
92551		$10.46		
92552	0364	$31.25		
92553	0365	$84.42		
92555	0364	$31.25		
92556	0364	$31.25		
92557	0365	$84.42		
92559		$15.15		12/31/21
92560		$8.66		12/31/21
92561	0364	$31.25		12/31/21
92562	0364	$31.25		
92563	0364	$31.25		
92564	0364	$31.25		12/31/21
92565	0364	$31.25		
92567	0364	$31.25		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
92568	0364	$31.25		
92571	0364	$31.25		
92572	0366	$112.94		
92575	0364	$31.25		
92576	0364	$31.25		
92577	0366	$112.94		
92579	0365	$84.42		
92582	0365	$84.42		
92583	0364	$31.25		
92584	0216	$176.06		
92585	0216	$176.06		12/31/20
92586	0218	$78.30		12/31/20
92587	0363	$59.73		
92588	0660	$104.58		
92590		$46.89		
92591		$70.33		
92592		$17.31		
92593		$25.25		
92594		$17.31		
92595		$25.25		
92596	0364	$31.25		
92597		$44.36		
92601	0366	$112.94		
92602	0366	$112.94		
92603	0366	$112.94		
92604	0366	$112.94		
92612		$65.28		
92613		$37.87		
92614		$65.28		
92615		$33.90		
92616		$96.30		
92617		$41.48		
92625	0365	$84.42		
92626	0366	$112.94		
92627		$19.12		
92640	0365	$84.42		
92650		$30.63	1/1/21	
92651	5721	$95.14	1/1/21	
92652	5722	$125.78	1/1/21	
92653	5722	$92.62	1/1/21	
92700	0364	$31.25		
93000		$20.92		
93005	0099	$26.09		
93010		$9.02		
93015		$100.27		
93016		$24.53		
93017	0100	$170.99		
93018		$16.23		
93024	0100	$170.99		
93025	0100	$170.99		
93040		$13.34		
93041	0035	$14.44		
93042		$7.93		
93224		$119.38		
93225	0097	$65.70		
93226	0097	$65.70		
93227		$28.49		
93228		$25.61		
93229	0209	$754.41		
93241		$108.06	1/1/21	
93242	5732	$33.84	1/1/21	
93243	5733	$55.66	1/1/21	
93244		$25.95	1/1/21	
93245		$108.06	1/1/21	
93246	5733	$55.66	1/1/21	
93247	5734	$111.95	1/1/21	
93248		$28.47	1/1/21	
93268		$265.45		
93270	0097	$65.70		
93271	0692	$109.24		
93272		$27.41		
93278	0340	$42.69		
93279	0690	$23.17		
93280	0690	$23.17		
93281	0690	$23.17		
93282	0689	$39.25		
93283	0689	$39.25		
93284	0689	$39.25		
93285	0690	$23.17		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
93286		$12.26		
93287		$14.07		
93288	0690	$23.17		
93289	0689	$39.25		
93290	0690	$23.17		
93291	0690	$23.17		
93292	0689	$39.25		
93293	0689	$39.25		
93294		$36.79		
93295		$66.36		
93296	0689	$39.25		
93297		$25.61		
93298		$29.57		
93299	0209	$754.41		12/31/19
93615	0084	$677.49		
93616	0084	$677.49		
93618	0084	$677.49		
93619	0085	$3,259.99		
93620	0085	$3,259.99		
93621		$118.66		
93622		$173.48		
93623		$160.86		
93624	0085	$3,259.99		
93631		$408.27		
93640		$197.28		
93641		$333.98		
93642	0084	$677.49		
93660	0101	$279.44		
93701	0099	$26.09		
93724	0690	$23.17		
93740	0368	$55.00		
93745	0689	$39.25		
93770		$0.72		
93784		$65.28		
93786	0097	$65.70		
93788	0097	$65.70		
93790		$19.12		
93799	0097	$65.70		
93890	0266	$97.77		12/31/24
93892	0266	$97.77		
93893	0266	$97.77		
94010	0368	$55.00		
94014	0367	$37.17		
94015	0367	$37.17		
94016		$24.89		
94060	0078	$91.84		
94070	0369	$184.67		
94150	0367	$37.17		
94200	0367	$37.17		
94250	0368	$55.00		12/31/20
94375	0368	$55.00		
94400	0367	$37.17		12/31/20
94450	0368	$55.00		
94452	0368	$55.00		
94453	0368	$55.00		
94617	5734	$105.03	1/1/18	
94618	5734	$105.03	1/1/18	
94619	5733	$55.66	1/1/21	
94621	0369	$184.67		
94680	0368	$55.00		
94681	0368	$55.00		
94690	0367	$37.17		
94750	0367	$37.17		12/31/20
94760		$2.89		
94761		$5.77		
94762	0097	$65.70		
94770	0367	$37.17		12/31/20
94772	0369	$184.67		
94775	0097	$65.70		
94776	0097	$65.70		
94799	0367	$37.17		
95004	0381	$23.23		
95012	0367	$37.17		
95024	0381	$23.23		
95027	0381	$23.23		
95028	0381	$23.23		
95044	0381	$23.23		
95052	0381	$23.23		
95056	0370	$96.95		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
95060	0370	$96.95		
95065	0381	$23.23		
95070	0369	$184.67		
95071	0369	$184.67		12/31/20
95249		$55.99	1/1/18	
95250	0607	$113.57		
95251		$39.67		
95803	0218	$78.30		
95805	0209	$754.41		
95806	0213	$153.05		
95807	0209	$754.41		
95808	0209	$754.41		
95810	0209	$754.41		
95811	0209	$754.41		
95812	0213	$153.05		
95813	0213	$153.05		
95816	0213	$153.05		
95819	0213	$153.05		
95822	0213	$153.05		
95824	0216	$176.06		
95827	0213	$153.05		12/31/19
95829		$883.99		
95831		$14.07		12/31/19
95832		$14.79		12/31/19
95833		$23.44		12/31/19
95834		$29.57		12/31/19
95851		$7.93		
95852		$5.77		
95857	0218	$78.30		
95860	0218	$78.30		
95861	0218	$78.30		
95863	0218	$78.30		
95864	0218	$78.30		
95865	0218	$78.30		
95866	0218	$78.30		
95867	0218	$78.30		
95868	0218	$78.30		
95869	0215	$39.60		
95870	0215	$39.60		
95872	0218	$78.30		
95873		$25.61		
95874		$23.80		
95875	0215	$39.60		
95919	5734	$116.11	1/1/23	
95921	0215	$39.60		
95922	0215	$39.60		
95923	0218	$78.30		
95925	0216	$176.06		
95926	0216	$176.06		
95927	0216	$176.06		
95928	0218	$78.30		
95929	0218	$78.30		
95930	0216	$176.06		
95933	0215	$39.60		
95937	0218	$78.30		
95950	0209	$754.41		12/31/19
95951	0209	$754.41		12/31/19
95953	0209	$754.41		12/31/19
95954	0218	$78.30		
95955		$87.28		
95956	0209	$754.41		12/31/19
95957		$157.61		
95958	0213	$153.05		
95961	0216	$176.06		
95962	0216	$176.06		
95965	0067	$3,803.23		
95966	0065	$952.38		
95967	0065	$952.38		
95970	0218	$78.30		
95971	0692	$109.24		
95972	0692	$109.24		
95999	0215	$39.60		
96000	0216	$176.06		
96001	0216	$176.06		
96002	0218	$78.30		
96003	0215	$39.60		12/31/24
96004		$109.64		
96020		$177.81		
96110	0373	$88.57		

BlueCross BlueShield of Texas

2009 Hospital Lab/Pathology Base Compensation Schedule

This schedule is not a guaranty of payment. Variances in compensation may occur due to rounding calculations. Services represented are subject to provisions of the health plan including, but not limited to, membership eligibility, premium payment, claim payment logic, provider contract terms and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
99000		$12.26		
99001		$6.13		
C9803		$23.46	3/1/20	12/31/23
G0027		$8.42		
G0103		$26.85		
G0106	0157	$149.70		12/31/24
G0120	0157	$149.70		12/31/24
G0123		$29.58		
G0124		$27.05		
G0141		$27.05		
G0143		$29.58		
G0144		$31.19		
G0145		$38.68		
G0147		$16.62		
G0148		$22.19		
G0306		$11.35		
G0307		$9.45		
G0327		$0.00	7/1/21	
G0328		$23.22		
G0403		$20.92		
G0416	1505	$350.00		
G0452		$18.69	1/1/13	
G0475		$18.66	1/1/16	
G0476		$18.66	1/1/16	
G0480		$79.94	1/1/16	
G0481		$122.99	1/1/16	
G0482		$166.03	1/1/16	
G0483		$215.23	1/1/16	
G0499		$19.57	1/1/17	
G2023		$23.46	3/1/20	5/11/23
G2024		$25.46	3/1/20	5/11/23
G2066	5741	$36.25	1/1/20	12/31/23
K1034		$12.00	4/4/22	
P2031		$37.51		
P2038		$7.34		
P3000		$15.42		
P3001		$27.05		
P7001		$15.87		
P9023	0949	$58.83		
P9025	9538	$65.70	10/1/21	
P9026	9539	$79.85	10/1/21	
P9070	9534	$73.08	1/1/16	
P9071	9535	$72.56	1/1/16	
P9073	9536	$624.61	1/1/18	
P9100	1493	$25.50	1/1/18	
Q0091	0191	$10.07		
Q0111		$6.23		
Q0112		$6.23		
Q0113		$7.90		
Q0114		$10.44		
Q0115		$14.45		
S3652		$88.72		
S3854		$2,180.22	7/1/16	
U0001		$35.92	3/12/20	
U0002		$51.31	10/1/20	
U0002		$51.33	3/12/20	9/30/20
U0003		$100.00	4/14/20	5/11/23
U0004		$100.00	4/14/20	5/11/23
U0005		$0.00	1/1/21	5/11/23