BlueCross BlueShield of Texas

2012 Hospital Radiation Therapy Base Compensation Schedule

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0071T	0067	$3,373.60		
0072T	0067	$3,373.60		
0398T		$3,109.78	1/1/16	12/31/24
0738T		$73.16	1/1/23	
61715	5463	$12,470.31	1/1/25	
77261		$71.01		
77262		$106.69		
77263		$157.99		
77280	0304	$107.33		
77285	0305	$263.83		
77290	0305	$263.83		
77293		$410.10	1/1/14	
77295	0310	$954.54		
77299	0304	$107.33		
77300	0304	$107.33		
77301	0310	$954.54		
77306	0304	$73.44	1/1/15	
77307	0304	$134.34	1/1/15	
77316	0304	$113.92	1/1/15	
77317	0305	$148.66	1/1/15	
77318	0305	$201.68	1/1/15	
77321	0305	$263.83		
77331	0304	$107.33		
77332	0303	$200.06		
77333	0303	$200.06		
77334	0303	$200.06		
77336	0304	$107.33		
77338	0305	$263.83		
77370	0304	$107.33		
77371	0127	$7,459.88		
77372		$836.16		
77373		$1,593.15		
77385	0412	$507.55	1/1/15	
77386	0412	$507.55	1/1/15	
77387		$73.08	1/1/15	
77399	0304	$107.33		
77401	0300	$22.08		
77402	0300	$183.13		
77407	0300	$252.44		
77412	0301	$242.93		
77417		$14.27		
77423	0301	$261.28		
77427		$176.68		
77431		$97.17		
77432		$399.22		
77435		$598.66		
77469		$296.95		
77470	0299	$70.67		
77520	0664	$1,183.98		
77522	0664	$1,183.98		
77523	0667	$1,548.82		
77525	0667	$1,548.82		
77600	0299	$339.42		
77605	0299	$592.55		
77610	0299	$586.09		
77615	0299	$886.10		
77620	0299	$471.59		
77750	0301	$103.63		
77761	0312	$179.06		
77762	0312	$206.58		
77763	0312	$268.41		
77767	5622	$171.62	1/1/16	
77768	5622	$282.10	1/1/16	
77770	5624	$222.04	1/1/16	
77771	5624	$404.39	1/1/16	
77772	5624	$638.22	1/1/16	
77778	0651	$835.11		
77789	0300	$55.38		
77790		$39.75		
77799	0312	$378.39		
C9795	1525	$3,750.50	1/1/24	12/31/24
G0339	0067	$3,373.60		
G0340	0066	$2,520.30		
G0563	1525	$3,750.50	1/1/25	
G6001		$21.85	1/1/15	
G6002		$54.81	1/1/15	
G6003		$162.28	1/1/15	
G6004		$125.38	1/1/15	
G6005		$140.43	1/1/15	

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

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
G6006		$139.71	1/1/15	
G6007		$257.92	1/1/15	
G6008		$173.74	1/1/15	
G6009		$192.37	1/1/15	
G6010		$192.37	1/1/15	
G6011		$275.84	1/1/15	
G6012		$228.19	1/1/15	
G6013		$257.21	1/1/15	
G6014		$256.85	1/1/15	
G6015		$400.50	1/1/15	
G6016		$400.50	1/1/15	