BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

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		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

2011 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	
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	$5.57		
0106U		$24.11	10/1/19	
0107T	0341	$5.57		
0107U		$14.80	10/1/19	
0108T	0341	$5.57		
0108U		$129.18	10/1/19	
0109T	0341	$5.57		
0109U		$14.80	10/1/19	
0110T	0341	$5.57		
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
0146U		$22.00	1/1/20	6/30/23

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	$18.42		
0208U		$150.00	10/1/20	12/31/21
0209T	0035	$18.42		
0209U		$900.00	10/1/20	
0210T	0035	$18.42		
0210U		$18.09	10/1/20	
0211T	0035	$18.42		
0211U		$137.00	10/1/20	
0212T	0364	$32.70		
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	
0219U		$301.35	10/1/20	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	
0291U		$25.65	1/1/22	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	
0369U		$35.09	4/1/23	

BlueCross BlueShield of Texas

2011 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
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	
0447U		$9.30	4/1/24	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	
0513U		$25.65	10/1/24	

BlueCross BlueShield of Texas

2011 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
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	
0845T		$143.50	1/1/24	

BlueCross BlueShield of Texas

2011 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
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	$43.58		
51727	0156	$208.93		
51728	0156	$208.21		
51729	0156	$215.43		
59020	0188	$33.92		
59025	0188	$18.40		
80047		$11.91		
80048		$11.91		
80050		$35.36		
80051		$9.87		
80053		$14.87		
80055		$38.97		
80061		$18.85		
80069		$12.22		
80074		$67.01		
80076		$11.49		
80081		$101.97	1/1/16	
80143		$18.64	1/1/21	
80145		$38.57	1/1/20	
80150		$21.21		
80151		$18.64	1/1/21	
80155		$19.30	1/1/14	
80156		$20.49		
80157		$18.66		
80158		$25.40		
80159		$25.23	1/1/14	
80161		$18.64	1/1/21	
80162		$18.69		
80163		$18.07	1/1/15	
80164		$19.06		
80165		$18.44	1/1/15	
80167		$18.64	1/1/21	
80168		$19.12		
80169		$18.73	1/1/14	
80170		$23.07		
80171		$18.09	1/1/14	
80173		$20.49		
80175		$18.09	1/1/14	
80176		$20.67		
80177		$18.09	1/1/14	
80178		$9.30		
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		$16.12		
80185		$18.66		
80186		$19.37		
80187		$27.11	1/1/20	
80188		$23.35		

BlueCross BlueShield of Texas

2011 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
80189		$27.11	1/1/21	
80190		$23.57		
80192		$23.57		
80193		$38.57	1/1/21	
80194		$20.54		
80195		$19.32		
80197		$19.32		
80198		$19.91		
80199		$24.63	1/1/14	
80200		$22.68		
80201		$16.78		
80202		$19.06		
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		$19.27		
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	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
80375		$1.32	7/1/15	
80376		$2.64	7/1/15	
80377		$3.95	7/1/15	
80400		$45.90		
80402		$122.36		
80406		$109.30		
80408		$176.60		
80410		$113.07		
80412		$463.80		
80414		$72.66		
80415		$78.64		
80416		$185.70		
80417		$61.90		
80418		$815.56		
80420		$101.38		
80422		$64.83		
80424		$71.06		
80426		$208.84		
80428		$93.88		
80430		$110.44		
80432		$190.09		
80434		$142.35		
80435		$144.95		
80436		$104.26		
80438		$70.92		
80439		$94.56		
80500	0433	$17.07		12/31/21
80502	0342	$11.04		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		$4.45		
81001		$4.45		
81002		$3.60		
81003		$3.16		
81005		$3.05		
81007		$3.61		
81015		$4.28		
81020		$5.19		
81025		$8.90		
81050		$4.22		
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	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81190		$185.20	1/1/19	
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	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81357		$759.53	1/1/21	
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	

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81552		$22.00	1/1/20	
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		$6.13		
82010		$10.31		
82013		$9.94		
82016		$18.72		
82017		$14.03		
82024		$54.35		
82030		$28.55		
82040		$6.96		
82042		$7.28		
82043		$7.84		
82044		$6.44		
82045		$47.77		
82075		$16.96		
82077		$17.27	1/1/21	
82085		$13.66		
82088		$57.35		
82103		$18.91		
82104		$20.35		
82105		$23.61		
82106		$23.61		
82107		$90.64		
82108		$35.85		
82120		$5.29		
82127		$18.72		
82128		$18.72		
82131		$23.74		
82135		$23.16		
82136		$14.03		
82139		$14.03		
82140		$20.51		
82143		$9.67		
82150		$9.12		
82154		$40.57		
82157		$41.20		
82160		$35.19		
82163		$12.31		
82164		$20.54		
82166		$38.62	1/1/24	
82172		$21.81		
82175		$26.70		
82180		$13.91		
82190		$20.98		
82232		$22.76		
82233		$24.09	1/1/25	
82234		$24.09	1/1/25	
82239		$24.11		
82240		$37.40		
82247		$7.06		
82248		$7.06		
82252		$6.40		
82261		$14.03		
82270		$4.58		
82271		$4.58		
82272		$4.58		
82274		$22.38		
82286		$9.69		
82300		$32.57		
82306		$38.24		
82308		$37.69		
82310		$7.26		
82330		$19.23		
82331		$7.28		
82340		$8.49		
82355		$16.29		
82360		$18.12		
82365		$18.14		
82370		$17.63		
82373		$25.41		
82374		$6.88		
82375		$17.35		
82376		$8.44		
82378		$26.70		
82379		$14.03		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
82380		$12.98		
82382		$24.20		
82383		$35.26		
82384		$35.53		
82387		$18.72		
82390		$15.12		
82397		$19.88		
82415		$17.83		
82435		$6.47		
82436		$7.07		
82438		$6.88		
82441		$8.45		
82465		$6.13		
82480		$11.09		
82482		$10.81		
82485		$29.06		
82495		$28.54		
82507		$39.13		
82523		$26.31		
82525		$17.46		
82528		$31.68		
82530		$23.52		
82533		$22.95		
82540		$6.52		
82542		$25.41		
82550		$9.17		
82552		$18.86		
82553		$8.66		
82554		$8.66		
82565		$7.22		
82570		$7.28		
82575		$13.30		
82585		$12.07		
82595		$9.11		
82600		$27.30		
82607		$21.21		
82608		$20.15		
82610		$19.13		
82615		$11.48		
82626		$35.56		
82627		$31.29		
82633		$29.18		
82634		$29.18		
82638		$17.23		
82642		$32.53	1/1/19	
82652		$54.18		
82653		$22.97	1/1/22	
82656		$16.24		
82657		$25.41		
82658		$25.41		
82664		$36.79		
82668		$26.46		
82670		$39.32		
82671		$45.45		
82672		$12.31		
82677		$34.03		
82679		$35.12		
82681		$27.94	1/1/21	
82693		$20.96		
82696		$33.19		
82705		$7.16		
82710		$23.64		
82715		$23.96		
82725		$18.74		
82726		$25.41		
82728		$19.17		
82731		$90.64		
82735		$26.09		
82746		$20.69		
82747		$24.33		
82757		$24.41		
82759		$12.70		
82760		$15.75		
82775		$29.64		
82776		$11.51		
82777		$17.80	1/1/13	
82784		$13.09		
82785		$23.18		
82787		$5.89		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
82800		$11.91		
82803		$27.22		
82805		$39.94		
82810		$12.28		
82820		$14.07		
82930		$7.67		
82938		$24.90		
82941		$24.82		
82943		$12.31		
82945		$5.52		
82946		$19.12		
82947		$5.52		
82948		$4.45		
82950		$6.68		
82951		$18.12		
82952		$5.51		
82955		$12.31		
82960		$8.52		
82962		$3.29		
82963		$30.23		
82965		$10.88		
82977		$10.13		
82978		$20.06		
82979		$9.56		
82985		$21.21		
83001		$26.15		
83002		$26.06		
83003		$23.47		
83006		$29.93	1/1/15	
83009		$94.79		
83010		$17.70		
83012		$24.20		
83013		$94.79		
83014		$11.06		
83015		$26.50		
83018		$30.91		
83020		$18.12		
83021		$25.41		
83026		$3.32		
83030		$11.64		
83033		$8.39		
83036		$13.66		
83037		$13.66		
83045		$4.05		
83050		$4.14		
83051		$10.29		
83060		$8.12		
83065		$9.69		
83068		$9.56		
83069		$5.56		
83070		$6.68		
83080		$14.03		
83088		$41.56		
83090		$23.74		
83150		$14.67		
83491		$24.65		
83497		$6.54		
83498		$38.23		
83500		$31.87		
83505		$34.21		
83516		$16.24		
83518		$11.93		
83519		$19.01		
83520		$18.22		
83521		$17.27	1/1/22	
83525		$16.09		
83527		$18.23		
83528		$22.38		
83529		$17.27	1/1/22	
83540		$9.12		
83550		$12.30		
83570		$12.45		
83582		$19.94		
83586		$18.02		
83593		$30.86		
83605		$15.03		
83615		$8.50		
83625		$18.01		
83630		$27.62		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
83631		$27.62		
83632		$28.45		
83633		$6.54		
83655		$17.03		
83661		$30.94		
83662		$26.63		
83663		$26.63		
83664		$26.63		
83670		$12.90		
83690		$9.69		
83695		$18.22		
83698		$47.77		
83700		$15.84		
83701		$34.93		
83704		$44.40		
83718		$11.52		
83719		$16.38		
83721		$13.42		
83722		$35.06	1/1/19	
83727		$24.20		
83735		$9.43		
83775		$10.37		
83785		$34.61		
83789		$25.41		
83825		$18.25		
83835		$23.84		
83857		$15.12		
83861		$14.32		
83864		$28.02		
83872		$8.25		
83873		$24.21		
83874		$18.17		
83876		$47.77		
83880		$47.77		
83883		$19.13		
83884		$17.27	1/1/25	
83885		$34.48		
83915		$15.70		
83916		$28.30		
83918		$23.16		
83919		$23.16		
83921		$23.16		
83930		$6.93		
83935		$6.93		
83937		$40.07		
83945		$18.12		
83950		$90.64		
83951		$90.64		
83970		$58.08		
83986		$5.04		
83987		$22.35		
83992		$20.68		
83993		$27.62		
84030		$7.74		
84035		$2.86		
84060		$10.39		
84066		$13.59		
84075		$7.28		
84078		$10.27		
84080		$12.31		
84081		$23.25		
84085		$9.49		
84087		$14.53		
84100		$6.67		
84105		$7.28		
84106		$6.02		
84110		$11.88		
84112		$90.64		
84119		$12.12		
84120		$20.70		
84126		$35.85		
84132		$6.47		
84133		$6.05		
84134		$11.88		
84135		$26.92		
84138		$24.56		
84140		$29.10		
84143		$31.70		
84144		$29.36		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
84145		$37.69		
84146		$27.27		
84150		$35.12		
84152		$25.89		
84153		$25.89		
84154		$25.89		
84155		$5.16		
84156		$5.16		
84157		$5.16		
84160		$7.28		
84163		$12.29		
84165		$15.12		
84166		$25.09		
84181		$23.97		
84182		$25.33		
84202		$12.43		
84203		$12.11		
84206		$25.07		
84207		$39.54		
84210		$15.27		
84220		$13.28		
84228		$16.38		
84233		$90.64		
84234		$91.29		
84235		$73.65		
84238		$51.46		
84244		$30.95		
84252		$28.48		
84255		$35.93		
84260		$24.48		
84270		$30.58		
84275		$13.88		
84285		$33.14		
84295		$6.77		
84300		$6.85		
84302		$6.85		
84305		$29.92		
84307		$25.73		
84311		$9.83		
84315		$3.53		
84375		$27.59		
84376		$6.54		
84377		$6.54		
84378		$4.05		
84379		$4.05		
84392		$6.68		
84393		$17.27	1/1/25	
84394		$17.27	1/1/25	
84402		$35.84		
84403		$36.33		
84410		$72.55	1/1/17	
84425		$9.56		
84430		$12.31		
84431		$23.64		
84432		$22.61		
84433		$22.17	1/1/23	
84436		$9.67		
84437		$9.11		
84439		$12.69		
84442		$20.82		
84443		$23.64		
84445		$71.56		
84446		$19.95		
84449		$25.33		
84450		$7.28		
84460		$7.44		
84466		$12.95		
84478		$8.10		
84479		$9.11		
84480		$19.95		
84481		$23.84		
84482		$10.83		
84484		$13.85		
84485		$10.57		
84488		$10.27		
84490		$10.71		
84510		$14.64		
84512		$10.39		
84520		$5.56		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
84525		$5.29		
84540		$6.68		
84545		$9.29		
84550		$6.36		
84560		$6.68		
84577		$8.12		
84578		$4.57		
84580		$8.12		
84583		$7.07		
84585		$21.82		
84586		$19.63		
84588		$47.77		
84590		$16.32		
84591		$16.32		
84597		$9.56		
84600		$22.62		
84620		$16.67		
84630		$16.02		
84681		$29.28		
84702		$12.29		
84703		$10.57		
84704		$12.29		
84830		$14.12		
85002		$6.33		
85004		$9.11		
85007		$4.84		
85008		$4.84		
85009		$5.23		
85013		$3.33		
85014		$3.33		
85018		$3.33		
85025		$10.94		
85027		$9.11		
85032		$6.05		
85041		$4.24		
85044		$6.05		
85045		$5.63		
85046		$7.85		
85048		$3.57		
85049		$6.29		
85055		$37.67		
85060		$24.54		
85097	0343	$36.48		
85130		$16.74		
85170		$5.09		
85175		$6.40		
85210		$18.27		
85220		$24.83		
85230		$25.20		
85240		$9.03		
85244		$28.73		
85245		$11.51		
85246		$11.51		
85247		$11.51		
85250		$26.80		
85260		$25.20		
85270		$25.20		
85280		$27.22		
85290		$23.00		
85291		$12.51		
85292		$26.65		
85293		$26.65		
85300		$16.68		
85301		$15.21		
85302		$16.92		
85303		$19.46		
85305		$16.32		
85306		$19.42		
85307		$19.42		
85335		$18.12		
85337		$14.67		
85345		$6.05		
85347		$5.99		
85348		$5.24		
85360		$11.83		
85362		$9.69		
85366		$11.51		
85370		$13.10		
85378		$10.03		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
85379		$13.10		
85380		$13.10		
85384		$11.95		
85385		$11.95		
85390		$7.27		
85396		$20.21		
85397		$11.51		
85400		$12.45		
85410		$10.86		
85415		$24.20		
85420		$9.20		
85421		$11.51		
85441		$5.92		
85445		$9.59		
85460		$10.89		
85461		$9.34		
85475		$12.48		
85520		$18.43		
85525		$16.67		
85530		$19.12		
85536		$9.11		
85540		$12.11		
85547		$12.11		
85549		$26.40		
85555		$9.41		
85557		$12.31		
85576		$30.23		
85597		$20.43		
85598		$20.43		
85610		$5.53		
85611		$5.54		
85612		$9.84		
85613		$9.84		
85635		$13.86		
85651		$5.00		
85652		$3.80		
85660		$7.76		
85670		$8.13		
85675		$9.03		
85705		$11.96		
85730		$8.45		
85732		$9.11		
85810		$16.43		
86000		$9.82		
86001		$6.73		
86003		$6.73		
86005		$11.22		
86008		$22.14	1/1/18	
86015		$11.53	1/1/22	
86021		$21.19		
86022		$13.77		
86023		$8.12		
86036		$12.05	1/1/22	
86037		$12.05	1/1/22	
86038		$17.01		
86039		$15.71		
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		$10.27		
86063		$8.13		
86077	0433	$17.07		
86078	0343	$36.48		
86079	0433	$17.07		
86140		$7.28		
86141		$18.22		
86146		$11.05		
86147		$11.05		
86148		$11.05		
86152	0342	$12.71	1/1/13	
86153	0342	$12.71	1/1/13	
86155		$22.49		
86156		$9.43		
86157		$11.35		
86160		$16.89		
86161		$16.89		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86162		$26.44		
86171		$9.03		
86200		$18.22		
86215		$18.65		
86225		$19.33		
86226		$17.04		
86231		$12.09	1/1/22	
86235		$25.23		
86255		$16.96		
86256		$16.96		
86258		$11.53	1/1/22	
86277		$22.15		
86280		$11.52		
86294		$27.61		
86300		$29.29		
86301		$29.29		
86304		$29.29		
86305		$29.29		
86308		$7.28		
86309		$9.11		
86310		$10.37		
86316		$29.29		
86317		$21.10		
86318		$18.22		5/18/20
86318		$45.23	5/19/20	
86320		$31.54		
86325		$31.46		
86327		$31.93		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		$12.96		
86331		$16.86		
86332		$34.30		
86334		$31.44		
86335		$41.30		
86336		$21.93		
86337		$24.35		
86340		$21.21		
86341		$24.35		
86343		$17.54		
86344		$11.24		
86352		$191.19		
86353		$68.99		
86355		$53.08		
86356		$37.67		
86357		$53.08		
86359		$53.08		
86360		$66.12		
86361		$37.67		
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		$53.08		
86376		$20.48		
86381		$25.45	1/1/22	
86382		$23.80		
86384		$16.02		
86386		$22.61	1/1/12	
86403		$14.34		
86406		$12.63		
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		$7.98		
86431		$7.98		
86480		$87.22		
86481		$87.22		
86485	0341	$5.57		
86486	0341	$5.57		
86490	0341	$5.57		12/31/24
86510	0341	$5.57		
86580	0341	$5.57		
86581		$14.99	1/1/25	
86590		$15.53		
86592		$6.01		
86593		$6.19		

BlueCross BlueShield of Texas

2011 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
86596		$18.40	1/1/22	
86602		$11.51		
86603		$11.51		
86606		$11.51		
86609		$11.51		
86611		$11.51		
86612		$11.51		
86615		$18.56		
86617		$21.80		
86618		$23.97		
86619		$18.83		
86622		$11.51		
86625		$11.51		
86628		$11.51		
86631		$11.51		
86632		$11.51		
86635		$11.51		
86638		$11.51		
86641		$11.51		
86644		$20.25		
86645		$11.51		
86648		$11.51		
86651		$11.51		
86652		$11.51		
86653		$11.51		
86654		$11.51		
86658		$11.51		
86663		$18.46		
86664		$21.53		
86665		$25.53		
86666		$11.51		
86668		$14.64		
86671		$11.51		
86674		$20.72		
86677		$11.51		
86682		$11.51		
86684		$22.30		
86687		$11.81		
86688		$14.04		
86689		$27.23		
86692		$24.15		
86694		$20.25		
86695		$18.56		
86696		$27.23		
86698		$11.51		
86701		$12.50		
86702		$14.86		
86703		$19.30		
86704		$16.96		
86705		$16.56		
86706		$15.12		
86707		$16.28		
86708		$17.43		
86709		$15.84		
86710		$19.08		
86711		$19.79	1/1/13	
86713		$21.53		
86717		$11.51		
86720		$11.51		
86723		$11.51		
86727		$11.51		
86732		$18.56		
86735		$18.37		
86738		$18.64		
86741		$11.51		
86744		$11.51		
86747		$21.16		
86750		$18.56		
86753		$11.51		
86756		$11.51		
86757		$27.23		
86759		$18.56		
86762		$20.25		
86765		$18.13		
86768		$11.51		
86769		$12.88	4/10/20	5/18/20
86769		$42.13	5/19/20	
86771		$18.56		
86774		$20.82		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86777		$20.25		
86778		$17.97		
86780		$12.31		
86784		$11.51		
86787		$11.51		
86788		$11.51		
86789		$20.25		
86790		$11.51		
86793		$11.51		
86794		$20.80	1/1/18	
86800		$22.38		
86803		$20.08		
86804		$21.80		
86805		$73.58		
86806		$66.97		
86807		$55.69		
86808		$41.77		
86812		$36.32		
86813		$73.05		
86816		$39.21		
86817		$73.05		
86821		$73.05		
86825		$113.03		
86826		$37.67		
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	$14.93		
86860	0346	$25.08		
86870	0346	$25.08		
86880	0409	$7.78		
86885	0409	$7.78		
86886	0409	$7.78		
86890	0347	$48.62		
86891	0345	$14.93		
86900	0409	$7.78		
86901	0409	$7.78		
86902	0345	$14.93		
86904	0345	$14.93		
86905	0345	$14.93		
86906	0345	$14.93		
86910		$52.32		
86911		$11.91		
86920	0345	$14.93		
86921	0345	$14.93		
86922	0346	$25.08		
86923	0345	$14.93		
86927	0345	$14.93		
86930	0347	$48.62		
86931	0347	$48.62		
86932	0347	$48.62		
86940		$11.54		
86941		$17.04		
86945	0345	$14.93		
86950	0345	$14.93		
86960	0345	$14.93		
86965	0346	$25.08		
86970	0345	$14.93		
86971	0345	$14.93		
86972	0345	$14.93		
86975	0346	$25.08		
86976	0345	$14.93		
86977	0347	$48.62		
86978	0346	$25.08		
86985	0345	$14.93		
86999	0345	$14.93		
87003		$20.43		
87015		$9.40		
87040		$14.53		
87045		$13.28		
87046		$13.28		
87070		$12.12		
87071		$13.28		
87073		$13.28		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87075		$13.31		
87076		$11.37		
87077		$11.37		
87081		$9.33		
87084		$12.12		
87086		$11.36		
87088		$11.40		
87101		$10.86		
87102		$11.83		
87103		$12.69		
87106		$14.53		
87107		$14.53		
87109		$14.67		
87110		$27.57		
87116		$15.21		
87118		$15.40		
87140		$7.84		
87143		$17.63		
87147		$7.28		
87149		$28.22		
87150		$49.39		
87152		$7.36		
87153		$162.33		
87154		$218.06	1/1/22	
87158		$7.36		
87164		$15.12		
87166		$15.90		
87168		$6.01		
87169		$6.01		
87172		$6.01		
87176		$8.28		
87177		$12.31		
87181		$6.68		
87184		$9.71		
87185		$6.68		
87186		$12.17		
87187		$14.59		
87188		$9.34		
87190		$7.96		
87197		$21.14		
87205		$6.01		
87206		$7.56		
87207		$8.44		
87209		$25.29		
87210		$6.01		
87220		$6.01		
87230		$27.79		
87250		$27.52		
87252		$36.68		
87253		$23.90		
87254		$27.52		
87255		$47.66		
87260		$16.88		
87265		$16.88		
87267		$16.88		
87269		$16.88		
87270		$16.88		
87271		$16.88		
87272		$16.88		
87273		$16.88		
87274		$16.88		
87275		$16.88		
87276		$16.88		
87278		$16.88		
87279		$16.88		
87280		$16.88		
87281		$16.88		
87283		$16.88		
87285		$16.88		
87290		$16.88		
87299		$16.88		
87300		$16.88		
87301		$16.88		
87305		$16.88		
87320		$16.88		
87324		$16.88		
87327		$16.88		
87328		$16.88		
87329		$16.88		

BlueCross BlueShield of Texas

2011 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
87332		$16.88		
87335		$16.88		
87336		$16.88		
87337		$16.88		
87338		$20.24		
87339		$16.88		
87340		$14.53		
87341		$14.53		
87350		$16.22		
87380		$23.10		
87385		$16.88		
87389		$34.12	1/1/12	
87390		$24.83		
87391		$24.83		
87400		$16.88		
87420		$16.88		
87425		$16.88		
87426		$45.23	4/1/21	
87426		$51.31	6/25/20	3/31/21
87427		$16.88		
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		$16.88		
87449		$16.88		
87450		$13.49		10/5/20
87451		$13.49		
87467		$15.05	1/1/23	
87468		$35.09	1/1/23	
87469		$35.09	1/1/23	
87471		$49.39		
87472		$39.93		
87475		$28.22		
87476		$49.39		
87478		$35.09	1/1/23	
87480		$28.22		
87481		$49.39		
87482		$39.93		
87483		$571.72	1/1/17	
87484		$35.09	1/1/23	
87485		$28.22		
87486		$49.39		
87487		$39.93		
87490		$28.22		
87491		$49.39		
87492		$39.93		
87493		$49.39		
87495		$28.22		
87496		$49.39		
87497		$39.93		
87498		$49.39		
87500		$49.39		
87501		$72.22		
87502		$119.75		
87503		$28.64		
87505		$174.58	1/1/15	
87506		$290.45	1/1/15	
87507		$567.18	1/1/15	
87510		$28.22		
87511		$49.39		
87512		$39.93		
87513		$35.09	1/1/25	
87516		$49.39		
87517		$39.93		
87520		$28.22		
87521		$49.39		
87522		$39.93		
87523		$42.84	1/1/24	
87525		$28.22		
87526		$49.39		
87527		$39.93		
87528		$28.22		
87529		$49.39		
87530		$39.93		
87531		$28.22		
87532		$49.39		
87533		$39.93		
87534		$28.22		
87535		$49.39		

BlueCross BlueShield of Texas

2011 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
87536		$119.75		
87537		$28.22		
87538		$49.39		
87539		$39.93		
87540		$28.22		
87541		$49.39		
87542		$39.93		
87550		$28.22		
87551		$49.39		
87552		$39.93		
87555		$28.22		
87556		$49.39		
87557		$39.93		
87560		$28.22		
87561		$49.39		
87562		$39.93		
87563		$35.09	1/1/20	
87564		$76.77	1/1/25	
87580		$28.22		
87581		$49.39		
87582		$39.93		
87590		$28.22		
87591		$49.39		
87592		$39.93		
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		$49.39		
87641		$49.39		
87650		$28.22		
87651		$49.39		
87652		$39.93		
87653		$49.39		
87660		$28.22		
87661		$47.87	1/1/14	
87662		$63.35	1/1/18	
87797		$28.22		
87798		$49.39		
87799		$60.28		
87800		$56.44		
87801		$98.78		
87802		$16.88		
87803		$16.88		
87804		$16.88		
87806		$32.77	1/1/15	
87807		$16.88		
87808		$16.88		
87809		$16.88		
87810		$16.88		
87811		$14.80	10/6/20	12/14/20
87811		$41.38	12/15/20	
87850		$16.88		
87880		$16.88		
87899		$16.88		
87900		$183.42		
87901		$257.90		
87902		$257.90		
87903		$687.63		
87904		$36.68		
87905		$17.20		
87906		$128.95		
87910		$113.09	1/1/13	
87912		$113.09	1/1/13	
87913		$257.45	2/21/22	
88000		$432.65		
88005		$486.78		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
88007		$540.91		
88012		$453.94		
88014		$453.94		
88016		$432.65		
88020		$540.91		
88025		$594.67		
88027		$649.16		
88028		$562.20		
88029		$562.20		
88036		$465.49		
88037		$378.17		
88040		$1,406.22		
88104	0433	$17.07		
88106	0433	$17.07		
88108	0433	$17.07		
88112	0343	$36.48		
88120	0344	$56.42		
88121	0344	$56.42		
88125	0433	$17.07		
88130		$21.18		
88140		$11.25		
88141		$30.67		
88142		$28.51		
88143		$28.51		
88147		$16.02		
88148		$21.39		
88150		$14.87		
88152		$14.87		
88153		$14.87		
88155		$8.44		
88160	0433	$17.07		
88161	0433	$17.07		
88162	0343	$36.48		
88164		$14.87		
88165		$14.87		
88166		$14.87		
88167		$14.87		
88172	0433	$17.07		
88173	0343	$36.48		
88174		$30.06		
88175		$37.28		
88177	0342	$11.04		
88182	0343	$36.48		
88184	0433	$17.07		
88185	0433	$17.07		
88187	0342	$11.04		
88188	0343	$36.48		
88189	0343	$36.48		
88199	0342	$11.04		
88230		$163.94		
88233		$198.04		
88235		$207.22		
88237		$177.74		
88239		$207.60		
88240		$11.95		
88241		$11.95		
88245		$209.49		
88248		$243.70		
88249		$243.70		
88261		$248.71		
88262		$175.40		
88263		$211.48		
88264		$175.40		
88267		$216.04		
88269		$234.05		
88271		$30.14		
88272		$37.67		
88273		$45.21		
88274		$48.99		
88275		$56.51		
88280		$35.32		
88283		$96.53		
88285		$26.74		
88289		$48.46		
88291		$31.03		
88299	0342	$11.04		
88300	0433	$17.07		
88302	0433	$17.07		
88304	0343	$36.48		

BlueCross BlueShield of Texas

2011 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
88305	0343	$36.48		
88307	0344	$56.42		
88309	0344	$56.42		
88311	0342	$11.04		
88312	0433	$17.07		
88313	0433	$17.07		
88314	0433	$17.07		
88319	0343	$36.48		
88321	0433	$17.07		
88323	0343	$36.48		
88325	0344	$56.42		
88329	0433	$17.07		
88331	0343	$36.48		
88332	0433	$17.07		
88333	0433	$17.07		
88334	0433	$17.07		
88341		$45.49	1/1/15	
88342	0343	$36.48		
88344		$77.02	1/1/15	
88346	0343	$36.48		
88348	0661	$150.78		
88350		$43.62	1/1/16	
88355	0343	$36.48		
88356	0344	$56.42		
88358	0343	$36.48		
88360	0343	$36.48		
88361	0344	$56.42		
88362	0344	$56.42		
88363	0342	$11.04		
88364		$70.21	1/1/15	
88365	0344	$56.42		
88366		$86.33	1/1/15	
88367	0343	$36.48		
88368	0344	$56.42		
88369		$48.72	1/1/15	
88371		$31.27		
88372		$32.01		
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		$108.98		
88381		$138.93		
88387		$9.38		
88388		$4.69		12/31/24
88399	0342	$11.04		
88720		$7.06		
88738		$7.06		
88740		$7.06		
88741		$7.06		
89049	0342	$11.04		
89050		$6.65		
89051		$7.75		
89055		$6.01		
89060		$10.06		
89125		$6.08		
89160		$5.19		
89190		$6.68		
89220	0433	$17.07		
89230	0343	$36.48		
89240	0342	$11.04		
89250	0344	$56.42		
89251	0344	$56.42		
89253	0344	$56.42		
89254	0344	$56.42		
89255	0344	$56.42		
89257	0343	$36.48		
89258	0344	$56.42		
89259	0343	$36.48		
89260	0343	$36.48		
89261	0343	$36.48		
89264	0344	$56.42		
89268	0344	$56.42		
89272	0344	$56.42		
89280	0344	$56.42		
89281	0344	$56.42		
89290	0344	$56.42		
89291	0344	$56.42		
89300		$8.12		

BlueCross BlueShield of Texas

2011 Hospital Lab/Pathology Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
89310		$4.86		
89320		$12.31		
89321		$12.31		
89322		$21.82		
89325		$15.02		
89329		$29.50		
89330		$13.93		
89331		$26.98		
89335	0344	$56.42		
89337	0433	$183.62	1/1/15	
89342	0344	$56.42		
89343	0344	$56.42		
89344	0344	$56.42		
89346	0344	$56.42		
89352	0344	$56.42		
89353	0344	$56.42		
89354	0344	$56.42		
89356	0344	$56.42		
89398	0342	$11.04		
92066	5733	$57.48	1/1/23	
92242	5722	$172.70	1/1/17	
92273	5722	$97.62	1/1/19	
92274	5721	$58.14	1/1/19	
92517	5721	$45.05	1/1/21	
92518	5721	$45.05	1/1/21	
92519	5722	$67.39	1/1/21	
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	
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	
94617	5734	$105.03	1/1/18	
94618	5734	$105.03	1/1/18	
94619	5733	$55.66	1/1/21	
95249	5733	$55.99	1/1/18	
95919	5734	$116.11	1/1/23	
96020		$187.28		
99000		$12.27		
99001		$6.13		
C9803		$23.46	3/1/20	12/31/23
G0027		$8.12		
G0103		$25.89		
G0106	0157	$174.29		12/31/24
G0120	0157	$90.93		12/31/24
G0123		$28.51		
G0124		$30.67		
G0141		$30.67		
G0143		$28.51		
G0144		$30.06		
G0145		$37.28		
G0147		$16.02		
G0148		$21.39		
G0306		$10.94		
G0307		$9.11		
G0327		$0.00	7/1/21	
G0328		$22.38		
G0403		$20.21		
G0416	0661	$150.78		
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		$37.53		
P2038		$7.07		

BlueCross BlueShield of Texas

2011 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
P3000		$14.87		
P3001		$30.67		
P7001		$15.88		
P9023	0949	$60.94		
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	$19.85		
Q0111		$6.01		
Q0112		$6.01		
Q0113		$7.61		
Q0114		$10.06		
Q0115		$13.93		
S3652		$88.77		
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