

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
0075T	\$4,514.51		
0076T	\$4,514.51		
0095T	\$4,514.51		
0098T	\$4,514.51		
0163T	\$4,514.51		12/31/22
0164T	\$4,514.51		
0165T	\$4,514.51		
0184T	\$4,514.51		
0202T	\$4,514.51		
0219T	\$4,514.51		
0220T	\$4,514.51		
0235T	\$4,514.51	1/1/11	
0254T	\$4,514.51	1/1/11	12/31/19
0266T	\$4,514.51	7/1/11	
0312T	\$4,514.51	1/1/13	12/31/22
0345T	\$4,514.51	1/1/14	
0375T	\$4,514.51	1/1/15	12/31/19
0398T	\$4,514.51	1/1/16	
0421T	\$4,514.51	1/1/16	
0451T	\$3,109.78	1/1/17	12/31/21
0452T	\$3,109.78	1/1/17	12/31/21
0455T	\$3,109.78	1/1/17	12/31/21
0456T	\$3,109.78	1/1/17	12/31/21
0459T	\$3,109.78	1/1/17	12/31/21
0461T	\$3,109.78	1/1/17	12/31/21
0483T	\$3,109.78	1/1/18	
0484T	\$3,109.78	1/1/18	
0489T	\$3,109.78	1/1/18	
0490T	\$3,109.78	1/1/18	
0494T	\$3,109.78	1/1/18	
0495T	\$3,109.78	1/1/18	
0496T	\$3,109.78	1/1/18	
0499T	\$3,109.78	1/1/18	12/31/23
0537T	\$3,109.78	1/1/19	
0538T	\$3,109.78	1/1/19	
0539T	\$3,109.78	1/1/19	
0543T	\$3,109.78	7/1/19	
0544T	\$3,109.78	7/1/19	
0545T	\$3,109.78	7/1/19	
0553T	\$3,109.78	7/1/19	
0567T	\$3,109.78	1/1/20	
0568T	\$3,109.78	1/1/20	
0569T	\$3,109.78	1/1/20	
0570T	\$3,109.78	1/1/20	
0571T	\$3,109.78	1/1/20	
0572T	\$3,109.78	1/1/20	
0573T	\$3,109.78	1/1/20	
0574T	\$3,109.78	1/1/20	
0580T	\$3,109.78	1/1/20	
0581T	\$3,109.78	1/1/20	
0582T	\$3,109.78	1/1/20	
0583T	\$3,109.78	1/1/20	
0584T	\$3,109.78	1/1/20	
0585T	\$3,109.78	1/1/20	
0586T	\$3,109.78	1/1/20	
0595T	\$3,109.78	7/1/20	12/31/20
0613T	\$3,109.78	7/1/20	
0621T	\$3,109.78	1/1/21	
0622T	\$3,109.78	1/1/21	
0632T	\$3,109.78	1/1/21	
0643T	\$1,081.04	7/1/21	
0645T	\$1,081.04	7/1/21	
0646T	\$1,081.04	7/1/21	
0656T	\$1,081.04	7/1/21	
0657T	\$1,081.04	7/1/21	
0659T	\$1,081.04	7/1/21	
0660T	\$1,081.04	7/1/21	
0661T	\$1,081.04	7/1/21	
0664T	\$1,081.04	7/1/21	
0665T	\$1,081.04	7/1/21	
0666T	\$1,081.04	7/1/21	
0667T	\$1,081.04	7/1/21	
0668T	\$1,081.04	7/1/21	
0669T	\$1,081.04	7/1/21	
0670T	\$1,081.04	7/1/21	

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
0672T	\$1,081.04	1/1/22	
0674T	\$1,081.04	1/1/22	
0675T	\$1,081.04	1/1/22	
0676T	\$1,081.04	1/1/22	
0677T	\$1,081.04	1/1/22	
0678T	\$1,081.04	1/1/22	
0679T	\$1,081.04	1/1/22	
0680T	\$1,081.04	1/1/22	
0681T	\$1,081.04	1/1/22	
0682T	\$1,081.04	1/1/22	
0717T	\$1,081.04	7/1/22	
0718T	\$1,081.04	7/1/22	
0719T	\$1,081.04	7/1/22	
0725T	\$1,081.04	7/1/22	
0726T	\$1,081.04	7/1/22	
0727T	\$1,081.04	7/1/22	
0730T	\$1,081.04	7/1/22	
0737T	\$1,081.04	7/1/22	
0739T	\$1,081.04	1/1/23	
0745T	\$1,081.04	1/1/23	
0746T	\$1,081.04	1/1/23	
0747T	\$1,081.04	1/1/23	
0748T	\$1,081.04	1/1/23	
0780T	\$1,081.04	1/1/23	
0781T	\$1,081.04	1/1/23	
0782T	\$1,081.04	1/1/23	
0790T	\$3,638.19	1/1/24	
0795T	\$1,081.04	7/1/23	
0796T	\$1,081.04	7/1/23	
0798T	\$1,081.04	7/1/23	
0799T	\$1,081.04	7/1/23	
0801T	\$1,081.04	7/1/23	
0802T	\$1,081.04	7/1/23	
0805T	\$1,081.04	7/1/23	
0806T	\$1,081.04	7/1/23	
0810T	\$1,081.04	7/1/23	
0814T	\$3,638.19	1/1/24	
11004	\$572.30		
11005	\$761.02		
11006	\$697.15		
11008	\$267.39		
15756	\$2,256.01		
15757	\$2,238.69		
15758	\$2,228.95		
15778	\$412.29	1/1/23	
16036	\$81.19		
19271	\$1,555.61		12/31/19
19272	\$1,724.48		12/31/19
19305	\$1,047.18		
19306	\$1,099.50		
19361	\$1,583.03		
19364	\$2,649.33		
19367	\$1,714.74		
19368	\$2,121.41		
19369	\$1,953.62		
20661	\$447.45		
20664	\$763.55		
20802	\$2,264.67		
20805	\$2,997.19		
20808	\$3,967.14		
20816	\$2,052.85		
20824	\$2,105.54		
20827	\$1,866.30		
20838	\$2,352.36		
20930	\$5,780.74		
20931	\$108.98		
20936	\$4,221.44		
20937	\$164.55		
20938	\$180.06		
20955	\$2,437.51		
20956	\$2,525.20		
20957	\$2,468.19		
20962	\$2,484.06		
20969	\$2,700.57		
20970	\$2,722.58		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
20974	\$45.47		
21045	\$1,168.06		
21141	\$1,298.32		
21142	\$1,306.26		
21143	\$1,348.48		
21145	\$1,436.89		
21146	\$1,607.93		
21147	\$1,591.69		
21151	\$1,902.38		
21154	\$1,951.82		
21155	\$2,093.63		
21159	\$2,567.78		
21160	\$2,631.65		
21179	\$1,407.30		
21180	\$1,546.23		
21182	\$1,923.31		
21183	\$2,209.46		
21184	\$2,327.82		
21188	\$1,570.40		
21193	\$1,179.97		
21194	\$1,339.82		
21196	\$1,381.68		
21247	\$1,551.64		
21255	\$1,323.58		
21268	\$1,882.89		
21343	\$1,109.96		
21344	\$1,540.45		
21346	\$881.91		
21347	\$1,012.89		
21348	\$1,069.19		
21366	\$1,182.49		
21395	\$900.31		
21422	\$623.54		
21423	\$757.42		
21431	\$709.06		
21432	\$636.89		
21433	\$1,623.45		
21435	\$1,255.02		
21436	\$1,925.84		
21510	\$438.79		
21602	\$1,644.78	1/1/20	
21603	\$1,820.27	1/1/20	
21615	\$648.08		
21616	\$804.33		
21620	\$499.05		
21627	\$524.67		
21630	\$1,213.16		
21632	\$1,218.22		
21705	\$606.58		
21740	\$1,027.33		
21750	\$692.46		
21825	\$542.35		
22010	\$873.97		
22015	\$864.95		
22110	\$994.13		
22112	\$986.91		
22114	\$935.67		
22116	\$136.76		
22206	\$2,244.46		
22207	\$2,269.00		
22208	\$568.33		
22210	\$1,665.67		
22212	\$1,381.68		
22214	\$1,392.50		
22216	\$356.52		
22220	\$1,511.58		
22224	\$1,487.05		
22226	\$356.88		
22318	\$1,528.54		
22319	\$1,694.17		
22325	\$1,338.02		
22326	\$1,390.70		
22327	\$1,377.71		
22328	\$275.33		
22526	\$313.58		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
22527	\$141.45		
22532	\$1,682.62		
22533	\$1,592.05		
22534	\$355.07		
22548	\$1,810.73		
22551	\$1,949.93	1/1/11	
22552	\$454.35	1/1/11	
22554	\$1,203.42		
22556	\$1,581.95		
22558	\$1,465.76		
22585	\$329.09		
22586	\$4,514.51	1/1/13	
22590	\$1,475.86		
22595	\$1,402.97		
22600	\$1,197.65		
22610	\$1,175.28		
22630	\$1,457.46		
22632	\$312.13		
22633	\$1,860.55	1/1/12	
22634	\$501.83	1/1/12	
22800	\$1,282.09		
22802	\$2,015.69		
22804	\$2,325.29		
22808	\$1,746.49		
22810	\$1,952.54		
22812	\$2,103.37		
22818	\$2,083.16		
22819	\$2,564.17		
22830	\$761.39		
22836	\$1,740.45	1/1/24	
22837	\$1,917.00	1/1/24	
22838	\$1,942.41	1/1/24	
22840	\$746.95		
22841	\$3,954.90		
22842	\$748.03		
22843	\$794.22		
22844	\$964.18		
22845	\$718.08		
22846	\$745.15		
22847	\$847.99		
22848	\$352.91		
22849	\$1,238.78		
22850	\$675.50		
22852	\$645.55		
22855	\$1,054.75		
22856	\$1,570.76		
22857	\$1,632.11		
22858	\$672.39	1/1/15	
22860	\$1,081.04	1/1/23	
22861	\$1,769.95		
22862	\$1,864.85		
22864	\$1,570.04		
22865	\$1,988.98		
23200	\$1,245.64		
23210	\$1,444.83		
23220	\$1,607.21		
23335	\$1,244.22	1/1/14	
23472	\$1,428.95		
23474	\$4,514.51	1/1/13	
23900	\$1,273.43		
23920	\$1,032.74		
24900	\$679.11		
24920	\$673.70		
24930	\$714.84		
24931	\$751.28		
24940	\$4,514.51		
25900	\$694.27		
25905	\$685.61		
25909	\$670.81		
25915	\$1,109.96		
25920	\$643.75		
25924	\$628.59		
25927	\$733.24		
26551	\$3,039.05		
26553	\$2,615.05		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
26554	\$3,207.56		
26556	\$2,611.08		
26992	\$903.56		
27005	\$682.36		
27025	\$850.51		
27030	\$890.21		
27036	\$948.30		
27054	\$637.98		
27070	\$798.55		
27071	\$854.48		
27075	\$2,033.73		
27076	\$2,157.14		
27077	\$2,660.16		
27078	\$1,677.21		
27090	\$782.31		
27091	\$1,522.41		
27096	\$68.56		
27120	\$1,224.71		
27122	\$1,044.65		
27125	\$1,070.99		
27130	\$1,374.82		
27132	\$1,607.21		
27134	\$1,855.11		
27137	\$1,416.68		
27138	\$1,474.06		
27140	\$846.91		
27146	\$1,205.59		
27147	\$1,396.47		
27151	\$1,469.73		
27156	\$1,630.66		
27158	\$1,318.53		
27161	\$1,155.07		
27165	\$1,301.21		
27170	\$1,121.51		
27175	\$624.62		
27176	\$859.54		
27177	\$1,050.78		
27178	\$855.57		
27181	\$1,052.95		
27185	\$587.82		
27187	\$939.28		
27215	\$665.76		
27216	\$981.86		
27217	\$928.10		
27218	\$1,276.31		
27222	\$923.77		
27226	\$988.00		
27227	\$1,590.61		
27228	\$1,820.11		
27232	\$728.91		
27236	\$1,131.97		
27240	\$902.48		
27244	\$1,164.45		
27245	\$1,182.13		
27248	\$708.70		
27253	\$892.37		
27254	\$1,204.86		
27258	\$1,048.26		
27259	\$1,473.70		
27268	\$484.98		
27269	\$1,161.56		
27280	\$971.04		
27282	\$773.29		
27284	\$1,496.43		
27286	\$1,581.59		
27290	\$1,514.11		
27295	\$1,209.56		
27303	\$597.20		
27365	\$1,739.28		
27445	\$1,194.76		
27447	\$1,470.45		
27448	\$771.85		
27450	\$962.74		
27454	\$1,221.10		
27455	\$888.04		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
27457	\$914.02		
27465	\$1,174.55		
27466	\$1,122.59		
27468	\$1,269.10		
27470	\$1,117.90		
27472	\$1,205.95		
27477	\$687.05		
27485	\$627.51		
27486	\$1,343.43		
27487	\$1,690.56		
27488	\$1,139.19		
27495	\$1,072.80		
27506	\$1,267.65		
27507	\$929.90		
27511	\$964.90		
27513	\$1,208.83		
27514	\$951.91		
27519	\$867.11		
27535	\$864.95		
27536	\$1,128.00		
27540	\$771.49		
27556	\$852.68		
27557	\$1,022.28		
27558	\$1,158.68		
27580	\$1,369.77		
27590	\$802.52		
27591	\$875.05		
27592	\$678.03		
27596	\$709.06		
27598	\$717.36		
27645	\$1,491.74		
27646	\$1,287.14		
27702	\$938.20		
27703	\$1,089.39		
27712	\$1,041.04		
27715	\$1,011.81		
27724	\$1,217.49		
27725	\$1,144.24		
27727	\$937.12		
27880	\$906.81		
27881	\$857.01		
27882	\$609.11		
27886	\$645.55		
27888	\$671.17		
28800	\$545.60		
31225	\$1,760.93		
31230	\$1,970.22		
31241	\$460.45	1/1/18	
31290	\$1,127.28		
31291	\$1,190.79		
31360	\$1,944.96		
31365	\$2,427.05		
31367	\$2,079.56		
31368	\$2,314.11		
31370	\$1,950.01		
31375	\$1,846.81		
31380	\$1,817.58		
31382	\$1,996.92		
31390	\$2,698.05		
31395	\$2,847.07		
31584	\$1,438.33		
31587	\$955.16		
31725	\$93.46		
31760	\$1,381.68		
31766	\$1,814.69		
31770	\$1,341.63		
31775	\$1,392.50		
31780	\$1,168.06		
31781	\$1,469.73		
31786	\$1,478.03		
31800	\$661.79		
31805	\$827.06		
32035	\$705.45		
32036	\$765.72		
32096	\$823.93	1/1/12	

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
32097	\$823.93	1/1/12	
32098	\$774.32	1/1/12	
32100	\$958.77		
32110	\$1,453.13		
32120	\$871.44		
32124	\$925.21		
32140	\$990.88		
32141	\$1,530.35		
32150	\$997.38		
32151	\$1,012.17		
32160	\$772.21		
32200	\$1,122.23		
32215	\$798.19		
32220	\$1,594.58		
32225	\$995.57		
32310	\$917.63		
32320	\$1,600.35		
32440	\$1,588.08		
32442	\$2,804.13		
32445	\$3,504.18		
32480	\$1,500.40		
32482	\$1,603.60		
32484	\$1,456.37		
32486	\$2,375.45		
32488	\$2,402.51		
32491	\$1,494.62		
32501	\$251.51		
32503	\$1,827.68		
32504	\$2,093.27		
32505	\$950.66	1/1/12	
32506	\$160.37	1/1/12	
32507	\$160.37	1/1/12	
32540	\$1,725.57		
32650	\$669.01		
32651	\$1,085.79		
32652	\$1,653.40		
32653	\$1,047.54		
32654	\$1,171.67		
32655	\$952.63		
32656	\$801.08		
32658	\$720.61		
32659	\$737.21		
32661	\$805.77		
32662	\$904.28		
32663	\$1,414.88		
32664	\$851.96		
32665	\$1,236.62		
32666	\$889.16	1/1/12	
32667	\$160.37	1/1/12	
32668	\$161.39	1/1/12	
32669	\$1,369.25	1/1/12	
32670	\$1,633.93	1/1/12	
32671	\$1,814.34	1/1/12	
32672	\$1,551.70	1/1/12	
32673	\$1,222.81	1/1/12	
32674	\$219.83	1/1/12	
32701	\$4,514.51	1/1/13	
32800	\$922.32		
32810	\$901.03		
32815	\$2,781.40		
32820	\$1,347.76		
32850	\$4,514.51		
32851	\$2,594.12		
32852	\$2,870.89		
32853	\$3,092.81		
32854	\$3,380.04		
32855	\$4,514.51		
32856	\$4,514.51		
32900	\$1,376.99		
32905	\$1,345.96		
32906	\$1,670.00		
32940	\$1,236.26		
32997	\$357.96		
33015	\$534.05		12/31/19
33017	\$254.81	1/1/20	

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
33018	\$290.34	1/1/20	
33019	\$235.79	1/1/20	
33020	\$881.91		
33025	\$809.38		
33030	\$1,300.85		
33031	\$1,454.21		
33050	\$1,005.32		
33120	\$1,582.67		
33130	\$1,470.45		
33140	\$1,618.03		
33141	\$143.62		
33202	\$787.73		
33203	\$832.83		
33236	\$794.94		
33237	\$863.50		
33238	\$945.06		
33243	\$1,406.22		
33250	\$1,501.48		
33251	\$1,665.30		
33254	\$1,392.50		
33255	\$1,698.86		
33256	\$2,020.38		
33257	\$594.31		
33258	\$669.01		
33259	\$863.50		
33261	\$1,660.25		
33265	\$1,382.04		
33266	\$1,892.64		
33267	\$1,108.92	1/1/22	
33268	\$138.39	1/1/22	
33269	\$877.19	1/1/22	
33300	\$2,455.56		
33305	\$4,137.46		
33310	\$1,183.21		
33315	\$1,515.91		
33320	\$1,080.73		
33321	\$1,207.39		
33322	\$1,421.73		
33330	\$1,466.12		
33335	\$1,931.61		
33340	\$830.22	1/1/17	
33361	\$4,514.51	1/1/13	
33362	\$4,514.51	1/1/13	
33363	\$4,514.51	1/1/13	
33364	\$4,514.51	1/1/13	
33365	\$4,514.51	1/1/13	
33366	\$1,892.15	1/1/14	
33367	\$4,514.51	1/1/13	
33368	\$4,514.51	1/1/13	
33369	\$4,514.51	1/1/13	
33390	\$1,979.74	1/1/17	
33391	\$2,345.87	1/1/17	
33404	\$1,807.84		
33405	\$2,361.38		
33406	\$2,957.85		
33410	\$2,613.61		
33411	\$3,439.94		
33412	\$2,537.11		
33413	\$3,326.28		
33414	\$2,232.19		
33415	\$2,068.01		
33416	\$2,075.23		
33417	\$1,712.21		
33418	\$1,861.71	1/1/15	
33420	\$1,389.26		
33422	\$1,727.01		
33425	\$2,768.05		
33426	\$2,458.08		
33427	\$2,536.39		
33430	\$2,873.06		
33440	\$3,520.68	1/1/19	
33460	\$2,589.07		
33463	\$3,138.28		
33464	\$2,494.89		
33465	\$2,804.50		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
33468	\$1,920.78		
33470	\$1,256.47		12/31/21
33471	\$1,249.97		
33474	\$2,159.66		
33475	\$2,393.49		
33476	\$1,536.84		
33477	\$1,344.02	1/1/16	
33478	\$1,608.29		
33496	\$1,713.30		
33500	\$1,615.15		
33501	\$1,142.80		
33502	\$1,297.96		
33503	\$1,378.07		
33504	\$1,487.77		
33505	\$2,113.84		
33506	\$2,101.93		
33507	\$1,769.59		
33509	\$182.72	1/1/22	
33510	\$2,010.63		
33511	\$2,203.33		
33512	\$2,496.33		
33513	\$2,555.15		
33514	\$2,712.12		
33516	\$2,819.29		
33517	\$193.77		
33518	\$423.63		
33519	\$561.84		
33521	\$676.59		
33522	\$763.19		
33523	\$867.11		
33530	\$540.19		
33533	\$1,946.76		
33534	\$2,283.79		
33535	\$2,543.96		
33536	\$2,733.41		
33542	\$2,673.51		
33545	\$3,145.13		
33548	\$3,062.50		
33572	\$240.32		
33600	\$1,736.03		
33602	\$1,675.41		
33606	\$1,808.56		
33608	\$1,839.95		
33610	\$1,802.43		
33611	\$2,012.80		
33612	\$2,030.12		
33615	\$2,052.13		
33617	\$2,189.97		
33619	\$2,713.92		
33620	\$1,939.65	1/1/11	
33621	\$1,041.61	1/1/11	
33622	\$4,084.95	1/1/11	
33641	\$1,670.36		
33645	\$1,621.64		
33647	\$1,816.86		
33660	\$1,803.87		
33665	\$2,064.76		
33670	\$2,040.22		
33675	\$2,025.79		
33676	\$1,939.91		
33677	\$2,015.69		
33681	\$1,876.76		
33684	\$2,034.09		
33688	\$1,929.08		
33690	\$1,199.45		
33692	\$1,668.91		
33694	\$2,020.38		
33697	\$2,162.55		
33702	\$1,575.45		
33710	\$1,843.20		
33720	\$1,575.45		
33722	\$1,656.64		12/31/21
33724	\$1,589.17		
33726	\$2,106.26		
33730	\$2,022.90		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
33732	\$1,687.68		
33735	\$1,310.95		
33736	\$1,434.36		
33737	\$1,315.64		
33741	\$808.00	1/1/21	
33745	\$1,136.31	1/1/21	
33746	\$447.25	1/1/21	
33750	\$1,473.70		
33755	\$1,300.85		
33762	\$1,221.46		
33764	\$1,308.79		
33766	\$1,383.84		
33767	\$1,444.47		
33768	\$403.79		
33770	\$2,194.67		
33771	\$2,081.36		
33774	\$1,846.09		
33775	\$1,773.92		
33776	\$1,872.79		
33777	\$1,820.47		
33778	\$2,250.24		
33779	\$2,234.00		
33780	\$2,392.77		
33781	\$2,211.99		
33782	\$3,276.12		
33783	\$3,541.34		
33786	\$2,178.43		
33788	\$1,465.76		
33800	\$999.54		
33802	\$1,086.15		
33803	\$1,163.01		
33813	\$1,296.16		
33814	\$1,557.77		
33820	\$996.30		
33822	\$975.37		
33824	\$1,200.17		
33840	\$1,235.54		
33845	\$1,389.98		
33851	\$1,286.42		
33852	\$1,494.98		
33853	\$2,002.70		
33858	\$3,536.47	1/1/20	
33859	\$2,538.77	1/1/20	
33860	\$3,280.45		12/31/19
33863	\$3,243.64		
33864	\$3,329.17		
33870	\$2,597.01		12/31/19
33871	\$3,400.10	1/1/20	
33875	\$2,022.18		
33877	\$3,705.89		
33880	\$1,896.61		
33881	\$1,628.86		
33883	\$1,177.44		
33884	\$430.85		
33886	\$1,014.70		
33889	\$835.72		
33891	\$1,046.81		
33894	\$1,026.39	1/1/22	
33895	\$816.65	1/1/22	
33897	\$607.98	1/1/22	
33910	\$1,714.02		
33915	\$1,392.14		
33916	\$1,688.76		
33917	\$1,512.31		
33920	\$1,861.97		
33922	\$1,415.96		
33924	\$293.37		
33925	\$1,778.25		
33926	\$2,456.28		
33927	\$2,649.66	1/1/18	
33928	\$3,109.78	1/1/18	
33929	\$3,109.78	1/1/18	
33930	\$4,514.51		
33933	\$4,514.51		
33935	\$3,552.17		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
33940	\$4,514.51		
33944	\$4,514.51		
33945	\$4,904.62		
33946	\$327.78	1/1/15	
33947	\$357.15	1/1/15	
33948	\$250.40	1/1/15	
33949	\$244.31	1/1/15	
33951	\$401.93	1/1/15	
33952	\$390.83	1/1/15	
33953	\$447.79	1/1/15	
33954	\$435.25	1/1/15	
33955	\$924.23	1/1/15	
33956	\$873.36	1/1/15	
33957	\$305.57	1/1/15	
33958	\$299.48	1/1/15	
33959	\$353.21	1/1/15	
33962	\$336.73	1/1/15	
33963	\$577.46	1/1/15	
33964	\$585.34	1/1/15	
33965	\$308.79	1/1/15	
33966	\$341.75	1/1/15	
33967	\$280.38		
33968	\$36.08		
33969	\$352.85	1/1/15	
33970	\$376.00		
33971	\$732.52		
33973	\$545.24		
33974	\$931.70		
33975	\$1,135.58		
33976	\$1,263.68		
33977	\$1,230.12		
33978	\$1,360.75		
33979	\$2,482.62		
33980	\$3,704.81		
33981	\$4,514.51		
33982	\$4,514.51		
33983	\$4,514.51		
33984	\$344.62	1/1/15	
33985	\$654.84	1/1/15	
33986	\$623.67	1/1/15	
33987	\$264.01	1/1/15	
33988	\$766.25	1/1/15	
33989	\$510.83	1/1/15	
33990	\$4,514.51	1/1/13	
33991	\$4,514.51	1/1/13	
33992	\$4,514.51	1/1/13	
33993	\$4,514.51	1/1/13	
33995	\$385.98	1/1/21	
33997	\$171.55	1/1/21	
34001	\$1,007.84		
34051	\$1,004.23		
34151	\$1,462.51		
34401	\$1,500.76		
34451	\$1,568.96		
34502	\$1,579.78		
34701	\$1,281.94	1/1/18	
34702	\$1,915.02	1/1/18	
34703	\$1,444.52	1/1/18	
34704	\$2,402.75	1/1/18	
34705	\$1,591.30	1/1/18	
34706	\$2,395.21	1/1/18	
34707	\$1,195.45	1/1/18	
34708	\$1,923.99	1/1/18	
34709	\$336.64	1/1/18	
34710	\$834.41	1/1/18	
34711	\$310.80	1/1/18	
34712	\$713.11	1/1/18	
34717	\$464.40	1/1/20	
34718	\$1,294.86	1/1/20	
34808	\$216.15		
34812	\$354.71		
34813	\$250.43		
34820	\$511.68		
34830	\$1,916.09		
34831	\$2,038.42		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
34832	\$2,059.71		
34833	\$643.03		
34834	\$290.84		
34839	\$4,514.51	1/1/15	
34841	\$4,514.51	1/1/14	
34842	\$4,514.51	1/1/14	
34843	\$4,514.51	1/1/14	
34844	\$4,514.51	1/1/14	
34845	\$4,514.51	1/1/14	
34846	\$4,514.51	1/1/14	
34847	\$4,514.51	1/1/14	
34848	\$4,514.51	1/1/14	
35001	\$1,187.91		
35002	\$1,260.80		
35005	\$1,100.94		
35013	\$1,296.52		
35021	\$1,271.62		
35022	\$1,445.55		
35045	\$1,014.70		
35081	\$1,839.23		
35082	\$2,294.26		
35091	\$1,911.04		
35092	\$2,747.12		
35102	\$1,991.15		
35103	\$2,364.62		
35111	\$1,464.67		
35112	\$1,799.54		
35121	\$1,727.73		
35122	\$2,084.97		
35131	\$1,467.92		
35132	\$1,782.58		
35141	\$1,166.25		
35142	\$1,398.64		
35151	\$1,316.73		
35152	\$1,524.94		
35182	\$1,800.26		
35189	\$1,677.93		
35211	\$1,420.65		
35216	\$2,042.39		
35221	\$1,461.07		
35241	\$1,481.63		
35246	\$1,584.11		
35251	\$1,734.23		
35271	\$1,423.54		
35276	\$1,478.03		
35281	\$1,656.28		
35301	\$1,102.38		
35302	\$1,173.83		
35303	\$1,292.19		
35304	\$1,343.07		
35305	\$1,290.75		
35306	\$479.56		
35311	\$1,587.36		
35331	\$1,543.70		
35341	\$1,447.71		
35351	\$1,353.53		
35355	\$1,099.86		
35361	\$1,656.28		
35363	\$1,809.64		
35371	\$864.59		
35372	\$1,036.35		
35390	\$168.88		
35400	\$159.13		
35501	\$1,640.77		
35506	\$1,411.63		
35508	\$1,478.03		
35509	\$1,574.01		
35510	\$1,345.23		
35511	\$1,263.32		
35512	\$1,312.40		
35515	\$1,431.12		
35516	\$1,302.29		
35518	\$1,256.47		
35521	\$1,332.24		
35522	\$1,291.11		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
35523	\$1,360.03		
35525	\$1,200.90		
35526	\$1,774.64		
35531	\$2,131.16		
35533	\$1,680.82		
35535	\$1,950.01		
35536	\$1,829.49		
35537	\$2,266.47		
35538	\$2,543.96		
35539	\$2,364.98		
35540	\$2,660.16		
35556	\$1,472.97		
35558	\$1,293.63		
35560	\$1,876.40		
35563	\$1,466.12		
35565	\$1,393.59		
35566	\$1,764.54		
35570	\$1,511.58		
35571	\$1,412.71		
35583	\$1,522.05		
35585	\$1,771.75		
35587	\$1,455.29		
35600	\$269.55		
35601	\$1,528.90		
35606	\$1,244.56		
35612	\$962.02		
35616	\$1,209.19		
35621	\$1,165.89		
35623	\$1,426.79		
35626	\$1,641.13		
35631	\$1,956.87		
35632	\$1,850.78		
35633	\$1,998.00		
35634	\$1,811.81		
35636	\$1,735.31		
35637	\$1,807.12		
35638	\$1,844.28		
35642	\$1,085.42		
35645	\$1,045.37		
35646	\$1,816.14		
35647	\$1,642.93		
35650	\$1,123.31		
35654	\$1,451.68		
35656	\$1,142.08		
35661	\$1,146.77		
35663	\$1,329.00		
35665	\$1,243.48		
35666	\$1,341.63		
35671	\$1,182.13		
35681	\$84.80		
35682	\$376.72		
35683	\$444.56		
35691	\$1,031.66		
35693	\$912.94		
35694	\$1,069.91		
35695	\$1,113.93		
35697	\$158.05		
35700	\$162.38		
35701	\$556.06		
35702	\$427.08	1/1/20	
35703	\$433.54	1/1/20	
35721	\$471.99		12/31/19
35741	\$521.06		12/31/19
35800	\$495.44		
35820	\$2,022.90		
35840	\$648.80		
35870	\$1,350.29		
35901	\$522.14		
35905	\$1,827.32		
35907	\$2,022.54		
36660	\$70.00		
36823	\$1,314.56		
37140	\$1,419.57		
37145	\$1,496.43		
37160	\$1,309.87		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
37180	\$1,464.31		
37181	\$1,584.11		
37182	\$889.12		
37216	\$1,018.67		
37217	\$1,104.23	1/1/14	
37218	\$896.64	1/1/15	
37616	\$1,100.94		
37617	\$1,314.56		
37618	\$383.22		
37660	\$1,245.28		
37788	\$1,399.36		
38100	\$1,085.42		
38101	\$1,091.56		
38102	\$253.31		
38115	\$1,200.90		
38205	\$79.39		
38380	\$539.46		
38381	\$802.52		
38382	\$660.35		
38562	\$672.26		
38564	\$672.98		
38724	\$1,387.45		
38746	\$263.06		
38747	\$258.37		
38765	\$1,240.23		
38770	\$800.36		
38780	\$1,017.59		
39000	\$486.78		
39010	\$800.00		
39200	\$886.60		
39220	\$1,143.88		
39499	\$3,861.21		
39501	\$816.23		
39503	\$5,820.81		
39540	\$836.44		
39541	\$905.36		
39545	\$887.68		
39560	\$767.16		
39561	\$1,203.06		
39599	\$3,861.21		
41130	\$1,231.93		
41135	\$2,055.38		
41140	\$2,091.82		
41145	\$2,634.18		
41150	\$2,089.30		
41153	\$2,271.16		
41155	\$2,843.83		
42426	\$1,325.75		
42845	\$2,136.93		
42894	\$2,251.32		
42953	\$917.27		
42961	\$404.51		
42971	\$441.31		
43045	\$1,299.05		
43100	\$602.25		
43101	\$1,005.32		
43107	\$2,510.04		
43108	\$4,418.20		
43112	\$2,677.48		
43113	\$4,372.73		
43116	\$4,914.00		
43117	\$2,451.59		
43118	\$3,610.63		
43121	\$2,835.53		
43122	\$2,484.06		
43123	\$4,448.15		
43124	\$3,771.20		
43135	\$1,472.97		
43279	\$1,154.71		
43281	\$1,539.73		
43282	\$1,731.70		
43283	\$184.33	1/1/11	
43286	\$3,268.03	1/1/18	
43287	\$3,732.42	1/1/18	
43288	\$3,894.28	1/1/18	

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
43300	\$592.51		
43305	\$1,068.83		
43310	\$1,507.61		
43312	\$1,645.82		
43313	\$2,694.08		
43314	\$2,968.32		
43320	\$1,334.05		
43325	\$1,282.45		
43327	\$927.36	1/1/11	
43328	\$1,361.52	1/1/11	
43330	\$1,255.38		
43331	\$1,345.59		
43332	\$1,327.63	1/1/11	
43333	\$1,441.50	1/1/11	
43334	\$1,457.12	1/1/11	
43335	\$1,569.85	1/1/11	
43336	\$1,720.28	1/1/11	
43337	\$1,877.95	1/1/11	
43338	\$152.72	1/1/11	
43340	\$1,308.43		
43341	\$1,437.25		
43351	\$1,305.54		
43352	\$1,063.41		
43360	\$2,268.28		
43361	\$2,569.22		
43400	\$1,526.74		
43401	\$1,489.21		12/31/19
43405	\$1,446.63		
43410	\$987.64		
43415	\$1,679.02		
43425	\$1,465.40		
43460	\$218.31		
43496	\$4,514.51		
43500	\$739.73		
43501	\$1,270.18		
43502	\$1,436.89		
43520	\$664.68		
43605	\$784.48		
43610	\$924.85		
43611	\$1,153.26		
43620	\$1,875.68		
43621	\$2,152.81		
43622	\$2,180.59		
43631	\$1,373.38		
43632	\$1,909.96		
43633	\$1,809.28		
43634	\$2,000.89		
43635	\$108.61		
43640	\$1,109.60		
43641	\$1,122.95		
43644	\$1,644.74		
43645	\$1,758.40		
43770	\$1,050.06		
43771	\$1,198.01		
43772	\$902.84		
43773	\$1,198.37		
43774	\$906.45		
43775	\$1,292.55		
43800	\$878.66		
43810	\$955.16		
43820	\$1,253.94		
43825	\$1,227.24		
43832	\$999.18		
43840	\$1,271.26		
43842	\$1,128.37		
43843	\$1,195.48		
43845	\$1,851.14		
43846	\$1,544.06		
43847	\$1,689.12		
43848	\$1,825.88		
43850	\$1,531.79		12/31/21
43855	\$1,588.80		12/31/21
43860	\$1,551.64		
43865	\$1,613.70		
43880	\$1,513.39		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
43881	\$4,514.51		
43882	\$3,861.21		
44005	\$1,034.55		
44010	\$815.15		
44015	\$138.93		
44020	\$915.83		
44021	\$925.93		
44025	\$932.07		
44050	\$881.19		
44055	\$1,415.60		
44110	\$800.00		
44111	\$931.34		
44120	\$1,156.15		
44121	\$234.19		
44125	\$1,117.18		
44126	\$2,323.49		
44127	\$2,694.80		
44128	\$235.27		
44130	\$1,227.96		
44132	\$4,514.51		
44133	\$4,514.51		
44135	\$4,514.51		
44136	\$4,514.51		
44137	\$4,514.51		
44139	\$117.27		
44140	\$1,268.73		
44141	\$1,704.64		
44143	\$1,572.57		
44144	\$1,665.67		
44145	\$1,577.98		
44146	\$1,991.51		
44147	\$1,822.27		
44150	\$1,751.55		
44151	\$2,008.83		
44155	\$1,953.98		
44156	\$2,160.02		
44157	\$2,048.88		
44158	\$2,097.96		
44160	\$1,173.11		
44187	\$1,034.91		
44188	\$1,147.85		
44202	\$1,313.12		
44203	\$234.55		
44204	\$1,462.51		
44205	\$1,274.51		
44210	\$1,697.78		
44211	\$2,107.34		
44212	\$1,950.01		
44227	\$1,587.72		
44300	\$794.22		
44310	\$987.64		
44314	\$955.52		
44316	\$1,327.91		
44320	\$1,131.25		
44322	\$906.81		
44345	\$989.44		
44346	\$1,113.21		
44602	\$1,328.63		
44603	\$1,522.77		
44604	\$1,002.43		
44605	\$1,238.42		
44615	\$1,019.39		
44620	\$816.59		
44625	\$963.82		
44626	\$1,529.27		
44640	\$1,333.33		
44650	\$1,383.84		
44660	\$1,318.17		
44661	\$1,498.59		
44680	\$1,012.89		
44700	\$964.90		
44705	\$4,514.51	1/1/13	
44715	\$4,514.51		
44720	\$252.59		
44721	\$372.03		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
44800	\$715.20		
44820	\$792.06		
44850	\$699.32		
44899	\$3,351.02		
44900	\$724.22		
44960	\$821.65		
45110	\$1,747.22		
45111	\$1,026.97		
45112	\$1,796.65		
45113	\$1,871.35		
45114	\$1,706.08		
45116	\$1,485.60		
45119	\$1,845.01		
45120	\$1,492.82		
45121	\$1,631.75		
45123	\$1,047.54		
45126	\$2,762.28		
45130	\$1,024.44		
45135	\$1,277.03		
45136	\$1,714.38		
45395	\$1,881.09		
45397	\$2,031.92		
45400	\$1,089.75		
45402	\$1,453.85		
45540	\$1000.63		
45550	\$1,381.32		
45562	\$1,049.34		
45563	\$1,531.43		
45800	\$1,159.76		
45805	\$1,359.31		
45820	\$1,115.01		
45825	\$1,384.57		
46705	\$459.36		
46710	\$1,030.22		
46712	\$1,935.94		
46715	\$453.22		
46716	\$1,103.47		
46730	\$1,785.47		
46735	\$1,980.32		
46740	\$1,984.65		
46742	\$2,326.37		
46744	\$3,169.67		
46746	\$3,475.31		
46748	\$3,752.80		
46751	\$581.68		
47010	\$1,131.61		
47015	\$1,081.82		
47100	\$784.48		
47120	\$2,201.52		
47122	\$3,267.82		
47125	\$2,925.02		
47130	\$3,142.61		
47133	\$4,514.51		
47135	\$4,641.56		
47140	\$3,357.67		
47141	\$3,736.56		
47142	\$4,441.29		
47143	\$4,514.51		
47144	\$4,514.51		
47145	\$4,514.51		
47146	\$317.91		
47147	\$370.23		
47300	\$1,059.08		
47350	\$1,290.39		
47360	\$1,762.37		
47361	\$2,874.86		
47362	\$1,347.40		
47380	\$1,370.13		
47381	\$1,407.66		
47400	\$2,035.17		
47420	\$1,262.96		
47425	\$1,279.20		
47460	\$1,207.03		
47480	\$807.21		
47550	\$160.22		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
47570	\$728.55		
47600	\$1,008.93		
47605	\$922.68		
47610	\$1,183.57		
47612	\$1,196.93		
47620	\$1,297.60		
47700	\$983.67		
47701	\$1,672.88		
47711	\$1,469.36		
47712	\$1,885.42		
47715	\$1,240.95		
47720	\$1,072.80		
47721	\$1,264.77		
47740	\$1,223.99		
47741	\$1,382.76		
47760	\$2,112.03		
47765	\$2,831.56		
47780	\$2,318.44		
47785	\$3,040.85		
47800	\$1,486.32		
47801	\$1,014.70		
47802	\$1,429.67		
47900	\$1,284.97		
48000	\$1,764.18		
48001	\$2,188.17		
48020	\$1,103.47		
48100	\$833.19		
48105	\$2,701.29		
48120	\$1,043.21		
48140	\$1,476.58		
48145	\$1,535.40		
48146	\$1,752.27		
48148	\$1,166.98		
48150	\$2,944.86		
48152	\$2,725.47		
48153	\$2,939.81		
48154	\$2,733.77		
48155	\$1,701.75		
48160	\$4,514.51		
48400	\$105.37		
48500	\$1,069.19		
48510	\$1,013.98		
48520	\$1,030.94		
48540	\$1,231.21		
48545	\$1,256.83		
48547	\$1,688.04		
48548	\$1,573.29		
48550	\$4,514.51		
48551	\$4,514.51		
48552	\$229.14		
48554	\$2,361.02		
48556	\$1,177.80		
49000	\$728.55		
49002	\$980.06		
49010	\$905.72		
49013	\$456.15	1/1/20	
49014	\$377.19	1/1/20	
49020	\$1,504.01		
49040	\$944.69		
49060	\$1,052.59		
49062	\$709.42		
49203	\$1,138.47		
49204	\$1,452.41		
49205	\$1,667.11		
49215	\$2,087.49		
49220	\$914.38		12/31/20
49255	\$741.54		
49412	\$92.55	1/1/11	
49425	\$721.69		
49428	\$414.61		
49596	\$1,099.19	1/1/23	
49605	\$4,755.95		
49606	\$1,070.99		
49610	\$646.28		
49611	\$540.55		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
49616	\$922.96	1/1/23	
49617	\$950.71	1/1/23	
49618	\$1,332.01	1/1/23	
49621	\$796.82	1/1/23	
49622	\$983.15	1/1/23	
49900	\$761.39		
49904	\$1,405.50		
49905	\$343.16		
49906	\$4,514.51		
50010	\$728.19		
50040	\$956.24		
50045	\$958.41		
50060	\$1,181.41		
50065	\$1,242.03		
50070	\$1,232.65		
50075	\$1,515.19		
50100	\$1,023.00		
50120	\$977.89		
50125	\$1,022.64		
50130	\$1,069.91		
50135	\$1,160.12		
50205	\$717.00		
50220	\$1,066.66		
50225	\$1,230.12		
50230	\$1,327.19		
50234	\$1,346.68		
50236	\$1,520.97		
50240	\$1,370.13		
50250	\$1,268.37		
50280	\$980.42		
50290	\$899.95		
50300	\$4,514.51		
50320	\$1,374.82		
50323	\$4,514.51		
50325	\$4,514.51		
50327	\$211.46		
50328	\$185.11		
50329	\$176.45		
50340	\$873.61		
50360	\$2,404.32		
50365	\$2,706.71		
50370	\$1,121.51		
50380	\$1,902.74		
50400	\$1,195.48		
50405	\$1,444.83		
50500	\$1,227.96		
50520	\$1,065.58		
50525	\$1,430.03		
50526	\$1,403.33		
50540	\$1,173.47		
50545	\$1,394.31		
50546	\$1,240.59		
50547	\$1,547.31		
50548	\$1,402.61		
50600	\$968.15		
50605	\$961.65		
50610	\$978.98		
50620	\$936.03		
50630	\$914.74		
50650	\$1,069.91		
50660	\$1,180.69		
50700	\$955.16		
50715	\$1,156.87		
50722	\$1,019.39		
50725	\$1,124.04		
50728	\$710.87		
50740	\$1,175.64		
50750	\$1,199.45		
50760	\$1,141.00		
50770	\$1,168.78		
50780	\$1,132.70		
50782	\$1,157.59		
50783	\$1,153.99		
50785	\$1,250.33		
50800	\$950.83		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
50810	\$1,327.91		
50815	\$1,262.60		
50820	\$1,350.65		
50825	\$1,710.41		
50830	\$1,851.86		
50840	\$1,271.98		
50845	\$1,289.66		
50860	\$973.92		
50900	\$862.42		
50920	\$910.05		
50930	\$1,169.86		
50940	\$911.14		
51525	\$888.76		
51530	\$798.91		
51550	\$986.55		
51555	\$1,303.38		
51565	\$1,329.72		
51570	\$1,520.61		
51575	\$1,890.83		
51580	\$1,969.86		
51585	\$2,194.30		
51590	\$2,003.78		
51595	\$2,274.77		
51596	\$2,444.37		
51597	\$2,368.59		
51800	\$1,078.57		
51820	\$1,094.09		
51840	\$663.96		
51841	\$789.17		
51865	\$913.66		
51900	\$840.05		
51920	\$773.29		
51925	\$1,036.71		
51940	\$1,663.86		
51960	\$1,437.61		
51980	\$733.60		
52441	\$241.45	1/1/15	
52442	\$83.47	1/1/15	
53415	\$1,171.67		
53448	\$1,328.63		
54125	\$841.49		
54130	\$1,238.42		
54135	\$1,572.57		
54390	\$1,238.42		
54411	\$1,061.25		
54417	\$929.54		
54430	\$663.60		
54438	\$1,413.03	1/1/16	
54650	\$727.83		
55605	\$521.42		
55650	\$736.49		
55801	\$1,126.20		
55810	\$1,364.00		
55812	\$1,669.27		
55815	\$1,831.29		
55821	\$905.72		
55831	\$980.78		
55840	\$1,388.54		
55842	\$1,487.41		
55845	\$1,700.31		
55862	\$1,141.00		
55865	\$1,387.45		
55866	\$1,807.48		
55970	\$4,514.51		
55980	\$4,514.51		
56630	\$853.76		
56631	\$1,084.70		
56632	\$1,256.47		
56633	\$1,112.85		
56634	\$1,174.55		
56637	\$1,384.93		
56640	\$1,375.54		
57110	\$877.94		
57111	\$1,581.95		
57112	\$1,619.12		12/31/20

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
57270	\$780.87		
57280	\$942.17		
57296	\$931.34		
57305	\$881.55		
57307	\$996.66		
57308	\$620.29		
57311	\$532.97		
57531	\$1,664.94		
57540	\$760.30		
57545	\$802.88		
58140	\$894.18		
58146	\$1,131.97		
58150	\$968.87		
58152	\$1,218.94		
58180	\$932.79		
58200	\$1,277.76		
58210	\$1,706.44		
58240	\$2,710.68		
58267	\$1,031.66		
58275	\$961.65		
58280	\$1,028.41		
58285	\$1,285.69		
58293	\$1,340.18		12/31/20
58300	\$51.24		
58400	\$432.29		
58410	\$784.84		
58520	\$787.01		
58540	\$886.24		
58548	\$1,735.67		
58575	\$1,924.35	1/1/18	
58605	\$320.79		
58611	\$76.14		
58700	\$750.56		
58720	\$700.76		
58740	\$854.12		
58750	\$882.63		
58752	\$846.91		
58760	\$794.58		
58822	\$708.34		
58825	\$678.39		
58940	\$494.72		
58943	\$1,095.53		
58950	\$1,045.37		
58951	\$1,345.96		
58952	\$1,518.44		
58953	\$1,881.45		
58954	\$2,040.58		
58956	\$1,283.53		
58957	\$1,459.98		
58958	\$1,611.18		
58960	\$901.03		
59050	\$49.44		
59051	\$41.14		
59120	\$770.05		
59121	\$772.21		
59130	\$814.79		
59135	\$822.01		12/31/21
59136	\$852.32		
59140	\$351.82		
59325	\$214.34		
59350	\$272.44		
59400	\$1,740.72		
59410	\$875.77		
59425	\$351.46		
59426	\$623.54		
59430	\$122.33		
59510	\$1,973.11		
59514	\$889.85		
59515	\$1,059.44		
59525	\$476.32		
59610	\$1,834.54		
59614	\$946.86		
59618	\$2,062.23		
59620	\$978.25		
59622	\$1,148.57		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
59830	\$422.91		
59850	\$342.08		
59851	\$386.47		
59852	\$493.28		
59855	\$402.70		
59856	\$474.51		
59857	\$514.21		
60254	\$1,621.64		
60270	\$1,333.69		
60505	\$1,337.30		
60521	\$1,137.75		
60522	\$1,376.27		
60540	\$1,038.15		
60545	\$1,188.27		
60600	\$1,410.91		
60605	\$1,765.98		
60650	\$1,162.65		
61105	\$415.33		
61107	\$304.19		
61108	\$832.83		
61120	\$685.61		
61140	\$1,174.55		
61150	\$1,265.49		
61151	\$920.16		
61154	\$1,177.44		
61156	\$1,170.95		
61210	\$355.79		
61250	\$797.11		
61253	\$809.74		
61304	\$1,542.62		
61305	\$1,889.03		
61312	\$1,960.48		
61313	\$1,861.24		
61314	\$1,714.74		
61315	\$1,950.73		
61316	\$84.08		
61320	\$1,797.37		
61321	\$1,989.34		
61322	\$2,218.84		
61323	\$2,245.18		
61333	\$1,901.30		
61340	\$1,347.40		
61343	\$2,074.86		
61345	\$1,921.50		
61450	\$1,806.76		
61458	\$1,893.72		
61460	\$1,965.53		
61500	\$1,260.07		
61501	\$1,082.18		
61510	\$2,051.05		
61512	\$2,412.98		
61514	\$1,794.13		
61516	\$1,743.25		
61517	\$84.08		
61518	\$2,603.14		
61519	\$2,793.67		
61520	\$3,578.51		
61521	\$3,011.26		
61522	\$2,064.40		
61524	\$1,955.06		
61526	\$3,409.27		
61530	\$2,895.07		
61531	\$1,137.03		
61533	\$1,428.23		
61534	\$1,541.53		
61535	\$925.57		
61536	\$2,445.09		
61537	\$2,310.14		
61538	\$2,491.28		
61539	\$2,221.01		
61540	\$2,061.15		
61541	\$2,022.18		
61543	\$2,031.92		
61544	\$1,717.27		
61545	\$3,001.88		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
61546	\$2,173.74		
61548	\$1,481.27		
61550	\$902.12		
61552	\$1,179.24		
61556	\$1,580.51		
61557	\$1,580.51		
61558	\$1,765.26		
61559	\$1,950.01		
61563	\$1,868.10		
61564	\$2,273.69		
61566	\$2,129.35		
61567	\$2,429.94		
61570	\$1,744.33		
61571	\$1,875.68		
61575	\$2,336.12		
61576	\$3,422.99		
61580	\$2,311.58		
61581	\$2,561.65		
61582	\$2,746.04		
61583	\$2,703.10		
61584	\$2,652.58		
61585	\$2,932.96		
61586	\$2,127.91		
61590	\$2,935.84		
61591	\$2,972.29		
61592	\$2,969.04		
61595	\$2,243.02		
61596	\$2,410.45		
61597	\$2,751.45		
61598	\$2,527.37		
61600	\$2,017.85		
61601	\$2,215.59		
61605	\$2,095.43		
61606	\$2,837.33		
61607	\$2,728.72		
61608	\$3,048.43		
61611	\$392.60		
61613	\$3,055.28		
61615	\$2,242.66		
61616	\$3,119.87		
61618	\$1,225.79		
61619	\$1,411.63		
61624	\$1,100.94		
61630	\$1,257.55		
61635	\$1,362.19		
61640	\$621.74		
61641	\$218.67		
61642	\$437.35		
61645	\$807.70	1/1/16	
61650	\$553.13	1/1/16	
61651	\$235.62	1/1/16	
61680	\$2,136.21		
61682	\$3,995.65		
61684	\$2,675.67		
61686	\$4,288.29		
61690	\$2,055.02		
61692	\$3,470.98		
61697	\$3,993.84		
61698	\$4,360.10		
61700	\$3,255.91		
61702	\$3,790.33		
61703	\$1,273.43		
61705	\$2,437.88		
61708	\$2,002.33		
61710	\$1,829.85		
61711	\$2,459.17		
61735	\$1,442.66		
61736	\$962.96	1/1/22	
61737	\$1,147.12	1/1/22	
61750	\$1,320.34		
61751	\$1,284.61		
61760	\$1,462.15		
61796	\$793.14		
61797	\$183.31		
61798	\$1,030.94		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
61799	\$252.59		
61800	\$127.02		
61850	\$917.99		
61860	\$1,473.70		
61863	\$1,408.38		
61864	\$275.33		
61867	\$2,157.86		
61868	\$484.26		
61870	\$1,112.85		12/31/20
61889	\$1,285.00	1/1/24	
62005	\$1,179.61		
62010	\$1,424.26		
62100	\$1,516.27		
62115	\$1,195.48		
62117	\$1,679.02		
62120	\$1,638.60		
62121	\$1,625.61		
62140	\$975.37		
62141	\$1,073.88		
62142	\$824.53		
62143	\$967.07		
62145	\$1,331.16		
62146	\$1,155.43		
62147	\$1,368.69		
62148	\$121.24		
62161	\$1,423.90		
62162	\$1,782.22		
62163	\$1,145.33		12/31/20
62164	\$1,940.99		
62165	\$1,482.36		
62180	\$1,504.37		
62190	\$854.48		
62192	\$908.97		
62200	\$1,290.39		
62201	\$1,115.37		
62220	\$948.66		
62223	\$980.06		
62256	\$547.76		
62258	\$1,053.67		
63043	\$4,514.51		
63044	\$3,200.36		
63050	\$1,463.59		
63051	\$1,625.25		
63077	\$1,429.67		
63078	\$190.17		
63081	\$1,680.46		
63082	\$261.97		
63085	\$1,816.86		
63086	\$188.36		
63087	\$2,294.98		
63088	\$252.95		
63090	\$1,883.62		
63091	\$175.01		
63101	\$2,197.19		
63102	\$2,137.29		
63103	\$286.15		
63170	\$1,475.86		
63172	\$1,317.45		
63173	\$1,620.56		
63180	\$1,324.67		12/31/20
63182	\$1,448.07		12/31/20
63185	\$1,114.29		
63190	\$1,205.23		
63191	\$1,104.55		
63194	\$1,320.34		12/31/21
63195	\$1,431.12		12/31/21
63196	\$1,444.83		12/31/21
63197	\$1,602.88		
63198	\$1,564.63		12/31/21
63199	\$1,755.52		12/31/21
63200	\$1,427.87		
63250	\$2,801.61		
63251	\$2,870.53		
63252	\$2,867.64		
63265	\$1,571.48		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
63266	\$1,619.48		
63267	\$1,295.44		
63268	\$1,345.59		
63270	\$1,949.65		
63271	\$1,952.90		
63272	\$1,798.10		
63273	\$1,724.48		
63275	\$1,692.01		
63276	\$1,681.54		
63277	\$1,463.95		
63278	\$1,474.42		
63280	\$1,998.00		
63281	\$1,974.19		
63282	\$1,861.97		
63283	\$1,775.72		
63285	\$2,457.36		
63286	\$2,432.82		
63287	\$2,589.07		
63290	\$2,633.09		
63295	\$317.18		
63300	\$1,733.14		
63301	\$2,030.84		
63302	\$2,010.27		
63303	\$2,121.05		
63304	\$2,205.49		
63305	\$2,302.20		
63306	\$2,316.99		
63307	\$2,206.57		
63308	\$312.85		
63620	\$860.26		
63621	\$210.37		
63700	\$1,190.07		
63702	\$1,324.67		
63704	\$1,497.51		
63706	\$1,701.75		
63707	\$849.79		
63709	\$1,035.63		
63710	\$1,036.35		
63740	\$882.27		
64755	\$862.42		
64760	\$466.21		
64809	\$758.86		
64818	\$638.70		
64866	\$1,121.87		
64868	\$990.52		
65273	\$335.59		
65760	\$4,514.51		
65765	\$4,514.51		
65767	\$4,514.51		
65771	\$4,514.51		
69090	\$1,998.58		
69155	\$1,607.21		
69535	\$2,569.95		
69554	\$2,374.37		
69710	\$3,861.21		
69950	\$1,746.49		
92975	\$395.13		
92992	\$7,257.51		12/31/20
92993	\$4,514.51		12/31/20
93583	\$736.27	1/1/14	
C1062	\$3,109.78	1/1/21	
C7500	\$1,081.04	1/1/23	
C7501	\$1,081.04	1/1/23	
C7502	\$1,081.04	1/1/23	
C7503	\$1,081.04	1/1/23	
C7504	\$1,081.04	1/1/23	
C7505	\$1,081.04	1/1/23	
C7506	\$1,081.04	1/1/23	
C7507	\$1,081.04	1/1/23	
C7508	\$1,081.04	1/1/23	
C7509	\$1,081.04	1/1/23	
C7510	\$1,081.04	1/1/23	
C7511	\$1,081.04	1/1/23	
C7512	\$1,081.04	1/1/23	
C7513	\$1,081.04	1/1/23	

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
C7514	\$1,081.04	1/1/23	
C7515	\$1,081.04	1/1/23	
C7516	\$1,081.04	1/1/23	
C7517	\$1,081.04	1/1/23	
C7518	\$1,081.04	1/1/23	
C7519	\$1,081.04	1/1/23	
C7520	\$1,081.04	1/1/23	
C7521	\$1,081.04	1/1/23	
C7522	\$1,081.04	1/1/23	
C7523	\$1,081.04	1/1/23	
C7524	\$1,081.04	1/1/23	
C7525	\$1,081.04	1/1/23	
C7526	\$1,081.04	1/1/23	
C7527	\$1,081.04	1/1/23	
C7528	\$1,081.04	1/1/23	
C7529	\$1,081.04	1/1/23	
C7530	\$1,081.04	1/1/23	
C7531	\$1,081.04	1/1/23	
C7532	\$1,081.04	1/1/23	
C7533	\$1,081.04	1/1/23	
C7534	\$1,081.04	1/1/23	
C7535	\$1,081.04	1/1/23	
C7537	\$1,081.04	1/1/23	
C7538	\$1,081.04	1/1/23	
C7539	\$1,081.04	1/1/23	
C7540	\$1,081.04	1/1/23	
C7541	\$1,081.04	1/1/23	
C7542	\$1,081.04	1/1/23	
C7543	\$1,081.04	1/1/23	
C7544	\$1,081.04	1/1/23	
C7545	\$1,081.04	1/1/23	
C7546	\$1,081.04	1/1/23	
C7547	\$1,081.04	1/1/23	
C7548	\$1,081.04	1/1/23	
C7549	\$1,081.04	1/1/23	
C7550	\$1,081.04	1/1/23	
C7551	\$1,081.04	1/1/23	
C7552	\$1,081.04	1/1/23	
C7553	\$1,081.04	1/1/23	
C7554	\$1,081.04	1/1/23	
C7555	\$1,081.04	1/1/23	
C7556	\$1,566.62	1/1/24	
C7557	\$2,526.07	1/1/24	
C7558	\$2,526.07	1/1/24	
C7560	\$1,799.09	1/1/24	
G0168	\$25.62		
G0295	\$4,514.51		
G0308	\$1,081.04	7/1/22	12/31/22
G0309	\$1,081.04	7/1/22	12/31/22
G0341	\$786.28		
G0342	\$658.18		
G0343	\$1,100.58		
G0412	\$650.97		
G0414	\$906.81		
G0415	\$1,239.51		
M0100	\$4,514.51		
M0301	\$4,514.51		
P9612	\$1,998.58		
S0390	\$4,514.51		
S0400	\$7,257.51		
S0601	\$3,954.90		
S0630	\$3,351.02		
S0800	\$4,514.51		
S0810	\$4,514.51		
S0812	\$4,514.51		
S2053	\$4,514.51		
S2054	\$4,514.51		
S2055	\$4,514.51		
S2060	\$4,514.51		
S2061	\$4,514.51		
S2065	\$4,514.51		
S2066	\$4,514.51		
S2067	\$4,514.51		
S2068	\$1,998.58		
S2070	\$3,351.02		

2010 Hospital APC Non Grouped 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	Contract Base Rate	Effective Date	End Date
S2079	\$3,351.02		
S2080	\$4,514.51		
S2083	\$1,998.58		
S2095	\$3,954.90		
S2102	\$4,514.51		
S2103	\$4,514.51		
S2112	\$4,514.51		
S2115	\$4,514.51		
S2117	\$3,861.21		
S2118	\$4,514.51		
S2120	\$4,514.51		
S2140	\$4,514.51		
S2142	\$4,514.51		
S2152	\$4,514.51		
S2205	\$4,514.51		
S2206	\$4,514.51		
S2207	\$4,514.51		
S2208	\$4,514.51		
S2209	\$4,514.51		
S2225	\$4,514.51		
S2230	\$3,200.36		
S2235	\$4,514.51		
S2260	\$4,514.51		
S2265	\$4,514.51		
S2266	\$4,514.51		
S2267	\$4,514.51		
S2300	\$4,514.51		
S2325	\$4,514.51		
S2340	\$4,514.51		
S2341	\$4,514.51		
S2342	\$3,954.90		
S2348	\$4,514.51		
S2350	\$4,514.51		
S2351	\$4,514.51		
S2400	\$4,514.51		
S2401	\$4,514.51		
S2402	\$4,514.51		
S2403	\$4,514.51		
S2404	\$4,514.51		
S2405	\$4,514.51		
S2409	\$4,514.51		
S2411	\$7,257.51		
S2900	\$3,351.02		
S4013	\$4,514.51		
S4014	\$4,514.51		
S4015	\$4,514.51		
S4028	\$3,200.36		
S4035	\$4,514.51		
S4037	\$4,514.51		
S4981	\$4,514.51		
S8030	\$4,514.51		
S9034	\$3,954.90		