

## 2010 Hospital Other Procedures 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 contracts, exclusions, 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
0001A		\$16.94	12/11/20	4/17/23
0001A		\$40.00	3/15/21	4/17/23
0002A		\$28.39	12/11/20	4/17/23
0002A		\$40.00	3/15/21	4/17/23
0003A		\$40.00	8/12/21	4/17/23
0004A		\$40.00	9/22/21	4/17/23
0011A		\$16.94	12/18/20	4/17/23
0011A		\$40.00	3/15/21	4/17/23
0012A		\$28.39	12/18/20	4/17/23
0012A		\$40.00	3/15/21	4/17/23
0013A		\$40.00	8/12/21	4/17/23
0031A		\$28.39	2/27/21	5/31/23
0031A		\$40.00	3/15/21	5/31/23
0034A		\$40.00	10/20/21	5/31/23
0041A		\$40.00	7/13/22	
0042A		\$40.00	7/13/22	
0044A		\$40.00	10/19/22	
0051A		\$40.00	10/29/21	4/17/23
0052A		\$40.00	10/29/21	4/17/23
0053A		\$40.00	10/29/21	4/17/23
0054A		\$40.00	10/29/21	4/17/23
0054T		\$0.00	8/15/14	
0055T		\$0.00	8/15/14	
0064A		\$40.00	10/20/21	4/17/23
0071A		\$40.00	10/29/21	4/17/23
0072A		\$40.00	10/29/21	4/17/23
0073A		\$40.00	1/3/22	4/17/23
0074A		\$40.00	5/17/22	4/17/23
0081A		\$40.00	6/17/22	4/17/23
0082A		\$40.00	6/17/22	4/17/23
0083A		\$40.00	6/17/22	4/17/23
0091A		\$40.00	6/17/22	4/17/23
0092A		\$40.00	6/17/22	4/17/23
0093A		\$40.00	6/17/22	4/17/23
0094A		\$40.00	3/29/22	4/17/23
0101T	0050	\$2,141.60		
0102T	0050	\$2,141.60		
0111A		\$40.00	6/17/22	4/17/23
0112A		\$40.00	6/17/22	4/17/23
0113A		\$40.00	6/17/22	4/17/23
0121A		\$40.00	4/18/23	
0124A		\$40.00	8/31/22	
0126T	0340	\$45.11		12/31/20
0134A		\$40.00	8/31/22	
0141A		\$40.00	4/18/23	
0142A		\$40.00	4/18/23	
0144A		\$40.00	10/12/22	
0151A		\$40.00	4/18/23	
0154A		\$40.00	10/12/22	
0164A		\$40.00	12/8/22	
0171A		\$40.00	4/18/23	
0172A		\$40.00	4/18/23	
0173A		\$40.00	12/8/22	
0174A		\$40.00	3/14/23	
0272T	0218	\$80.78	7/1/11	
0273T	0218	\$80.78	7/1/11	
0278T	0215	\$44.36	1/1/12	
0290T		\$0.00	8/15/14	12/31/21
0296T	0097	\$65.46	1/1/12	12/31/20
0297T	0097	\$65.46	1/1/12	12/31/20
0355T	0142	\$837.18	7/1/14	12/31/21
0358T	0340	\$53.44	7/1/14	
0376T		\$0.00	1/1/15	12/31/21
0379T	0230	\$52.04	1/1/15	
0380T	0230	\$52.04	1/1/15	12/31/19
0396T		\$0.00	1/1/16	12/31/20
0397T		\$0.00	1/1/16	
0403T		\$15.40	1/1/16	
0405T		\$170.52	1/1/16	12/31/20
0417T	5741	\$33.62	1/1/16	
0418T	5741	\$33.62	1/1/16	
0434T	5742	\$106.44	1/1/16	12/31/23
0435T	5742	\$106.44	1/1/16	12/31/23
0436T	5724	\$856.44	1/1/16	12/31/23
0437T		\$0.00	7/1/16	
0439T		\$85.62	7/1/16	
0444T		\$0.00	7/1/16	
0445T		\$0.00	7/1/16	
0450T		\$0.00	1/1/17	

## 2010 Hospital Other Procedures 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 contracts 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
0465T	5694	\$279.33	1/1/17	12/31/23
0466T		\$0.00	1/1/17	12/31/21
0469T		\$7.52	7/1/17	
0470T		\$55.94	7/1/17	12/31/22
0471T		\$55.94	7/1/17	12/31/22
0480T		\$0.00	1/1/18	
0488T		\$15.40	1/1/18	
0492T		\$0.00	1/1/18	12/31/22
0506T	5733	\$55.96	7/1/18	
0512T	5052	\$314.08	1/1/19	
0513T		\$0.00	1/1/19	
0514T		\$0.00	1/1/19	12/31/22
0523T		\$0.00	1/1/19	
0533T		\$273.47	1/1/19	12/31/23
0536T		\$273.47	1/1/19	12/31/23
0541T		\$433.18	1/1/19	
0542T		\$433.18	1/1/19	
0552T		\$22.28	7/1/19	
0559T	5733	\$55.90	7/1/19	
0560T		\$23.69	7/1/19	
0561T	5733	\$55.90	7/1/19	
0562T		\$23.69	7/1/19	
0575T		\$37.74	1/1/20	
0576T		\$37.74	1/1/20	
0577T		\$909.26	1/1/20	
0578T		\$31.22	1/1/20	
0579T		\$37.74	1/1/20	
0591T		\$25.12	1/1/20	
0592T		\$50.96	1/1/20	
0593T		\$7.90	1/1/20	
0607T	5012	\$115.93	7/1/20	
0608T	5741	\$36.25	7/1/20	
0662T	5732	\$33.84	7/1/21	
0663T		\$6.49	7/1/21	
0683T		\$36.25	1/1/22	
0684T		\$20.18	1/1/22	
0685T		\$36.25	1/1/22	
0687T		\$55.01	1/1/22	
0688T		\$55.01	1/1/22	
0692T	5241	\$405.37	1/1/22	
0702T	5741	\$38.03	1/1/22	12/31/22
0703T		\$24.15	1/1/22	12/31/22
0704T		\$55.01	1/1/22	
0705T		\$55.01	1/1/22	
0706T		\$55.01	1/1/22	
0708T		\$60.47	1/1/22	
0709T		\$60.47	1/1/22	
0731T	5733	\$56.85	7/1/22	
0732T		\$60.47	7/1/22	
0733T	5741	\$38.03	7/1/22	
0734T		\$350.50	7/1/22	
0766T	5721	\$145.43	1/1/23	
0767T		\$183.80	1/1/23	
0768T	5721	\$145.43	1/1/23	12/31/23
0769T		\$25.23	1/1/23	12/31/23
0771T		\$78.54	1/1/23	
0772T		\$21.26	1/1/23	
0773T		\$78.54	1/1/23	
0774T		\$21.26	1/1/23	
0776T		\$15.14	1/1/23	
0791T		\$30.99	7/1/23	
0792T		\$10.45	7/1/23	
0794T	5733	\$57.48	7/1/23	
0811T	5012	\$125.95	1/1/24	
0812T	5741	\$35.93	1/1/24	
0820T		\$158.57	1/1/24	
0821T		\$78.57	1/1/24	
0822T		\$78.57	1/1/24	
0858T		\$183.80	1/1/24	
0875T		\$36.25	7/1/24	
0881T	5735	\$379.63	7/1/24	
0882T		\$0.00	7/1/24	
0883T		\$0.00	7/1/24	
0887T		\$0.00	7/1/24	
0889T	1511	\$950.50	7/1/24	
0890T	1522	\$2,250.50	7/1/24	
0891T	1522	\$2,250.50	7/1/24	
0892T	1522	\$2,250.50	7/1/24	
0893T	5733	\$58.28	7/1/24	

## 2010 Hospital Other Procedures 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 contracts 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
0906T	5051	\$198.70	1/1/25	
0907T		\$319.51	1/1/25	
0914T		\$0.00	1/1/25	
0934T		\$36.76	1/1/25	
10004		\$0.00	1/1/19	
10006		\$0.00	1/1/19	
10008		\$0.00	1/1/19	
10010		\$0.00	1/1/19	
10012		\$0.00	1/1/19	
10036		\$0.00	1/1/16	
11103		\$0.00	1/1/19	
11105		\$0.00	1/1/19	
11107		\$0.00	1/1/19	
15012		\$0.00	1/1/25	
15014		\$0.00	1/1/25	
15016		\$0.00	1/1/25	
15018		\$0.00	1/1/25	
15772		\$0.00	1/1/20	
15774		\$0.00	1/1/20	
19030		\$0.00	8/15/14	
19082		\$0.00	8/15/14	
19084		\$0.00	8/15/14	
19086		\$0.00	8/15/14	
19282		\$0.00	8/15/14	
19284		\$0.00	8/15/14	
19286		\$0.00	8/15/14	
19288		\$0.00	8/15/14	
19294		\$0.00	1/1/18	
20501		\$0.00	8/15/14	
20560		\$16.87	1/1/20	
20561		\$25.48	1/1/20	
20700		\$0.00	1/1/20	
20701		\$0.00	1/1/20	
20702		\$0.00	1/1/20	
20703		\$0.00	1/1/20	
20704		\$0.00	1/1/20	
20705		\$0.00	1/1/20	
20932		\$0.00	1/1/19	
20933		\$0.00	1/1/19	
20934		\$0.00	1/1/19	
20939		\$0.00	1/1/18	
20975		\$0.00	8/15/14	
20985		\$0.00	8/15/14	
21116		\$0.00	8/15/14	
22512		\$0.00	1/1/15	
22515		\$0.00	1/1/15	
22853		\$0.00	1/1/17	
22854		\$0.00	1/1/17	
22859		\$0.00	1/1/17	
22868		\$0.00	1/1/17	
22870		\$0.00	1/1/17	
23350		\$0.00	8/15/14	
24220		\$0.00	8/15/14	
25246		\$0.00	8/15/14	
27093		\$0.00	8/15/14	
27095		\$0.00	8/15/14	
27369		\$0.00	1/1/19	
27648		\$0.00	8/15/14	
31627		\$0.00	8/15/14	
31654		\$0.00	1/1/16	
33419		\$0.00	1/1/15	
33508		\$0.00	8/15/14	
33866		\$0.00	1/1/19	
34713		\$0.00	1/1/18	
34714		\$0.00	1/1/18	
34715		\$0.00	1/1/18	
34716		\$0.00	1/1/18	
35572		\$0.00	8/15/14	
36000		\$0.00	8/15/14	
36005		\$0.00	8/15/14	
36010		\$0.00	8/15/14	
36011		\$0.00	8/15/14	
36012		\$0.00	8/15/14	
36013		\$0.00	8/15/14	
36014		\$0.00	8/15/14	
36015		\$0.00	8/15/14	
36100		\$0.00	8/15/14	
36140		\$0.00	8/15/14	
36160		\$0.00	8/15/14	

## 2010 Hospital Other Procedures 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
36200		\$0.00	8/15/14	
36215		\$0.00	8/15/14	
36216		\$0.00	8/15/14	
36217		\$0.00	8/15/14	
36218		\$0.00	8/15/14	
36227		\$0.00	8/15/14	
36228		\$0.00	8/15/14	
36245		\$0.00	8/15/14	
36246		\$0.00	8/15/14	
36247		\$0.00	8/15/14	
36248		\$0.00	8/15/14	
36299		\$0.00	8/15/14	
36400		\$0.00	8/15/14	
36405		\$0.00	8/15/14	
36406		\$0.00	8/15/14	
36410		\$0.00	8/15/14	
36474		\$0.00	1/1/17	
36481		\$0.00	8/15/14	
36483		\$0.00	1/1/18	
36500		\$0.00	8/15/14	
36510		\$0.00	8/15/14	
36620		\$0.00	8/15/14	
36625		\$0.00	8/15/14	
36907		\$0.00	1/1/17	
36908		\$0.00	1/1/17	
36909		\$0.00	1/1/17	
37247		\$0.00	1/1/17	
37249		\$0.00	1/1/17	
37252		\$0.00	1/1/16	
37253		\$0.00	1/1/16	
38200		\$0.00	8/15/14	
38204		\$0.00	8/15/14	
38225		\$98.27	1/1/25	
38226		\$39.65	1/1/25	
38227		\$39.99	1/1/25	
38228	5694	\$331.69	1/1/25	
38790		\$0.00	8/15/14	
38794		\$0.00	8/15/14	
38900		\$0.00	8/15/14	
42550		\$0.00	8/15/14	
44701		\$0.00	8/15/14	
46601		\$0.00	1/1/15	
47001		\$0.00	8/15/14	
47542		\$0.00	1/1/16	
47543		\$0.00	1/1/16	
47544		\$0.00	1/1/16	
49400		\$0.00	8/15/14	
49424		\$0.00	8/15/14	
49427		\$0.00	8/15/14	
50606		\$0.00	1/1/16	
50684		\$0.00	8/15/14	
50690		\$0.00	8/15/14	
50705		\$0.00	1/1/16	
50706		\$0.00	1/1/16	
51600		\$0.00	8/15/14	
51605		\$0.00	8/15/14	
51610		\$0.00	8/15/14	
54230		\$0.00	8/15/14	
55300		\$0.00	8/15/14	
57160	0188	\$46.91		
57170	0191	\$47.63		
57465		\$45.77	1/1/21	
58110		\$0.00	8/15/14	
58340		\$0.00	8/15/14	
60661		\$0.00	1/1/25	
61781		\$0.00	8/15/14	
61782		\$0.00	8/15/14	
61783		\$0.00	8/15/14	
62160		\$0.00	8/15/14	
62284		\$0.00	8/15/14	
62290		\$0.00	8/15/14	
62291		\$0.00	8/15/14	
62302		\$0.00	1/1/15	
62303		\$0.00	1/1/15	
62304		\$0.00	1/1/15	
62305		\$0.00	1/1/15	
62367	0691	\$23.82		
62368	0691	\$37.17		
62369	0691	\$35.00	1/1/12	

## 2010 Hospital Other Procedures 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 contracts 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
62370	0691	\$46.89	1/1/12	
64462		\$0.00	1/1/16	
64466		\$0.00	1/1/25	
64467		\$0.00	1/1/25	
64468		\$0.00	1/1/25	
64469		\$0.00	1/1/25	
64473		\$0.00	1/1/25	
64474		\$0.00	1/1/25	
64486		\$0.00	1/1/15	
64487		\$0.00	1/1/15	
64488		\$0.00	1/1/15	
64489		\$0.00	1/1/15	
64643		\$0.00	8/15/14	
64645		\$0.00	8/15/14	
64913		\$0.00	1/1/18	
65757		\$0.00	8/15/14	
66990		\$0.00	8/15/14	
67516	5694	\$322.68	1/1/24	
68850		\$0.00	8/15/14	
69990		\$0.00	8/15/14	
90460		\$25.90	1/1/11	
90461		\$12.95	1/1/11	
90471	0436	\$21.29		
90472	0436	\$7.94		
90473	0436	\$8.30		
90474	0436	\$7.58		
90480		\$40.00	9/11/23	
90611		\$0.00	7/26/22	
90622		\$0.00	7/26/22	
90867	0216	\$186.17	1/1/11	
90868	0216	\$186.17	1/1/11	
90870	0320	\$85.52		
90912		\$45.22	1/1/20	
90913		\$25.12	1/1/20	
91013	0361	\$282.48	1/1/11	
91110	0142	\$668.29		
91112	0361	\$302.60	1/1/13	
91117	0156	\$161.30	1/1/11	
91200	0266	\$21.49	1/1/15	
91299	0360	\$102.48		
92002	0606	\$89.12		
92004	0606	\$89.12		
92012	0604	\$57.92		
92014	0605	\$69.68		
92015		\$19.12		
92020	0230	\$19.85		
92071		\$33.30	1/1/12	
92072		\$95.47	1/1/12	
92100		\$47.63		
92132	0230	\$16.24	1/1/11	
92133	0230	\$16.24	1/1/11	
92134	0230	\$16.24	1/1/11	
92145	0230	\$52.04	1/1/15	
92201	5733	\$55.01	1/1/20	
92202	5733	\$55.01	1/1/20	
92225	0230	\$20.21		12/31/19
92226	0698	\$17.68		12/31/19
92227	0035	\$18.42	1/1/11	
92228	0035	\$18.42	1/1/11	
92230	0231	\$31.39		
92260	0230	\$10.83		
92287	0231	\$42.94		
92310		\$59.54		
92311	0698	\$54.85		
92312	0698	\$63.15		
92313	0230	\$48.35		
92314		\$35.00		
92315	0230	\$22.73		
92316	0698	\$36.08		
92317	0230	\$20.93		
92325	0230	\$28.87		
92326	0698	\$33.92		
92340		\$18.76		
92341		\$23.82		
92342		\$27.06		
92352	0698	\$18.76		
92353	0230	\$25.62		
92354	0230	\$70.73		
92355	0230	\$44.74		

## 2010 Hospital Other Procedures 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 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
92358	0230	\$14.79		
92370		\$16.24		
92371	0230	\$12.63		
92504		\$9.74		
92507		\$26.34		
92508		\$13.71		
92511	0071	\$57.74		
92512	0363	\$61.08		
92516	0660	\$101.24		
92520	0660	\$101.24		
92521		\$108.38	1/1/14	
92522		\$88.00	1/1/14	
92523		\$182.79	1/1/14	
92524		\$91.74	1/1/14	
92526		\$58.82		
92537	5722	\$8.58	1/1/16	
92538	5722	\$4.65	1/1/16	
92540	0660	\$101.24		
92549	5734	\$109.02	1/1/20	
92550	0364	\$31.68		
92570	0364	\$31.68		
92605		\$81.55		
92606		\$81.55		
92607		\$158.41		
92608		\$32.12		
92609		\$85.88		
92610		\$67.84		
92611		\$120.16		
92618		\$31.94	1/1/12	
92620	0365	\$85.44		
92621		\$16.96		
92622	5721	\$148.83	1/1/24	
92623		\$17.62	1/1/24	
92950	0094	\$175.37		
92953	0094	\$11.55		
92970		\$180.78		
92971		\$102.12		
92978		\$98.51		
92979		\$79.03		
93050	5732	\$30.51	1/1/16	
93150	5742	\$92.23	1/1/24	
93151	5742	\$92.23	1/1/24	
93152	5743	\$284.59	1/1/24	
93153	5742	\$92.23	1/1/24	
93260	0690	\$35.14	1/1/15	
93261	0690	\$35.14	1/1/15	
93264		\$36.61	1/1/19	
93303	0270	\$136.40		
93304	0269	\$90.21		
93307	0697	\$105.37		
93308	0697	\$75.42		
93312	0270	\$198.10		
93313	0269	\$41.50		
93314		\$204.96		
93315	0270	\$596.12		
93316	0270	\$45.11		
93317		\$94.54		
93318	0270	\$596.12		
93320		\$46.91		
93321		\$22.01		
93325		\$36.45		
93350	0269	\$125.57		
93355		\$229.27	1/1/15	
93463		\$114.75	1/1/11	
93464		\$167.43	1/1/11	
93561		\$0.00	8/15/14	12/31/21
93562		\$0.00	8/15/14	12/31/21
93563		\$0.00	8/15/14	
93564		\$0.00	8/15/14	
93565		\$0.00	8/15/14	
93566		\$0.00	8/15/14	
93567		\$0.00	8/15/14	
93568		\$0.00	8/15/14	
93571		\$0.00	8/15/14	
93572		\$0.00	8/15/14	
93592		\$0.00	1/1/17	
93609		\$0.00	8/15/14	
93613		\$0.00	8/15/14	
93644		\$105.68	1/1/15	

## 2010 Hospital Other Procedures 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, patient cost sharing 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
93653	8000	\$11,145.72	1/1/13	
93654	8000	\$11,145.72	1/1/13	
93655		\$410.43	1/1/13	
93657		\$410.77	1/1/13	
93662		\$152.64		
93668		\$16.96		
93702	0097	\$114.99	1/1/15	
93750	0692	\$45.47		
93792		\$54.91	1/1/18	
93793		\$12.20	1/1/18	
93797	0095	\$9.74		
93798	0095	\$14.79		
93880	0267	\$155.16		
93882	0267	\$138.56		
93886	0267	\$154.80		
93888	0265	\$62.43		
93895	0340	\$52.35	1/1/15	
93896		\$140.29	1/1/25	
93897		\$190.78	1/1/25	
93898		\$195.19	1/1/25	
93922	0097	\$104.28		
93923	0096	\$156.61		
93924	0096	\$194.86		
93925	0267	\$155.16		
93926	0266	\$97.43		
93930	0267	\$155.16		
93931	0266	\$97.43		
93970	0267	\$155.16		
93971	0266	\$97.43		
93975	0267	\$155.16		
93976	0267	\$145.06		
93978	0267	\$155.16		
93979	0266	\$97.43		
93980	0267	\$105.73		
93981	0267	\$94.18		
93990	0266	\$97.43		
93998	0035	\$18.72	1/1/12	
94002	0079	\$89.49		
94003	0079	\$64.95		
94004		\$47.27		
94005		\$89.85		
94011	0368	\$57.26		
94012	0368	\$57.26		
94013	0369	\$176.79		
94610	0077	\$58.10		
94625	5733	\$19.82	1/1/22	
94626	5733	\$28.47	1/1/22	
94640	0077	\$13.71		
94642	0078	\$95.33		
94644	0340	\$45.11		
94645	0340	\$45.11		
94660	0078	\$36.45		
94662	0079	\$36.08		
94664	0077	\$14.07		
94667	0077	\$19.49		
94668	0077	\$19.12		
94669		\$33.64	1/1/14	
94726	0367	\$51.95	1/1/12	
94727	0367	\$51.95	1/1/12	
94728	0367	\$51.95	1/1/12	
94729	0368	\$62.36	1/1/12	
94780	0340	\$45.50	1/1/12	
94781	0340	\$45.50	1/1/12	
95017	0381	\$24.80	1/1/13	
95018	0381	\$24.80	1/1/13	
95076	0361	\$302.60	1/1/13	
95079	0360	\$137.27	1/1/13	
95115	0436	\$9.74		
95117	0436	\$11.91		
95144	0437	\$3.25		
95145	0437	\$3.25		
95146	0438	\$3.25		
95147	0438	\$3.25		
95148	0437	\$3.25		
95149	0437	\$3.25		
95165	0436	\$3.25		
95170	0437	\$3.25		
95180	0370	\$98.40		
95700	5722	\$253.07	1/1/20	

## 2010 Hospital Other Procedures 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 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
95705	5722	\$253.07	1/1/20	
95706	5722	\$253.07	1/1/20	
95707	5722	\$253.07	1/1/20	
95708	5723	\$485.55	1/1/20	
95709	5723	\$485.55	1/1/20	
95710	5723	\$485.55	1/1/20	
95711	5722	\$253.07	1/1/20	
95712	5722	\$253.07	1/1/20	
95713	5723	\$485.55	1/1/20	
95714	5723	\$485.55	1/1/20	
95715	5723	\$485.55	1/1/20	
95716	5724	\$908.84	1/1/20	
95717		\$104.08	1/1/20	
95718		\$136.74	1/1/20	
95719		\$161.50	1/1/20	
95720		\$211.74	1/1/20	
95721		\$212.46	1/1/20	
95722		\$258.40	1/1/20	
95723		\$263.06	1/1/20	
95724		\$329.46	1/1/20	
95725		\$299.31	1/1/20	
95726		\$416.31	1/1/20	
95782	0209	\$937.75	1/1/13	
95783	0209	\$976.48	1/1/13	
95800	0213	\$1,331.52	1/1/11	
95801	0213	\$2,304.36	1/1/11	
95830		\$94.54		
95836	5741	\$37.16	1/1/19	
95885	0218	\$55.72	1/1/12	
95886	0218	\$87.32	1/1/12	
95887	0215	\$77.81	1/1/12	
95905	0215	\$73.25		
95907	0215	\$42.81	1/1/13	
95908	0215	\$51.64	1/1/13	
95909	0215	\$62.18	1/1/13	
95910	0215	\$80.18	1/1/13	
95911	0218	\$93.10	1/1/13	
95912	0218	\$105.33	1/1/13	
95913	0218	\$117.90	1/1/13	
95924	0218	\$60.82	1/1/13	
95938	0216	\$295.25	1/1/12	
95939	0218	\$462.08	1/1/12	
95940		\$31.60	1/1/13	
95941		\$174.64	1/1/13	
95943	0215	\$43.11	1/1/13	12/31/21
95976	5741	\$40.91	1/1/19	
95977	5742	\$54.55	1/1/19	
95980		\$0.00	8/15/14	
95983	5741	\$51.68	1/1/19	
95984		\$45.22	1/1/19	
95990	0439	\$63.15		
95991	0439	\$37.17		
95992		\$37.89		
96040		\$40.41		12/31/24
96041		\$52.53	1/1/25	
96112	5721	\$129.56	1/1/19	
96113		\$59.22	1/1/19	
96121		\$79.31	1/1/19	
96125		\$79.39		
96127	0450	\$29.23	1/1/15	
96130	5721	\$111.25	1/1/19	
96131		\$84.70	1/1/19	
96132	5721	\$135.95	1/1/19	
96133		\$83.62	1/1/19	
96136	5731	\$25.12	1/1/19	
96137		\$19.74	1/1/19	
96138	5731	\$38.76	1/1/19	
96139		\$38.76	1/1/19	
96146	5731	\$2.15	1/1/19	
96150	0432	\$40.53		12/31/19
96151	0432	\$40.53		12/31/19
96152	0432	\$40.53		12/31/19
96153	0432	\$40.53		12/31/19
96154	0432	\$40.53		12/31/19
96155		\$22.37		12/31/19
96156	5822	\$78.53	1/1/20	
96158	5822	\$78.53	1/1/20	
96159		\$21.17	1/1/20	
96160	5821	\$4.65	1/1/17	



## 2010 Hospital Other Procedures 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, exclusions 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
96161	5821	\$4.65	1/1/17	
96164	5821	\$27.32	1/1/20	
96165		\$3.95	1/1/20	
96167	5821	\$27.32	1/1/20	
96168		\$23.33	1/1/20	
96170		\$78.60	1/1/20	
96171		\$28.71	1/1/20	
96202		\$23.07	1/1/23	
96203		\$6.49	1/1/23	
96360	0438	\$53.77		
96361	0436	\$15.16		
96365	0439	\$66.76		
96366	0436	\$20.57		
96367	0437	\$32.48		
96368		\$19.12		
96369	0439	\$145.78		
96370	0437	\$14.79		
96371	0436	\$75.42		
96372	0436	\$21.29		
96373	0437	\$18.04		
96374	0437	\$52.68		
96375	0437	\$22.01		
96376		\$23.09		
96377		\$25.39	1/1/17	
96379	0436	\$25.67		
96380		\$40.00	10/6/23	
96381		\$40.00	10/6/23	
96401	0437	\$66.76		
96402	0437	\$35.00		
96405	0437	\$28.87		
96406	0439	\$42.58		
96409	0439	\$107.53		
96411	0438	\$60.26		
96413	0440	\$140.73		
96415	0437	\$30.31		
96416	0440	\$153.72		
96417	0438	\$69.28		
96420	0438	\$103.92		
96422	0440	\$166.71		
96423	0438	\$75.78		
96425	0440	\$167.79		
96440	0439	\$140.73		
96446	0439	\$23.99	1/1/11	
96450	0440	\$86.60		
96521	0439	\$123.77		
96522	0439	\$105.01		
96523	0624	\$41.33		
96542	0438	\$43.66		
96547		\$28.47	1/1/24	
96548		\$28.47	1/1/24	
96549	0436	\$25.67		
96567	0016	\$117.64		
96570	0015	\$58.82		
96571	0015	\$27.42		
96573	5051	\$168.93	1/1/18	
96574	5051	\$168.93	1/1/18	
96900	0001	\$19.12		
96902		\$20.57		
96904		\$62.79		
96910	0001	\$62.43		
96912	0001	\$79.75		
96913	0683	\$110.42		
96920	0015	\$64.95		
96921	0015	\$64.95		
96922	0015	\$116.55		
96931		\$98.49	1/1/16	
96932	5732	\$30.51	1/1/16	
96933		\$63.41	1/1/16	
96934		\$63.41	1/1/16	
96935		\$63.41	1/1/16	
96936		\$63.41	1/1/16	
96999	0012	\$29.90		
97010		\$5.05		
97012		\$14.79		
97014		\$13.71		
97016		\$15.88		
97018		\$8.30		
97022		\$18.40		
97024		\$5.77		

## 2010 Hospital Other Procedures 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 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
97026		\$5.05		
97028		\$6.50		
97032		\$16.60		
97033		\$25.62		
97034		\$15.52		
97035		\$11.91		
97036		\$27.06		
97037	5732	\$38.21	1/1/24	
97039		\$11.19		
97110		\$28.51		
97112		\$29.95		
97113		\$35.72		
97116		\$25.26		
97124		\$23.09		
97127		\$26.85	1/1/18	12/31/19
97129		\$24.05	1/1/20	
97130		\$23.33	1/1/20	
97139		\$15.16		
97140		\$26.70		
97150		\$18.40		
97151	5821	\$33.38	1/1/19	
97152	5821	\$33.38	1/1/19	
97153	5821	\$33.38	1/1/19	
97154	5821	\$33.38	1/1/19	
97155	5821	\$33.38	1/1/19	
97156	5821	\$33.38	1/1/19	
97157	5821	\$33.38	1/1/19	
97158	5821	\$33.38	1/1/19	
97161		\$81.52	1/1/17	
97162		\$81.52	1/1/17	
97163		\$81.52	1/1/17	
97164		\$55.42	1/1/17	
97165		\$79.02	1/1/17	
97166		\$79.02	1/1/17	
97167		\$79.02	1/1/17	
97168		\$52.20	1/1/17	
97169		\$61.14	1/1/17	
97170		\$61.14	1/1/17	
97171		\$61.14	1/1/17	
97172		\$30.75	1/1/17	
97530		\$30.67		
97533		\$26.70		
97535		\$30.67		
97537		\$27.42		
97542		\$27.79		
97545		\$93.82		
97546		\$47.27		
97550		\$53.88	1/1/24	
97551		\$24.74	1/1/24	
97552		\$22.70	1/1/24	
97597	0015	\$30.67		
97598	0015	\$41.50		
97602	0013	\$59.24		
97605	0013	\$27.42		
97606	0015	\$30.31		
97607	0015	\$146.08	1/1/15	
97608	0015	\$146.08	1/1/15	
97610		\$83.73	1/1/14	
97750		\$29.59		
97755		\$33.92		
97760		\$32.84		
97761		\$29.23		
97763		\$49.17	1/1/18	
97802		\$27.79		
97803		\$23.82		
97804		\$12.99		
97810		\$30.67		
97811		\$25.62		
97813		\$33.20		
97814		\$28.15		
98000		\$45.75	1/1/25	
98001		\$78.96	1/1/25	
98002		\$128.09	1/1/25	
98003		\$172.15	1/1/25	
98004		\$34.23	1/1/25	
98005		\$63.71	1/1/25	
98006		\$94.88	1/1/25	
98007		\$128.09	1/1/25	
98008		\$43.71	1/1/25	

## 2010 Hospital Other Procedures 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 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
98009		\$75.91	1/1/25	
98010		\$119.62	1/1/25	
98011		\$157.24	1/1/25	
98012		\$32.19	1/1/25	
98013		\$58.62	1/1/25	
98014		\$86.75	1/1/25	
98015		\$128.09	1/1/25	
98016		\$15.25	1/1/25	
98925	0060	\$22.01		
98926	0060	\$32.12		
98927	0060	\$42.22		
98928	0060	\$49.80		
98929	0060	\$57.74		
98940	0060	\$20.57		
98941	0060	\$30.31		
98942	0060	\$40.41		
98943		\$20.21		
98960		\$23.82		
98961		\$11.55		
98962		\$8.66		
98966		\$12.27		
98967		\$25.62		
98968		\$37.89		
98970		\$12.92	1/1/20	
98971		\$12.92	1/1/20	
98972		\$12.92	1/1/20	
98975	5012	\$121.35	1/1/22	
98976	5741	\$38.03	1/1/22	
98977	5741	\$38.03	1/1/22	
98978	5741	\$35.00	1/1/23	
98980		\$32.80	1/1/22	
98981		\$32.80	1/1/22	
99002		\$6.13		
99026		\$46.55		
99027		\$23.09		
99050		\$15.88		
99056		\$15.88		
99058		\$15.88		
99072		\$0.00	9/8/20	
99075		\$137.12		
99091		\$55.57		
99151		\$23.96	1/1/17	
99152		\$12.51	1/1/17	
99153		\$11.08	1/1/17	
99155		\$94.03	1/1/17	
99156		\$76.87	1/1/17	
99157		\$58.28	1/1/17	
99170	0191	\$94.18		
99172		\$47.99		
99173		\$2.53		
99174		\$25.62		
99175		\$22.37		
99177		\$7.52	1/1/16	
99183	0659	\$107.04		
99184		\$236.43	1/1/15	
99190		\$360.12		
99191		\$267.75		
99192		\$178.26		
99201	0604	\$57.92		12/31/20
99202	0605	\$69.68		
99203	0606	\$89.12		
99204	0607	\$113.44		
99205	0608	\$167.52		
99211	0604	\$57.92		
99212	0605	\$69.68		
99213	0605	\$69.68		
99214	0606	\$89.12		
99215	0607	\$113.44		
99217		\$67.84		12/31/22
99218		\$63.87		12/31/22
99219		\$105.73		12/31/22
99220		\$147.95		12/31/22
99221		\$95.26		
99222		\$129.18		
99223		\$189.80		
99231		\$38.25		
99232		\$68.92		
99233		\$98.87		
99234		\$129.54		

## 2010 Hospital Other Procedures 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 contracts 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
99235		\$169.96		
99236		\$210.73		
99238		\$67.84		
99239		\$98.87		
99241		\$33.56		12/31/22
99242		\$70.36		
99243		\$98.15		
99244		\$155.89		
99245		\$193.41		
99251		\$49.44		12/31/22
99252		\$76.14		
99253		\$116.19		
99254		\$167.79		
99255		\$202.80		
99281	0609	\$53.16		
99282	0613	\$87.85		
99283	0614	\$140.18		
99284	0615	\$223.17		
99285	0616	\$329.73		
99288		\$156.97		
99291	0617	\$495.38		
99292		\$107.89		
99354		\$88.41		12/31/22
99355		\$87.69		12/31/22
99356		\$85.88		12/31/22
99357		\$85.88		12/31/22
99358		\$107.53		
99359		\$51.60		
99360		\$60.62		
99366		\$41.14		
99367		\$55.57		
99368		\$36.45		
99374		\$55.93		
99375		\$94.18		
99377		\$55.93		
99378		\$96.71		
99379		\$55.93		
99380		\$88.05		
99381		\$60.26		
99382		\$68.92		
99383		\$68.92		
99384		\$77.94		
99385		\$77.94		
99386		\$95.26		
99387		\$104.65		
99391		\$51.60		
99392		\$60.26		
99393		\$60.26		
99394		\$68.92		
99395		\$68.92		
99396		\$77.94		
99397		\$87.32		
99401		\$24.18		
99402		\$49.80		
99403		\$73.97		
99404		\$99.23		
99406	0031	\$23.24		
99407	0031	\$23.24		
99408		\$32.84		
99409		\$66.03		
99411		\$7.58		
99412		\$12.63		
99415		\$8.94	1/1/16	
99416		\$0.72	1/1/16	
99417		\$33.52	1/1/21	
99418		\$41.81	1/1/23	
99421		\$13.28	1/1/20	
99422		\$27.28	1/1/20	
99423		\$43.43	1/1/20	
99424		\$78.57	1/1/22	
99425		\$54.78	1/1/22	
99426	5822	\$52.62	1/1/22	
99427		\$37.12	1/1/22	
99437		\$54.42	1/1/22	
99439		\$29.19	1/1/21	
99441		\$12.27		12/31/24
99442		\$25.62		12/31/24
99443		\$37.89		12/31/24
99450		\$179.34		

## 2010 Hospital Other Procedures 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 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
99451		\$0.00	1/1/19	
99452		\$0.00	1/1/19	
99453	5012	\$115.85	1/1/19	
99454	5741	\$37.16	1/1/19	
99455		\$245.38		
99456		\$282.90		
99457		\$32.30	1/1/19	
99458		\$32.66	1/1/20	
99459		\$23.04	1/1/24	
99460	0605	\$69.68		
99461		\$63.51		
99462		\$30.67		
99463	0605	\$69.68		
99464		\$72.53		
99465	0094	\$147.59		
99468		\$888.04		
99469		\$387.91		
99471		\$777.62		
99472		\$388.99		
99473	5731	\$22.98	1/1/20	
99474		\$8.97	1/1/20	
99475		\$535.86		
99476		\$321.51		
99477		\$339.92		
99478		\$139.29		
99479		\$123.41		
99480		\$118.36		
99483	5822	\$71.94	1/1/18	
99485		\$74.07	1/1/13	
99486		\$64.56	1/1/13	
99487		\$81.88	1/1/13	
99489		\$41.11	1/1/13	
99490	0631	\$53.70	1/1/15	
99491		\$83.62	1/1/19	
99495	0605	\$73.68	1/1/13	
99496	0606	\$96.96	1/1/13	
99500		\$84.08		
99501		\$47.99		
99502		\$47.99		
99503		\$47.99		
99504		\$47.99		
99505		\$47.99		
99506		\$47.99		
99507		\$47.99		
99509		\$47.99		
99510		\$47.99		
99511		\$47.99		
99512		\$47.99		
A9291		\$0.00	4/1/22	
A9292		\$0.00	10/1/23	
C1765		\$0.00	1/1/18	
C5272		\$0.00	8/15/14	
C5274		\$0.00	8/15/14	
C5276		\$0.00	8/15/14	
C5278		\$0.00	8/15/14	
C7903	5821	\$27.34	1/1/24	
C8937		\$4.86	1/1/19	
C9507		\$750.50	12/28/21	
C9738		\$0.00	1/1/18	
C9753		\$0.00	1/1/19	12/31/21
C9756		\$0.00	7/1/19	
C9777		\$115.69	4/1/21	
D0396		\$0.00	1/1/24	
D1301		\$0.00	1/1/24	
D2956		\$0.00	1/1/25	
D2976		\$0.00	1/1/24	
D2989		\$0.00	1/1/24	
D2991		\$0.00	1/1/24	
D6089		\$0.00	1/1/24	
D6180		\$0.00	1/1/25	
D6193		\$0.00	1/1/25	
D7252		\$0.00	1/1/25	
D7259		\$0.00	1/1/25	
D7284		\$0.00	1/1/24	
D7939		\$0.00	1/1/24	
D8091		\$0.00	1/1/25	
D8671		\$0.00	1/1/25	
D9913		\$0.00	1/1/25	
D9914		\$0.00	1/1/25	

## 2010 Hospital Other Procedures 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 contracts, 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
D9938		\$0.00	1/1/24	
D9939		\$0.00	1/1/24	
D9954		\$0.00	1/1/24	
D9955		\$0.00	1/1/24	
D9956		\$0.00	1/1/24	
D9957		\$0.00	1/1/24	
D9959		\$0.00	1/1/25	
G0008	0350	\$25.67		
G0009	0350	\$25.67		
G0010		\$51.96		
G0011		\$22.70	1/2/24	
G0013	5822	\$84.93	1/2/24	
G0017		\$189.09	1/1/24	
G0018		\$94.88	1/1/24	
G0019	5822	\$84.93	1/1/24	
G0022		\$35.24	1/1/24	
G0023	5822	\$84.93	1/1/24	
G0024		\$35.24	1/1/24	
G0028		\$0.00	1/1/22	12/31/22
G0029		\$0.00	1/1/22	
G0030		\$0.00	1/1/22	
G0031		\$0.00	1/1/22	
G0032		\$0.00	1/1/22	
G0033		\$0.00	1/1/22	
G0034		\$0.00	1/1/22	
G0035		\$0.00	1/1/22	
G0036		\$0.00	1/1/22	
G0037		\$0.00	1/1/22	
G0038		\$0.00	1/1/22	
G0039		\$0.00	1/1/22	
G0040		\$0.00	1/1/22	
G0041		\$0.00	1/1/22	
G0042		\$0.00	1/1/22	
G0043		\$0.00	1/1/22	
G0044		\$0.00	1/1/22	
G0045		\$0.00	1/1/22	
G0046		\$0.00	1/1/22	
G0047		\$0.00	1/1/22	
G0048		\$0.00	1/1/22	
G0049		\$0.00	1/1/22	
G0050		\$0.00	1/1/22	
G0051		\$0.00	1/1/22	
G0052		\$0.00	1/1/22	
G0053		\$0.00	1/1/22	
G0054		\$0.00	1/1/22	
G0055		\$0.00	1/1/22	
G0056		\$0.00	1/1/22	12/31/23
G0057		\$0.00	1/1/22	
G0058		\$0.00	1/1/22	
G0059		\$0.00	1/1/22	
G0060		\$0.00	1/1/22	
G0061		\$0.00	1/1/22	
G0062		\$0.00	1/1/22	
G0063		\$0.00	1/1/22	
G0064		\$0.00	1/1/22	
G0065		\$0.00	1/1/22	
G0066		\$0.00	1/1/22	
G0067		\$0.00	1/1/22	
G0068		\$18.48	1/1/19	
G0069		\$44.05	1/1/19	
G0070		\$36.07	1/1/19	
G0071		\$11.48	1/1/19	
G0076		\$0.00	1/1/19	
G0077		\$0.00	1/1/19	
G0078		\$0.00	1/1/19	
G0079		\$0.00	1/1/19	
G0080		\$0.00	1/1/19	
G0081		\$0.00	1/1/19	
G0082		\$0.00	1/1/19	
G0083		\$0.00	1/1/19	
G0084		\$0.00	1/1/19	
G0085		\$0.00	1/1/19	
G0086		\$0.00	1/1/19	
G0087		\$0.00	1/1/19	
G0088		\$18.20	1/1/21	
G0089		\$42.26	1/1/21	
G0090		\$35.77	1/1/21	
G0101	0604	\$57.92		
G0102		\$8.66		

## 2010 Hospital Other Procedures 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 contracts 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
G0108		\$23.45		
G0109		\$12.99		
G0117	0698	\$45.83		
G0118	0230	\$32.12		
G0128		\$8.66		
G0136	5821	\$27.34	1/1/24	
G0137		\$100.22	1/1/24	
G0138	1508	\$650.50	4/1/24	
G0140	5822	\$84.93	1/1/24	
G0146		\$35.24	1/1/24	
G0166	0678	\$145.42		
G0175	0607	\$113.44		
G0179		\$38.97		
G0180		\$51.96		
G0181		\$101.76		
G0182		\$103.56		
G0237	0077	\$9.74		
G0238	0077	\$10.46		
G0239	0077	\$11.19		
G0245	0604	\$57.92		
G0246	0605	\$69.68		
G0248	0607	\$113.44		
G0249	0607	\$113.44		
G0250		\$9.74		
G0257	0170	\$459.79		
G0259		\$0.00	8/15/14	
G0268		\$0.00	8/15/14	
G0269		\$0.00	8/15/14	
G0270		\$23.82		
G0271		\$12.99		
G0277	0659	\$107.04	1/1/15	
G0278		\$0.00	8/15/14	
G0281		\$11.91		
G0283		\$11.91		
G0289		\$0.00	8/15/14	
G0293	0340	\$45.11		
G0294	0340	\$45.11		
G0296	5822	\$69.65	1/1/16	
G0302	0209	\$770.55		
G0303	0209	\$770.55		
G0304	0213	\$162.06		
G0305	0213	\$162.06		
G0310		\$25.23	5/11/22	
G0311		\$25.23	5/11/22	
G0312		\$25.23	5/11/22	
G0313		\$25.23	5/11/22	
G0314		\$25.23	5/11/22	
G0315		\$25.23	5/11/22	
G0316		\$32.44	1/1/23	
G0317		\$32.44	1/1/23	
G0318		\$31.71	1/1/23	
G0320		\$9.37	1/1/23	
G0321		\$9.37	1/1/23	
G0322		\$58.38	1/1/23	
G0329		\$8.30		
G0330	5871	\$1,722.43	1/1/23	
G0337		\$72.53		
G0372		\$8.30		
G0379	0604	\$57.92		
G0380	0626	\$45.81		
G0381	0627	\$62.21		
G0382	0628	\$98.22		
G0383	0629	\$141.83		
G0384	0630	\$232.32		
G0390	0618	\$833.93		
G0396	0432	\$31.03		
G0397	0432	\$63.51		
G0402	0607	\$113.44		
G0404	0099	\$10.83		
G0405		\$8.30		
G0406		\$38.25		
G0407		\$68.92		
G0408		\$98.87		
G0420		\$108.25		
G0421		\$25.62		
G0422	0095	\$49.08		
G0423	0095	\$49.08		
G0424	0102	\$9.74		12/31/21
G0425		\$99.59		

## 2010 Hospital Other Procedures 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 contracts 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
G0426		\$135.32		
G0427		\$198.83		
G0451	0432	\$9.85	1/1/12	
G0453		\$26.16	1/1/13	
G0463	0634	\$92.53	1/1/14	
G0498		\$136.41	1/1/16	
G0500		\$5.72	1/1/17	
G0501		\$17.16	1/1/17	
G0506		\$46.12	1/1/17	
G0508		\$200.58	1/1/17	
G0509		\$193.43	1/1/17	
G0511		\$28.35	1/1/18	
G0512		\$61.73	1/1/18	
G0513		\$62.09	1/1/18	
G0514		\$62.09	1/1/18	
G0515		\$29.07	1/1/18	12/31/19
G0519		\$0.00	7/1/24	
G0520		\$0.00	7/1/24	
G0521		\$0.00	7/1/24	
G0522		\$0.00	7/1/24	
G0523		\$0.00	7/1/24	
G0524		\$0.00	7/1/24	
G0525		\$0.00	7/1/24	
G0526		\$0.00	7/1/24	
G0527		\$0.00	7/1/24	
G0528		\$0.00	7/1/24	
G0530		\$0.00	7/1/24	
G0531		\$0.00	7/1/24	
G0533		\$639.12	1/1/25	
G0534		\$35.24	1/1/25	
G0535		\$35.24	1/1/25	
G0536		\$84.93	1/1/25	
G0537	5821	\$29.79	1/1/25	
G0538	5822	\$92.50	1/1/25	
G0539		\$46.76	1/1/25	
G0540		\$25.08	1/1/25	
G0541		\$46.76	1/1/25	
G0542		\$25.08	1/1/25	
G0543		\$10.84	1/1/25	
G0544	5822	\$92.50	1/1/25	
G0545		\$45.07	1/1/25	
G0546		\$17.96	1/1/25	
G0547		\$36.26	1/1/25	
G0548		\$54.90	1/1/25	
G0549		\$73.54	1/1/25	
G0550		\$33.89	1/1/25	
G0551		\$35.58	1/1/25	
G0553	5012	\$128.87	1/1/25	
G0554		\$29.82	1/1/25	
G0556	5821	\$29.79	1/1/25	
G0557	5821	\$29.79	1/1/25	
G0558	5822	\$92.50	1/1/25	
G0559		\$9.15	1/1/25	
G0560		\$43.04	1/1/25	
G0561		\$0.00	1/1/25	
G1000		\$0.00	1/1/20	3/31/20
G1001		\$0.00	1/1/20	12/31/24
G1002		\$0.00	1/1/20	12/31/24
G1003		\$0.00	1/1/20	12/31/24
G1004		\$0.00	1/1/20	12/31/24
G1005		\$0.00	1/1/20	12/31/20
G1006		\$0.00	1/1/20	12/31/20
G1007		\$0.00	1/1/20	12/31/24
G1008		\$0.00	1/1/20	12/31/24
G1009		\$0.00	1/1/20	3/31/22
G1010		\$0.00	1/1/20	12/31/24
G1011		\$0.00	1/1/20	12/31/24
G1012		\$0.00	4/1/20	12/31/24
G1013		\$0.00	4/1/20	12/31/24
G1014		\$0.00	4/1/20	12/31/24
G1015		\$0.00	4/1/20	12/31/24
G1016		\$0.00	4/1/20	12/31/24
G1017		\$0.00	4/1/20	12/31/24
G1018		\$0.00	4/1/20	12/31/24
G1019		\$0.00	4/1/20	12/31/24
G1020		\$0.00	10/1/20	12/31/24
G1021		\$0.00	10/1/20	12/31/24
G1022		\$0.00	10/1/20	12/31/24
G1023		\$0.00	10/1/20	12/31/24



## 2010 Hospital Other Procedures 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 contracts 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
G1024		\$0.00	1/1/22	12/31/24
G1025		\$0.00	1/1/22	
G1026		\$0.00	1/1/22	
G1027		\$0.00	1/1/22	
G1028		\$0.02	1/1/22	
G2000	5723	\$455.27	1/1/19	
G2001		\$0.00	4/1/19	
G2002		\$0.00	4/1/19	
G2003		\$0.00	4/1/19	
G2004		\$0.00	4/1/19	
G2005		\$0.00	4/1/19	
G2006		\$0.00	4/1/19	
G2007		\$0.00	4/1/19	
G2008		\$0.00	4/1/19	
G2009		\$0.00	4/1/19	
G2010		\$9.33	1/1/19	
G2011	5731	\$16.87	1/1/19	
G2012		\$13.28	1/1/19	12/31/24
G2013		\$0.00	4/1/19	
G2014		\$0.00	4/1/19	
G2015		\$0.00	4/1/19	
G2020		\$0.00	4/1/21	
G2021		\$0.00	1/1/20	
G2022		\$0.00	1/1/20	
G2058		\$28.35	1/1/20	12/31/20
G2061		\$12.20	1/1/20	12/31/20
G2062		\$21.53	1/1/20	12/31/20
G2063		\$33.38	1/1/20	12/31/20
G2064		\$78.24	1/1/20	12/31/21
G2065	5822	\$39.48	1/1/20	12/31/21
G2081		\$0.00	1/1/20	
G2082	1508	\$25.48	1/1/20	
G2083	1511	\$25.48	1/1/20	
G2089		\$0.00	1/1/20	12/31/20
G2090		\$0.00	1/1/20	
G2091		\$0.00	1/1/20	
G2092		\$0.00	1/1/20	
G2093		\$0.00	1/1/20	
G2094		\$0.00	1/1/20	
G2095		\$0.00	1/1/20	12/31/22
G2096		\$0.00	1/1/20	
G2097		\$0.00	1/1/20	
G2098		\$0.00	1/1/20	
G2099		\$0.00	1/1/20	
G2100		\$0.00	1/1/20	
G2101		\$0.00	1/1/20	
G2102		\$0.00	1/1/20	12/31/20
G2103		\$0.00	1/1/20	12/31/20
G2104		\$0.00	1/1/20	12/31/20
G2105		\$0.00	1/1/20	
G2106		\$0.00	1/1/20	
G2107		\$0.00	1/1/20	
G2108		\$0.00	1/1/20	12/31/23
G2109		\$0.00	1/1/20	12/31/23
G2110		\$0.00	1/1/20	12/31/23
G2112		\$0.00	1/1/20	
G2113		\$0.00	1/1/20	
G2114		\$0.00	1/1/20	12/31/20
G2115		\$0.00	1/1/20	
G2116		\$0.00	1/1/20	
G2117		\$0.00	1/1/20	12/31/20
G2118		\$0.00	1/1/20	
G2119		\$0.00	1/1/20	12/31/20
G2120		\$0.00	1/1/20	12/31/20
G2121		\$0.00	1/1/20	
G2122		\$0.00	1/1/20	
G2123		\$0.00	1/1/20	12/31/20
G2124		\$0.00	1/1/20	12/31/20
G2125		\$0.00	1/1/20	
G2126		\$0.00	1/1/20	
G2127		\$0.00	1/1/20	
G2128		\$0.00	1/1/20	
G2129		\$0.00	1/1/20	
G2130		\$0.00	1/1/20	12/31/20
G2131		\$0.00	1/1/20	12/31/20
G2132		\$0.00	1/1/20	12/31/20
G2133		\$0.00	1/1/20	12/31/20
G2134		\$0.00	1/1/20	12/31/20
G2135		\$0.00	1/1/20	12/31/20

## 2010 Hospital Other Procedures 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 contracts, 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
G2136		\$0.00	1/1/20	
G2137		\$0.00	1/1/20	
G2138		\$0.00	1/1/20	
G2139		\$0.00	1/1/20	
G2140		\$0.00	1/1/20	
G2141		\$0.00	1/1/20	
G2142		\$0.00	1/1/20	
G2143		\$0.00	1/1/20	
G2144		\$0.00	1/1/20	
G2145		\$0.00	1/1/20	
G2146		\$0.00	1/1/20	
G2147		\$0.00	1/1/20	
G2148		\$0.00	1/1/20	
G2149		\$0.00	1/1/20	
G2150		\$0.00	1/1/20	
G2151		\$0.00	1/1/20	
G2152		\$0.00	1/1/20	
G2153		\$0.00	1/1/20	12/31/20
G2154		\$0.00	1/1/20	12/31/20
G2155		\$0.00	1/1/20	12/31/20
G2156		\$0.00	1/1/20	12/31/20
G2157		\$0.00	1/1/20	12/31/20
G2158		\$0.00	1/1/20	12/31/20
G2159		\$0.00	1/1/20	12/31/20
G2160		\$0.00	1/1/20	12/31/20
G2161		\$0.00	1/1/20	12/31/20
G2162		\$0.00	1/1/20	12/31/20
G2163		\$0.00	1/1/20	12/31/20
G2164		\$0.00	1/1/20	12/31/20
G2165		\$0.00	1/1/20	12/31/20
G2166		\$0.00	1/1/20	12/31/20
G2167		\$0.00	1/1/20	
G2170	5194	\$15,939.97	7/1/20	12/31/22
G2171	5194	\$15,939.97	7/1/20	12/31/22
G2172		\$0.00	4/1/21	
G2173		\$0.00	1/1/21	
G2174		\$0.00	1/1/21	
G2175		\$0.00	1/1/21	
G2176		\$0.00	1/1/21	
G2177		\$0.00	1/1/21	
G2178		\$0.00	1/1/21	
G2179		\$0.00	1/1/21	
G2180		\$0.00	1/1/21	
G2181		\$0.00	1/1/21	
G2182		\$0.00	1/1/21	
G2183		\$0.00	1/1/21	
G2184		\$0.00	1/1/21	
G2185		\$0.00	1/1/21	
G2186		\$0.00	1/1/21	
G2187		\$0.00	1/1/21	
G2188		\$0.00	1/1/21	
G2189		\$0.00	1/1/21	
G2190		\$0.00	1/1/21	
G2191		\$0.00	1/1/21	
G2192		\$0.00	1/1/21	
G2193		\$0.00	1/1/21	
G2194		\$0.00	1/1/21	
G2195		\$0.00	1/1/21	
G2196		\$0.00	1/1/21	
G2197		\$0.00	1/1/21	
G2198		\$0.00	1/1/21	12/31/22
G2199		\$0.00	1/1/21	
G2200		\$0.00	1/1/21	
G2201		\$0.00	1/1/21	12/31/22
G2202		\$0.00	1/1/21	
G2203		\$0.00	1/1/21	12/31/22
G2204		\$0.00	1/1/21	
G2205		\$0.00	1/1/21	
G2206		\$0.00	1/1/21	
G2207		\$0.00	1/1/21	
G2208		\$0.00	1/1/21	
G2209		\$0.00	1/1/21	
G2210		\$0.00	1/1/21	
G2211		\$17.66	1/1/21	
G2212		\$33.52	1/1/21	
G2213		\$68.11	1/1/21	
G2214	5822	\$40.36	1/1/21	
G2250		\$9.73	1/1/21	
G2251		\$13.69	1/1/21	

## 2010 Hospital Other Procedures 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 contracts 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
G2252		\$26.31	1/1/21	
G3002		\$78.20	1/1/23	
G3003		\$27.03	1/1/23	
G4000		\$0.00	1/1/22	
G4001		\$0.00	1/1/22	
G4002		\$0.00	1/1/22	
G4003		\$0.00	1/1/22	
G4004		\$0.00	1/1/22	
G4005		\$0.00	1/1/22	
G4006		\$0.00	1/1/22	
G4007		\$0.00	1/1/22	
G4008		\$0.00	1/1/22	
G4009		\$0.00	1/1/22	
G4010		\$0.00	1/1/22	
G4011		\$0.00	1/1/22	
G4012		\$0.00	1/1/22	
G4013		\$0.00	1/1/22	
G4014		\$0.00	1/1/22	
G4015		\$0.00	1/1/22	
G4016		\$0.00	1/1/22	
G4017		\$0.00	1/1/22	
G4018		\$0.00	1/1/22	
G4019		\$0.00	1/1/22	
G4020		\$0.00	1/1/22	
G4021		\$0.00	1/1/22	
G4022		\$0.00	1/1/22	
G4023		\$0.00	1/1/22	
G4024		\$0.00	1/1/22	
G4025		\$0.00	1/1/22	
G4026		\$0.00	1/1/22	
G4027		\$0.00	1/1/22	
G4028		\$0.00	1/1/22	
G4029		\$0.00	1/1/22	
G4030		\$0.00	1/1/22	
G4031		\$0.00	1/1/22	
G4032		\$0.00	1/1/22	
G4033		\$0.00	1/1/22	
G4034		\$0.00	1/1/22	
G4035		\$0.00	1/1/22	
G4036		\$0.00	1/1/22	
G4037		\$0.00	1/1/22	
G4038		\$0.00	1/1/22	
G9037		\$40.66	7/1/24	
G9038		\$50.83	7/1/24	
G9473		\$0.00	1/1/16	
G9474		\$0.00	1/1/16	
G9475		\$0.00	1/1/16	
G9476		\$0.00	1/1/16	
G9477		\$0.00	1/1/16	
G9478		\$0.00	1/1/16	
G9479		\$0.00	1/1/16	
G9480		\$0.00	1/1/16	
G9481		\$18.95	4/1/16	
G9482		\$36.11	4/1/16	
G9483		\$56.13	4/1/16	
G9484		\$94.75	4/1/16	
G9485		\$123.71	4/1/16	
G9486		\$18.59	4/1/16	
G9487		\$37.18	4/1/16	
G9488		\$57.21	4/1/16	
G9489		\$80.81	4/1/16	
G9490		\$45.05	4/1/16	
G9497		\$0.00	1/1/16	
G9498		\$0.00	1/1/16	
G9500		\$0.00	1/1/16	
G9501		\$0.00	1/1/16	
G9502		\$0.00	1/1/16	
G9503		\$0.00	1/1/16	12/31/20
G9504		\$0.00	1/1/16	
G9505		\$0.00	1/1/16	
G9506		\$0.00	1/1/16	12/31/22
G9507		\$0.00	1/1/16	
G9508		\$0.00	1/1/16	
G9509		\$0.00	1/1/16	
G9510		\$0.00	1/1/16	
G9511		\$0.00	1/1/16	
G9512		\$0.00	1/1/16	
G9513		\$0.00	1/1/16	
G9514		\$0.00	1/1/16	

## 2010 Hospital Other Procedures 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 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
G9515		\$0.00	1/1/16	
G9516		\$0.00	1/1/16	
G9517		\$0.00	1/1/16	
G9518		\$0.00	1/1/16	
G9519		\$0.00	1/1/16	
G9520		\$0.00	1/1/16	
G9521		\$0.00	1/1/16	
G9522		\$0.00	1/1/16	
G9523		\$0.00	1/1/16	12/31/20
G9524		\$0.00	1/1/16	12/31/20
G9525		\$0.00	1/1/16	12/31/20
G9526		\$0.00	1/1/16	12/31/20
G9529		\$0.00	1/1/16	
G9530		\$0.00	1/1/16	
G9531		\$0.00	1/1/16	
G9532		\$0.00	1/1/16	12/31/20
G9533		\$0.00	1/1/16	
G9537		\$0.00	1/1/16	
G9539		\$0.00	1/1/16	
G9540		\$0.00	1/1/16	
G9541		\$0.00	1/1/16	
G9542		\$0.00	1/1/16	
G9543		\$0.00	1/1/16	
G9544		\$0.00	1/1/16	
G9547		\$0.00	1/1/16	
G9548		\$0.00	1/1/16	
G9549		\$0.00	1/1/16	
G9550		\$0.00	1/1/16	
G9551		\$0.00	1/1/16	
G9552		\$0.00	1/1/16	
G9553		\$0.00	1/1/16	
G9554		\$0.00	1/1/16	
G9555		\$0.00	1/1/16	
G9556		\$0.00	1/1/16	
G9557		\$0.00	1/1/16	
G9558		\$0.00	1/1/16	12/31/20
G9559		\$0.00	1/1/16	12/31/20
G9560		\$0.00	1/1/16	12/31/20
G9561		\$0.00	1/1/16	12/31/21
G9562		\$0.00	1/1/16	12/31/21
G9563		\$0.00	1/1/16	12/31/21
G9573		\$0.00	1/1/16	12/31/20
G9574		\$0.00	1/1/16	12/31/20
G9577		\$0.00	1/1/16	12/31/21
G9578		\$0.00	1/1/16	12/31/21
G9579		\$0.00	1/1/16	12/31/21
G9580		\$0.00	1/1/16	
G9582		\$0.00	1/1/16	
G9583		\$0.00	1/1/16	12/31/21
G9584		\$0.00	1/1/16	12/31/21
G9585		\$0.00	1/1/16	12/31/21
G9593		\$0.00	1/1/16	
G9594		\$0.00	1/1/16	
G9595		\$0.00	1/1/16	
G9596		\$0.00	1/1/16	12/31/23
G9597		\$0.00	1/1/16	
G9598		\$0.00	1/1/16	
G9599		\$0.00	1/1/16	
G9600		\$0.00	1/1/16	12/31/20
G9601		\$0.00	1/1/16	12/31/20
G9602		\$0.00	1/1/16	12/31/20
G9603		\$0.00	1/1/16	
G9604		\$0.00	1/1/16	
G9605		\$0.00	1/1/16	
G9606		\$0.00	1/1/16	
G9607		\$0.00	1/1/16	
G9608		\$0.00	1/1/16	
G9609		\$0.00	1/1/16	
G9610		\$0.00	1/1/16	
G9611		\$0.00	1/1/16	
G9612		\$0.00	1/1/16	12/31/23
G9613		\$0.00	1/1/16	12/31/23
G9614		\$0.00	1/1/16	12/31/23
G9615		\$0.00	1/1/16	12/31/20
G9616		\$0.00	1/1/16	12/31/20
G9617		\$0.00	1/1/16	12/31/20
G9618		\$0.00	1/1/16	12/31/22
G9620		\$0.00	1/1/16	12/31/22
G9621		\$0.00	1/1/16	

## 2010 Hospital Other Procedures 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 contracts 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
G9622		\$0.00	1/1/16	
G9623		\$0.00	1/1/16	12/31/22
G9624		\$0.00	1/1/16	
G9625		\$0.00	1/1/16	
G9626		\$0.00	1/1/16	
G9627		\$0.00	1/1/16	
G9628		\$0.00	1/1/16	
G9629		\$0.00	1/1/16	
G9630		\$0.00	1/1/16	
G9631		\$0.00	1/1/16	12/31/22
G9632		\$0.00	1/1/16	12/31/22
G9633		\$0.00	1/1/16	12/31/22
G9634		\$0.00	1/1/16	12/31/21
G9635		\$0.00	1/1/16	12/31/21
G9636		\$0.00	1/1/16	12/31/21
G9637		\$0.00	1/1/16	
G9638		\$0.00	1/1/16	
G9639		\$0.00	1/1/16	12/31/21
G9640		\$0.00	1/1/16	12/31/21
G9641		\$0.00	1/1/16	12/31/21
G9642		\$0.00	1/1/16	
G9643		\$0.00	1/1/16	
G9644		\$0.00	1/1/16	
G9645		\$0.00	1/1/16	
G9646		\$0.00	1/1/16	
G9647		\$0.00	1/1/16	12/31/21
G9648		\$0.00	1/1/16	
G9649		\$0.00	1/1/16	
G9651		\$0.00	1/1/16	
G9654		\$0.00	1/1/16	
G9655		\$0.00	1/1/16	
G9656		\$0.00	1/1/16	
G9658		\$0.00	1/1/16	
G9659		\$0.00	1/1/16	
G9660		\$0.00	1/1/16	
G9661		\$0.00	1/1/16	
G9662		\$0.00	1/1/16	
G9663		\$0.00	1/1/16	
G9664		\$0.00	1/1/16	
G9665		\$0.00	1/1/16	
G9666		\$0.00	1/1/16	12/31/21
G9674		\$0.00	1/1/16	
G9675		\$0.00	1/1/16	
G9676		\$0.00	1/1/16	
G9678		\$160.00	4/1/16	6/30/22
G9687		\$0.00	1/1/17	
G9688		\$0.00	1/1/17	
G9689		\$0.00	1/1/17	
G9690		\$0.00	1/1/17	
G9691		\$0.00	1/1/17	
G9692		\$0.00	1/1/17	
G9693		\$0.00	1/1/17	
G9694		\$0.00	1/1/17	
G9695		\$0.00	1/1/17	
G9696		\$0.00	1/1/17	
G9697		\$0.00	1/1/17	12/31/23
G9698		\$0.00	1/1/17	
G9699		\$0.00	1/1/17	
G9700		\$0.00	1/1/17	
G9701		\$0.00	1/1/17	12/31/20
G9702		\$0.00	1/1/17	
G9703		\$0.00	1/1/17	
G9704		\$0.00	1/1/17	
G9705		\$0.00	1/1/17	
G9706		\$0.00	1/1/17	
G9707		\$0.00	1/1/17	12/31/24
G9708		\$0.00	1/1/17	
G9709		\$0.00	1/1/17	
G9710		\$0.00	1/1/17	
G9711		\$0.00	1/1/17	
G9712		\$0.00	1/1/17	
G9713		\$0.00	1/1/17	
G9714		\$0.00	1/1/17	
G9715		\$0.00	1/1/17	12/31/23
G9716		\$0.00	1/1/17	
G9717		\$0.00	1/1/17	
G9718		\$0.00	1/1/17	12/31/22
G9719		\$0.00	1/1/17	
G9720		\$0.00	1/1/17	

## 2010 Hospital Other Procedures 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 contracts 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
G9721		\$0.00	1/1/17	
G9722		\$0.00	1/1/17	
G9723		\$0.00	1/1/17	
G9724		\$0.00	1/1/17	
G9725		\$0.00	1/1/17	12/31/23
G9726		\$0.00	1/1/17	
G9727		\$0.00	1/1/17	
G9728		\$0.00	1/1/17	
G9729		\$0.00	1/1/17	
G9730		\$0.00	1/1/17	
G9731		\$0.00	1/1/17	
G9732		\$0.00	1/1/17	
G9733		\$0.00	1/1/17	
G9734		\$0.00	1/1/17	
G9735		\$0.00	1/1/17	
G9736		\$0.00	1/1/17	
G9737		\$0.00	1/1/17	
G9738		\$0.00	1/1/17	12/31/20
G9739		\$0.00	1/1/17	12/31/20
G9740		\$0.00	1/1/17	
G9741		\$0.00	1/1/17	
G9744		\$0.00	1/1/17	
G9745		\$0.00	1/1/17	
G9746		\$0.00	1/1/17	
G9747		\$0.00	1/1/17	12/31/20
G9748		\$0.00	1/1/17	12/31/20
G9749		\$0.00	1/1/17	12/31/20
G9750		\$0.00	1/1/17	12/31/20
G9751		\$0.00	1/1/17	12/31/24
G9752		\$0.00	1/1/17	
G9753		\$0.00	1/1/17	
G9754		\$0.00	1/1/17	
G9755		\$0.00	1/1/17	
G9756		\$0.00	1/1/17	
G9757		\$0.00	1/1/17	
G9758		\$0.00	1/1/17	
G9759		\$0.00	1/1/17	12/31/20
G9760		\$0.00	1/1/17	12/31/24
G9761		\$0.00	1/1/17	
G9762		\$0.00	1/1/17	
G9763		\$0.00	1/1/17	
G9764		\$0.00	1/1/17	
G9765		\$0.00	1/1/17	
G9766		\$0.00	1/1/17	
G9767		\$0.00	1/1/17	
G9768		\$0.00	1/1/17	
G9769		\$0.00	1/1/17	
G9770		\$0.00	1/1/17	
G9771		\$0.00	1/1/17	
G9772		\$0.00	1/1/17	
G9773		\$0.00	1/1/17	
G9774		\$0.00	1/1/17	12/31/22
G9775		\$0.00	1/1/17	
G9776		\$0.00	1/1/17	
G9777		\$0.00	1/1/17	
G9778		\$0.00	1/1/17	12/31/22
G9779		\$0.00	1/1/17	
G9780		\$0.00	1/1/17	
G9781		\$0.00	1/1/17	
G9782		\$0.00	1/1/17	
G9783		\$0.00	1/1/17	12/31/21
G9784		\$0.00	1/1/17	
G9785		\$0.00	1/1/17	
G9786		\$0.00	1/1/17	
G9787		\$0.00	1/1/17	
G9788		\$0.00	1/1/17	
G9789		\$0.00	1/1/17	
G9790		\$0.00	1/1/17	
G9791		\$0.00	1/1/17	
G9792		\$0.00	1/1/17	
G9793		\$0.00	1/1/17	
G9794		\$0.00	1/1/17	
G9795		\$0.00	1/1/17	
G9796		\$0.00	1/1/17	
G9797		\$0.00	1/1/17	
G9798		\$0.00	1/1/17	12/31/20
G9799		\$0.00	1/1/17	12/31/20
G9800		\$0.00	1/1/17	12/31/20
G9801		\$0.00	1/1/17	12/31/20

## 2010 Hospital Other Procedures 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 contracts 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
G9802		\$0.00	1/1/17	12/31/20
G9803		\$0.00	1/1/17	12/31/20
G9804		\$0.00	1/1/17	12/31/20
G9805		\$0.00	1/1/17	
G9806		\$0.00	1/1/17	
G9807		\$0.00	1/1/17	
G9808		\$0.00	1/1/17	12/31/22
G9809		\$0.00	1/1/17	12/31/22
G9810		\$0.00	1/1/17	12/31/22
G9811		\$0.00	1/1/17	12/31/22
G9812		\$0.00	1/1/17	
G9813		\$0.00	1/1/17	
G9814		\$0.00	1/1/17	12/31/20
G9815		\$0.00	1/1/17	12/31/20
G9816		\$0.00	1/1/17	12/31/20
G9817		\$0.00	1/1/17	12/31/20
G9818		\$0.00	1/1/17	
G9819		\$0.00	1/1/17	
G9820		\$0.00	1/1/17	
G9821		\$0.00	1/1/17	
G9822		\$0.00	1/1/17	
G9823		\$0.00	1/1/17	
G9824		\$0.00	1/1/17	
G9825		\$0.00	1/1/17	12/31/20
G9826		\$0.00	1/1/17	12/31/20
G9827		\$0.00	1/1/17	12/31/20
G9828		\$0.00	1/1/17	12/31/20
G9829		\$0.00	1/1/17	12/31/20
G9830		\$0.00	1/1/17	
G9831		\$0.00	1/1/17	
G9832		\$0.00	1/1/17	
G9833		\$0.00	1/1/17	12/31/20
G9834		\$0.00	1/1/17	12/31/20
G9835		\$0.00	1/1/17	12/31/20
G9836		\$0.00	1/1/17	12/31/20
G9837		\$0.00	1/1/17	12/31/20
G9838		\$0.00	1/1/17	
G9839		\$0.00	1/1/17	
G9840		\$0.00	1/1/17	
G9841		\$0.00	1/1/17	
G9842		\$0.00	1/1/17	
G9843		\$0.00	1/1/17	
G9844		\$0.00	1/1/17	
G9845		\$0.00	1/1/17	
G9846		\$0.00	1/1/17	
G9847		\$0.00	1/1/17	
G9848		\$0.00	1/1/17	
G9849		\$0.00	1/1/17	12/31/20
G9850		\$0.00	1/1/17	12/31/20
G9851		\$0.00	1/1/17	12/31/20
G9852		\$0.00	1/1/17	12/31/23
G9853		\$0.00	1/1/17	12/31/23
G9854		\$0.00	1/1/17	12/31/23
G9855		\$0.00	1/1/17	12/31/20
G9856		\$0.00	1/1/17	12/31/20
G9857		\$0.00	1/1/17	12/31/20
G9858		\$0.00	1/1/17	
G9859		\$0.00	1/1/17	
G9860		\$0.00	1/1/17	
G9861		\$0.00	1/1/17	
G9862		\$0.00	1/1/17	
G9868		\$0.00	1/1/18	
G9869		\$0.00	1/1/18	
G9870		\$0.00	1/1/18	
G9873		\$0.00	4/1/18	
G9874		\$0.00	4/1/18	
G9875		\$0.00	4/1/18	
G9876		\$0.00	4/1/18	
G9877		\$0.00	4/1/18	
G9878		\$0.00	4/1/18	
G9879		\$0.00	4/1/18	
G9880		\$0.00	4/1/18	
G9881		\$0.00	4/1/18	
G9882		\$0.00	4/1/18	
G9883		\$0.00	4/1/18	
G9884		\$0.00	4/1/18	
G9885		\$0.00	4/1/18	
G9886		\$16.22	1/1/24	
G9887		\$16.22	1/1/24	

## 2010 Hospital Other Procedures 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 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
G9888		\$0.00	1/1/24	
G9890		\$0.00	4/1/18	
G9891		\$0.00	4/1/18	
G9892		\$0.00	1/1/18	12/31/24
G9893		\$0.00	1/1/18	12/31/24
G9894		\$0.00	1/1/18	
G9895		\$0.00	1/1/18	
G9896		\$0.00	1/1/18	
G9897		\$0.00	1/1/18	
G9898		\$0.00	1/1/18	
G9899		\$0.00	1/1/18	
G9900		\$0.00	1/1/18	
G9901		\$0.00	1/1/18	
G9902		\$0.00	1/1/18	
G9903		\$0.00	1/1/18	
G9904		\$0.00	1/1/18	12/31/22
G9905		\$0.00	1/1/18	
G9906		\$0.00	1/1/18	
G9907		\$0.00	1/1/18	12/31/22
G9908		\$0.00	1/1/18	
G9909		\$0.00	1/1/18	12/31/22
G9910		\$0.00	1/1/18	
G9911		\$0.00	1/1/18	
G9912		\$0.00	1/1/18	
G9913		\$0.00	1/1/18	
G9914		\$0.00	1/1/18	
G9915		\$0.00	1/1/18	
G9916		\$0.00	1/1/18	
G9917		\$0.00	1/1/18	
G9918		\$0.00	1/1/18	
G9919		\$0.00	1/1/18	
G9920		\$0.00	1/1/18	
G9921		\$0.00	1/1/18	12/31/24
G9922		\$0.00	1/1/18	
G9923		\$0.00	1/1/18	
G9924		\$0.00	1/1/18	12/31/20
G9925		\$0.00	1/1/18	
G9926		\$0.00	1/1/18	
G9927		\$0.00	1/1/18	12/31/23
G9928		\$0.00	1/1/18	
G9929		\$0.00	1/1/18	
G9930		\$0.00	1/1/18	
G9931		\$0.00	1/1/18	
G9932		\$0.00	1/1/18	12/31/22
G9933		\$0.00	1/1/18	12/31/20
G9934		\$0.00	1/1/18	12/31/20
G9935		\$0.00	1/1/18	12/31/20
G9936		\$0.00	1/1/18	12/31/20
G9937		\$0.00	1/1/18	12/31/20
G9938		\$0.00	1/1/18	
G9939		\$0.00	1/1/18	
G9940		\$0.00	1/1/18	
G9941		\$0.00	1/1/18	12/31/19
G9942		\$0.00	1/1/18	12/31/22
G9943		\$0.00	1/1/18	
G9944		\$0.00	1/1/18	12/31/19
G9945		\$0.00	1/1/18	
G9946		\$0.00	1/1/18	
G9947		\$0.00	1/1/18	12/31/19
G9948		\$0.00	1/1/18	12/31/22
G9949		\$0.00	1/1/18	
G9954		\$0.00	1/1/18	
G9955		\$0.00	1/1/18	
G9956		\$0.00	1/1/18	
G9957		\$0.00	1/1/18	
G9958		\$0.00	1/1/18	
G9959		\$0.00	1/1/18	
G9960		\$0.00	1/1/18	
G9961		\$0.00	1/1/18	
G9962		\$0.00	1/1/18	
G9963		\$0.00	1/1/18	
G9964		\$0.00	1/1/18	
G9965		\$0.00	1/1/18	
G9966		\$0.00	1/1/18	12/31/20
G9967		\$0.00	1/1/18	12/31/20
G9968		\$0.00	1/1/18	
G9969		\$0.00	1/1/18	
G9970		\$0.00	1/1/18	
G9974		\$0.00	1/1/18	12/31/24



## 2010 Hospital Other Procedures 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 contracts, 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
G9975		\$0.00	1/1/18	12/31/24
G9976		\$0.00	1/1/18	
G9977		\$0.00	1/1/18	
G9978		\$0.00	10/1/18	
G9979		\$0.00	10/1/18	
G9980		\$0.00	10/1/18	
G9981		\$0.00	10/1/18	
G9982		\$0.00	10/1/18	
G9983		\$0.00	10/1/18	
G9984		\$0.00	10/1/18	
G9985		\$0.00	10/1/18	
G9986		\$0.00	10/1/18	
G9987		\$0.00	10/1/18	
G9988		\$0.00	1/1/22	
G9989		\$0.00	1/1/22	12/31/22
G9990		\$0.00	1/1/22	12/31/24
G9991		\$0.00	1/1/22	12/31/24
G9992		\$0.00	1/1/22	
G9993		\$0.00	1/1/22	
G9994		\$0.00	1/1/22	
G9995		\$0.00	1/1/22	12/31/23
G9996		\$0.00	1/1/22	
G9997		\$0.00	1/1/22	
G9998		\$0.00	1/1/22	
G9999		\$0.00	1/1/22	
H0052		\$109.12	1/1/25	
H0053		\$109.12	1/1/25	
H2038		\$0.00	4/1/22	
M0001		\$0.00	1/1/23	
M0002		\$0.00	1/1/23	
M0003		\$0.00	1/1/23	12/31/24
M0004		\$0.00	1/1/23	
M0005		\$0.00	1/1/23	
M0010		\$0.00	4/1/23	
M0201		\$35.50	6/8/21	
M0220		\$150.50	12/8/21	
M0221		\$250.50	12/8/21	
M0222		\$350.50	2/11/22	
M0223		\$550.50	2/11/22	
M0224		\$450.00	3/22/24	
M0239		\$309.60	11/9/20	4/16/21
M0240		\$450.00	7/30/21	
M0241		\$750.00	7/30/21	
M0243		\$309.60	11/21/20	5/5/21
M0243		\$450.00	5/6/21	
M0244		\$750.00	5/6/21	
M0245		\$309.60	2/9/21	5/5/21
M0245		\$450.00	5/6/21	
M0246		\$750.00	5/6/21	
M0247		\$450.00	5/26/21	
M0248		\$750.00	5/26/21	
M0249		\$450.00	6/24/21	
M0250		\$450.00	6/24/21	
M1000		\$0.00	1/1/19	12/31/19
M1001		\$0.00	1/1/19	12/31/19
M1002		\$0.00	1/1/19	12/31/19
M1003		\$0.00	1/1/19	
M1004		\$0.00	1/1/19	
M1005		\$0.00	1/1/19	
M1006		\$0.00	1/1/19	
M1007		\$0.00	1/1/19	
M1008		\$0.00	1/1/19	
M1009		\$0.00	1/1/19	
M1010		\$0.00	1/1/19	
M1011		\$0.00	1/1/19	
M1012		\$0.00	1/1/19	
M1013		\$0.00	1/1/19	
M1014		\$0.00	1/1/19	
M1015		\$0.00	1/1/19	12/31/20
M1016		\$0.00	1/1/19	
M1017		\$0.00	1/1/19	12/31/22
M1018		\$0.00	1/1/19	
M1019		\$0.00	1/1/19	
M1020		\$0.00	1/1/19	
M1021		\$0.00	1/1/19	
M1022		\$0.00	1/1/19	12/31/21
M1023		\$0.00	1/1/19	12/31/20
M1024		\$0.00	1/1/19	12/31/20
M1025		\$0.00	1/1/19	12/31/21

## 2010 Hospital Other Procedures 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 contracts 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
M1026		\$0.00	1/1/19	12/31/21
M1027		\$0.00	1/1/19	
M1028		\$0.00	1/1/19	
M1029		\$0.00	1/1/19	
M1030		\$0.00	1/1/19	12/31/19
M1031		\$0.00	1/1/19	12/31/21
M1032		\$0.00	1/1/19	
M1033		\$0.00	1/1/19	12/31/20
M1034		\$0.00	1/1/19	
M1035		\$0.00	1/1/19	
M1036		\$0.00	1/1/19	
M1037		\$0.00	1/1/19	
M1038		\$0.00	1/1/19	
M1039		\$0.00	1/1/19	
M1040		\$0.00	1/1/19	
M1041		\$0.00	1/1/19	
M1042		\$0.00	1/1/19	12/31/19
M1043		\$0.00	1/1/19	
M1044		\$0.00	1/1/19	12/31/19
M1045		\$0.00	1/1/19	
M1046		\$0.00	1/1/19	
M1047		\$0.00	1/1/19	12/31/19
M1048		\$0.00	1/1/19	12/31/19
M1049		\$0.00	1/1/19	
M1050		\$0.00	1/1/19	12/31/19
M1051		\$0.00	1/1/19	
M1052		\$0.00	1/1/19	
M1053		\$0.00	1/1/19	12/31/19
M1054		\$0.00	1/1/19	
M1055		\$0.00	1/1/19	
M1056		\$0.00	1/1/19	
M1057		\$0.00	1/1/19	
M1058		\$0.00	1/1/19	
M1059		\$0.00	1/1/19	
M1060		\$0.00	1/1/19	
M1061		\$0.00	1/1/19	12/31/20
M1062		\$0.00	1/1/19	12/31/20
M1063		\$0.00	1/1/19	12/31/20
M1064		\$0.00	1/1/19	12/31/20
M1065		\$0.00	1/1/19	12/31/20
M1066		\$0.00	1/1/19	12/31/20
M1067		\$0.00	1/1/19	
M1068		\$0.00	1/1/19	
M1069		\$0.00	1/1/19	
M1070		\$0.00	1/1/19	
M1071		\$0.00	1/1/19	12/31/22
M1106		\$0.00	1/1/20	
M1107		\$0.00	1/1/20	
M1108		\$0.00	1/1/20	
M1109		\$0.00	1/1/20	
M1110		\$0.00	1/1/20	
M1111		\$0.00	1/1/20	
M1112		\$0.00	1/1/20	
M1113		\$0.00	1/1/20	
M1114		\$0.00	1/1/20	
M1115		\$0.00	1/1/20	
M1116		\$0.00	1/1/20	
M1117		\$0.00	1/1/20	
M1118		\$0.00	1/1/20	
M1119		\$0.00	1/1/20	
M1120		\$0.00	1/1/20	
M1121		\$0.00	1/1/20	
M1122		\$0.00	1/1/20	
M1123		\$0.00	1/1/20	
M1124		\$0.00	1/1/20	
M1125		\$0.00	1/1/20	
M1126		\$0.00	1/1/20	
M1127		\$0.00	1/1/20	
M1128		\$0.00	1/1/20	
M1129		\$0.00	1/1/20	
M1130		\$0.00	1/1/20	
M1131		\$0.00	1/1/20	
M1132		\$0.00	1/1/20	
M1133		\$0.00	1/1/20	
M1134		\$0.00	1/1/20	
M1135		\$0.00	1/1/20	
M1136		\$0.00	1/1/20	12/31/20
M1137		\$0.00	1/1/20	12/31/20
M1138		\$0.00	1/1/20	12/31/20

### 2010 Hospital Other Procedures 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 contracts 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
M1139		\$0.00	1/1/20	12/31/20
M1140		\$0.00	1/1/20	12/31/20
M1141		\$0.00	1/1/20	
M1142		\$0.00	1/1/20	
M1143		\$0.00	1/1/20	
M1144		\$0.00	1/1/20	12/31/20
M1145	9399	\$0.00	1/1/21	3/31/22
M1146		\$0.00	1/1/21	
M1147		\$0.00	1/1/21	
M1148		\$0.00	1/1/21	
M1149		\$0.00	1/1/21	
M1150		\$0.00	1/1/23	
M1151		\$0.00	1/1/23	
M1152		\$0.00	1/1/23	
M1153		\$0.00	1/1/23	
M1154		\$0.00	1/1/23	12/31/24
M1155		\$0.00	1/1/23	12/31/24
M1156		\$0.00	1/1/23	12/31/23
M1157		\$0.00	1/1/23	12/31/23
M1158		\$0.00	1/1/23	12/31/23
M1159		\$0.00	1/1/23	
M1160		\$0.00	1/1/23	
M1161		\$0.00	1/1/23	
M1162		\$0.00	1/1/23	
M1163		\$0.00	1/1/23	
M1164		\$0.00	1/1/23	
M1165		\$0.00	1/1/23	
M1166		\$0.00	1/1/23	
M1167		\$0.00	1/1/23	
M1168		\$0.00	1/1/23	
M1169		\$0.00	1/1/23	
M1170		\$0.00	1/1/23	
M1171		\$0.00	1/1/23	
M1172		\$0.00	1/1/23	
M1173		\$0.00	1/1/23	
M1174		\$0.00	1/1/23	
M1175		\$0.00	1/1/23	
M1176		\$0.00	1/1/23	
M1177		\$0.00	1/1/23	
M1178		\$0.00	1/1/23	
M1179		\$0.00	1/1/23	
M1180		\$0.00	1/1/23	
M1181		\$0.00	1/1/23	
M1182		\$0.00	1/1/23	
M1183		\$0.00	1/1/23	
M1184		\$0.00	1/1/23	
M1185		\$0.00	1/1/23	
M1186		\$0.00	1/1/23	
M1187		\$0.00	1/1/23	
M1188		\$0.00	1/1/23	
M1189		\$0.00	1/1/23	
M1190		\$0.00	1/1/23	
M1191		\$0.00	1/1/23	
M1192		\$0.00	1/1/23	
M1193		\$0.00	1/1/23	
M1194		\$0.00	1/1/23	
M1195		\$0.00	1/1/23	
M1196		\$0.00	1/1/23	
M1197		\$0.00	1/1/23	
M1198		\$0.00	1/1/23	
M1199		\$0.00	1/1/23	
M1200		\$0.00	1/1/23	
M1201		\$0.00	1/1/23	
M1202		\$0.00	1/1/23	
M1203		\$0.00	1/1/23	
M1204		\$0.00	1/1/23	
M1205		\$0.00	1/1/23	
M1206		\$0.00	1/1/23	
M1207		\$0.00	1/1/23	
M1208		\$0.00	1/1/23	
M1209		\$0.00	1/1/23	
M1210		\$0.00	1/1/23	
M1211		\$0.00	1/1/24	
M1212		\$0.00	1/1/24	
M1213		\$0.00	1/1/24	
M1214		\$0.00	1/1/24	
M1215		\$0.00	1/1/24	
M1216		\$0.00	1/1/24	
M1217		\$0.00	1/1/24	

## 2010 Hospital Other Procedures 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 contracts 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
M1218		\$0.00	1/1/24	
M1219		\$0.00	1/1/24	12/31/24
M1220		\$0.00	1/1/24	
M1221		\$0.00	1/1/24	
M1222		\$0.00	1/1/24	
M1223		\$0.00	1/1/24	
M1224		\$0.00	1/1/24	
M1225		\$0.00	1/1/24	
M1226		\$0.00	1/1/24	
M1227		\$0.00	1/1/24	
M1228		\$0.00	1/1/24	
M1229		\$0.00	1/1/24	
M1230		\$0.00	1/1/24	
M1231		\$0.00	1/1/24	
M1232		\$0.00	1/1/24	
M1233		\$0.00	1/1/24	
M1234		\$0.00	1/1/24	
M1235		\$0.00	1/1/24	
M1236		\$0.00	1/1/24	
M1237		\$0.00	1/1/24	
M1238		\$0.00	1/1/24	
M1239		\$0.00	1/1/24	
M1240		\$0.00	1/1/24	
M1241		\$0.00	1/1/24	
M1242		\$0.00	1/1/24	
M1243		\$0.00	1/1/24	
M1244		\$0.00	1/1/24	
M1245		\$0.00	1/1/24	
M1246		\$0.00	1/1/24	
M1247		\$0.00	1/1/24	
M1248		\$0.00	1/1/24	
M1249		\$0.00	1/1/24	
M1250		\$0.00	1/1/24	
M1251		\$0.00	1/1/24	
M1252		\$0.00	1/1/24	
M1253		\$0.00	1/1/24	
M1254		\$0.00	1/1/24	
M1255		\$0.00	1/1/24	
M1256		\$0.00	1/1/24	
M1257		\$0.00	1/1/24	
M1258		\$0.00	1/1/24	
M1259		\$0.00	1/1/24	
M1260		\$0.00	1/1/24	
M1261		\$0.00	1/1/24	
M1262		\$0.00	1/1/24	
M1263		\$0.00	1/1/24	
M1264		\$0.00	1/1/24	12/31/24
M1265		\$0.00	1/1/24	
M1266		\$0.00	1/1/24	
M1267		\$0.00	1/1/24	
M1268		\$0.00	1/1/24	
M1269		\$0.00	1/1/24	
M1270		\$0.00	1/1/24	
M1271		\$0.00	1/1/24	
M1272		\$0.00	1/1/24	
M1273		\$0.00	1/1/24	
M1274		\$0.00	1/1/24	
M1275		\$0.00	1/1/24	
M1276		\$0.00	1/1/24	
M1277		\$0.00	1/1/24	
M1278		\$0.00	1/1/24	
M1279		\$0.00	1/1/24	
M1280		\$0.00	1/1/24	
M1281		\$0.00	1/1/24	
M1282		\$0.00	1/1/24	
M1283		\$0.00	1/1/24	
M1284		\$0.00	1/1/24	
M1285		\$0.00	1/1/24	
M1286		\$0.00	1/1/24	
M1287		\$0.00	1/1/24	
M1288		\$0.00	1/1/24	
M1289		\$0.00	1/1/24	
M1290		\$0.00	1/1/24	
M1291		\$0.00	1/1/24	
M1292		\$0.00	1/1/24	
M1293		\$0.00	1/1/24	
M1294		\$0.00	1/1/24	
M1295		\$0.00	1/1/24	
M1296		\$0.00	1/1/24	

## 2010 Hospital Other Procedures 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 contracts 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
M1297		\$0.00	1/1/24	
M1298		\$0.00	1/1/24	
M1299		\$0.00	1/1/24	
M1300		\$0.00	1/1/24	
M1301		\$0.00	1/1/24	
M1302		\$0.00	1/1/24	
M1303		\$0.00	1/1/24	
M1304		\$0.00	1/1/24	
M1305		\$0.00	1/1/24	
M1306		\$0.00	1/1/24	
M1307		\$0.00	1/1/24	
M1308		\$0.00	1/1/24	
M1309		\$0.00	1/1/24	
M1310		\$0.00	1/1/24	
M1311		\$0.00	1/1/24	
M1312		\$0.00	1/1/24	
M1313		\$0.00	1/1/24	
M1314		\$0.00	1/1/24	
M1315		\$0.00	1/1/24	
M1316		\$0.00	1/1/24	
M1317		\$0.00	1/1/24	
M1318		\$0.00	1/1/24	
M1319		\$0.00	1/1/24	
M1320		\$0.00	1/1/24	
M1321		\$0.00	1/1/24	
M1322		\$0.00	1/1/24	
M1323		\$0.00	1/1/24	
M1324		\$0.00	1/1/24	
M1325		\$0.00	1/1/24	
M1326		\$0.00	1/1/24	
M1327		\$0.00	1/1/24	
M1328		\$0.00	1/1/24	
M1329		\$0.00	1/1/24	
M1330		\$0.00	1/1/24	
M1331		\$0.00	1/1/24	
M1332		\$0.00	1/1/24	
M1333		\$0.00	1/1/24	
M1334		\$0.00	1/1/24	
M1335		\$0.00	1/1/24	
M1336		\$0.00	1/1/24	
M1337		\$0.00	1/1/24	
M1338		\$0.00	1/1/24	
M1339		\$0.00	1/1/24	
M1340		\$0.00	1/1/24	
M1341		\$0.00	1/1/24	
M1342		\$0.00	1/1/24	
M1343		\$0.00	1/1/24	
M1344		\$0.00	1/1/24	
M1345		\$0.00	1/1/24	
M1346		\$0.00	1/1/24	
M1347		\$0.00	1/1/24	
M1348		\$0.00	1/1/24	
M1349		\$0.00	1/1/24	
M1350		\$0.00	1/1/24	
M1351		\$0.00	1/1/24	
M1352		\$0.00	1/1/24	
M1353		\$0.00	1/1/24	
M1354		\$0.00	1/1/24	
M1355		\$0.00	1/1/24	
M1356		\$0.00	1/1/24	
M1357		\$0.00	1/1/24	
M1358		\$0.00	1/1/24	
M1359		\$0.00	1/1/24	
M1360		\$0.00	1/1/24	
M1361		\$0.00	1/1/24	
M1362		\$0.00	1/1/24	
M1363		\$0.00	1/1/24	
M1364		\$0.00	1/1/24	
M1365		\$0.00	1/1/24	
M1366		\$0.00	1/1/24	
M1367		\$0.00	1/1/24	
M1368		\$0.00	1/1/24	
M1369		\$0.00	1/1/24	
M1370		\$0.00	1/1/24	
M1371		\$0.00	1/1/25	
M1372		\$0.00	1/1/25	
M1373		\$0.00	1/1/25	
M1374		\$0.00	1/1/25	
M1375		\$0.00	1/1/25	

## 2010 Hospital Other Procedures 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 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
M1376		\$0.00	1/1/25	
M1377		\$0.00	1/1/25	
M1378		\$0.00	1/1/25	
M1379		\$0.00	1/1/25	
M1380		\$0.00	1/1/25	
M1381		\$0.00	1/1/25	
M1382		\$0.00	1/1/25	
M1383		\$0.00	1/1/25	
M1384		\$0.00	1/1/25	
M1385		\$0.00	1/1/25	
M1386		\$0.00	1/1/25	
M1387		\$0.00	1/1/25	
M1388		\$0.00	1/1/25	
M1390		\$0.00	1/1/25	
M1391		\$0.00	1/1/25	
M1392		\$0.00	1/1/25	
M1393		\$0.00	1/1/25	
M1394		\$0.00	1/1/25	
M1395		\$0.00	1/1/25	
M1396		\$0.00	1/1/25	
M1397		\$0.00	1/1/25	
M1398		\$0.00	1/1/25	
M1399		\$0.00	1/1/25	
M1400		\$0.00	1/1/25	
M1401		\$0.00	1/1/25	
M1402		\$0.00	1/1/25	
M1403		\$0.00	1/1/25	
M1404		\$0.00	1/1/25	
M1405		\$0.00	1/1/25	
M1406		\$0.00	1/1/25	
M1407		\$0.00	1/1/25	
M1408		\$0.00	1/1/25	
M1409		\$0.00	1/1/25	
M1410		\$0.00	1/1/25	
M1411		\$0.00	1/1/25	
M1412		\$0.00	1/1/25	
M1413		\$0.00	1/1/25	
M1414		\$0.00	1/1/25	
M1415		\$0.00	1/1/25	
M1416		\$0.00	1/1/25	
M1417		\$0.00	1/1/25	
M1418		\$0.00	1/1/25	
M1419		\$0.00	1/1/25	
M1420		\$0.00	1/1/25	
M1421		\$0.00	1/1/25	
M1422		\$0.00	1/1/25	
M1423		\$0.00	1/1/25	
M1424		\$0.00	1/1/25	
M1425		\$0.00	1/1/25	
P9027	9541	\$252.48	10/1/24	
P9615		\$0.00	8/15/14	
Q0516		\$26.00	1/2/24	12/31/24
Q0517		\$26.00	1/2/24	12/31/24
Q0518		\$26.00	1/2/24	12/31/24
Q0519		\$26.00	9/15/24	12/31/24
Q0520		\$26.00	9/15/24	12/31/24
Q0521		\$26.00	1/1/25	
Q3014		\$0.00	2/12/21	
Q3014		\$160.22		2/11/21
Q4155		\$0.00	10/1/18	
Q9001		\$0.00	10/1/20	
Q9002		\$0.00	10/1/20	
Q9003		\$0.00	10/1/20	
Q9004		\$0.00	10/1/21	
R0075		\$25.26		
S0285		\$34.03	7/1/16	
S0610		\$62.43		
S0612		\$46.55		
S0620		\$62.07		
S0621		\$52.68		
S9090		\$165.99		
T1032		\$75.00	10/1/22	
T1033		\$75.00	10/1/22	
T2047		\$0.00	10/1/20	