

## 2018 Hospital Lab/Pathology Base Compensation Schedule

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

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0001U		\$18.85	4/1/18	
0002M		\$503.40	10/1/18	
0002U		\$512.43	4/1/18	
0003M		\$503.40	10/1/18	
0003U		\$950.00	4/1/18	
0005U		\$760.00	4/1/18	
0006U		\$246.92	4/1/18	3/31/20
0007U		\$114.43	4/1/18	
0008U		\$597.91	4/1/18	
0009U		\$22.00	4/1/18	
0010U		\$157.14	4/1/18	
0011U		\$114.43	4/1/18	
0012M		\$3,873.00	4/1/18	
0012U		\$25.65	4/1/18	9/30/22
0013M		\$3,873.00	4/1/18	
0013U		\$25.65	4/1/18	9/30/22
0014M		\$503.40	4/1/20	12/31/23
0014U		\$25.65	4/1/18	9/30/22
0015M		\$602.10	10/1/20	
0016M		\$760.00	10/1/20	
0016U		\$202.42	4/1/18	
0017M		\$2,510.21	1/1/21	
0017U		\$113.17	4/1/18	
0018M		\$3,240.00	10/1/21	
0018U		\$25.65	4/1/18	
0019M		\$25.65	10/1/23	
0019U		\$25.65	4/1/18	
0021U		\$25.65	4/1/18	
0022U		\$25.65	4/1/18	
0023U		\$25.65	4/1/18	
0024U		\$18.85	4/1/18	
0025U		\$18.85	4/1/18	
0026U		\$18.85	4/1/18	
0027U		\$18.85	4/1/18	
0029U		\$18.85	4/1/18	
0030U		\$18.85	4/1/18	
0031U		\$18.85	4/1/18	
0032U		\$18.85	4/1/18	
0033U		\$18.85	4/1/18	
0034U		\$18.85	4/1/18	
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	5672	\$129.18	4/1/18	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	
0073U		\$450.91	10/1/18	

## 2018 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 conditions and 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
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	
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	
0106U		\$24.11	10/1/19	
0107U		\$14.80	10/1/19	
0108U		\$129.18	10/1/19	
0109U		\$14.80	10/1/19	
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
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	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	
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	
0205U		\$137.00	10/1/20	
0206U		\$137.00	10/1/20	
0207U		\$137.00	10/1/20	
0208U		\$150.00	10/1/20	12/31/21
0209U		\$900.00	10/1/20	
0210U		\$18.09	10/1/20	
0211U		\$137.00	10/1/20	
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	
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

## 2018 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 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
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	
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	

## 2018 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 contracts, conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	
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	
0353U		\$35.09	10/1/22	
0354U		\$35.09	10/1/22	
0355U		\$950.00	1/1/23	
0356U		\$150.00	1/1/23	
0357T	5672	\$129.18	4/1/18	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	
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	

## 2018 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 contracts, 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
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	
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	
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	4/1/18	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	
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	
0462T	5743	\$261.89	4/1/18	12/31/21
0463T	5743	\$261.89	4/1/18	12/31/21
0464T	5721	\$136.32	4/1/18	
0472T	5743	\$261.89	4/1/18	
0473T	5742	\$115.18	4/1/18	
0475T		\$18.59	4/1/18	12/31/22
0476T	5734	\$105.04	4/1/18	12/31/22
0477T	5734	\$105.04	4/1/18	12/31/22
0478T		\$18.59	4/1/18	12/31/22
0497T	5741	\$37.74	4/1/18	12/31/22
0498T		\$25.78	4/1/18	12/31/22
0500T		\$47.80	4/1/18	
0509T	5721	\$58.14	1/1/19	
0521T	5731	\$17.17	1/1/19	
0522T	5741	\$37.16	1/1/19	
0528T	5741	\$37.16	1/1/19	
0529T	5741	\$37.16	1/1/19	
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	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
0564T	5671	\$49.46	1/1/20	
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	
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	
36415		\$0.00	4/1/18	
36416		\$0.00	4/1/18	
36591	5734	\$105.04	4/1/18	
36592	5734	\$105.04	4/1/18	
80047		\$13.73	4/1/18	
80048		\$10.44	4/1/18	
80050		\$35.17	4/1/18	
80051		\$8.66	4/1/18	
80053		\$13.04	4/1/18	
80055		\$59.02	4/1/18	
80061		\$16.53	4/1/18	
80069		\$10.72	4/1/18	
80074		\$58.81	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
80076		\$10.09	4/1/18	
80081		\$92.42	4/1/18	
80143		\$18.64	1/1/21	
80145		\$38.57	1/1/20	
80150		\$18.61	4/1/18	
80151		\$18.64	1/1/21	
80155		\$38.57	4/1/18	
80156		\$17.98	4/1/18	
80157		\$16.36	4/1/18	
80158		\$22.28	4/1/18	
80159		\$22.83	4/1/18	
80161		\$18.64	1/1/21	
80162		\$16.39	4/1/18	
80163		\$16.39	4/1/18	
80164		\$16.72	4/1/18	
80165		\$16.72	4/1/18	
80167		\$18.64	1/1/21	
80168		\$20.17	4/1/18	
80169		\$16.96	4/1/18	
80170		\$20.22	4/1/18	
80171		\$21.67	4/1/18	
80173		\$17.98	4/1/18	
80175		\$16.36	4/1/18	
80176		\$18.14	4/1/18	
80177		\$16.36	4/1/18	
80178		\$8.16	4/1/18	
80179		\$18.64	1/1/21	
80180		\$22.28	4/1/18	
80181		\$18.64	1/1/21	
80183		\$16.36	4/1/18	
80184		\$15.30	4/1/18	
80185		\$16.36	4/1/18	
80186		\$16.99	4/1/18	
80187		\$27.11	1/1/20	
80188		\$20.48	4/1/18	
80189		\$27.11	1/1/21	
80190		\$60.00	4/1/18	
80192		\$20.68	4/1/18	
80193		\$38.57	1/1/21	
80194		\$18.03	4/1/18	
80195		\$16.96	4/1/18	
80197		\$16.96	4/1/18	
80198		\$17.46	4/1/18	
80199		\$27.11	4/1/18	
80200		\$19.91	4/1/18	
80201		\$14.72	4/1/18	
80202		\$16.72	4/1/18	
80203		\$16.36	4/1/18	
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		\$18.64	4/1/18	
80305		\$13.46	4/1/18	
80306		\$17.96	4/1/18	
80307		\$71.83	4/1/18	
80320		\$0.00	4/1/18	
80321		\$0.00	4/1/18	
80322		\$0.00	4/1/18	
80323		\$0.00	4/1/18	
80324		\$0.00	4/1/18	
80325		\$0.00	4/1/18	
80326		\$0.00	4/1/18	
80327		\$0.00	4/1/18	
80328		\$0.00	4/1/18	
80329		\$0.00	4/1/18	
80330		\$0.00	4/1/18	
80331		\$0.00	4/1/18	
80332		\$0.00	4/1/18	
80333		\$0.00	4/1/18	
80334		\$0.00	4/1/18	
80335		\$0.00	4/1/18	
80336		\$0.00	4/1/18	
80337		\$0.00	4/1/18	
80338		\$0.00	4/1/18	
80339		\$0.00	4/1/18	



## 2018 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 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
80340		\$0.00	4/1/18	
80341		\$0.00	4/1/18	
80342		\$0.00	4/1/18	
80343		\$0.00	4/1/18	
80344		\$0.00	4/1/18	
80345		\$0.00	4/1/18	
80346		\$0.00	4/1/18	
80347		\$0.00	4/1/18	
80348		\$0.00	4/1/18	
80349		\$0.00	4/1/18	
80350		\$0.00	4/1/18	
80351		\$0.00	4/1/18	
80352		\$0.00	4/1/18	
80353		\$0.00	4/1/18	
80354		\$0.00	4/1/18	
80355		\$0.00	4/1/18	
80356		\$0.00	4/1/18	
80357		\$0.00	4/1/18	
80358		\$0.00	4/1/18	
80359		\$0.00	4/1/18	
80360		\$0.00	4/1/18	
80361		\$0.00	4/1/18	
80362		\$0.00	4/1/18	
80363		\$0.00	4/1/18	
80364		\$0.00	4/1/18	
80365		\$0.00	4/1/18	
80366		\$0.00	4/1/18	
80367		\$0.00	4/1/18	
80368		\$0.00	4/1/18	
80369		\$0.00	4/1/18	
80370		\$0.00	4/1/18	
80371		\$0.00	4/1/18	
80372		\$0.00	4/1/18	
80373		\$0.00	4/1/18	
80374		\$0.00	4/1/18	
80375		\$0.00	4/1/18	
80376		\$0.00	4/1/18	
80377		\$0.00	4/1/18	
80400		\$40.27	4/1/18	
80402		\$107.35	4/1/18	
80406		\$96.62	4/1/18	
80408		\$154.94	4/1/18	
80410		\$99.24	4/1/18	
80412		\$801.62	4/1/18	
80414		\$63.75	4/1/18	
80415		\$68.99	4/1/18	
80416		\$209.32	4/1/18	
80417		\$54.31	4/1/18	
80418		\$715.43	4/1/18	
80420		\$161.88	4/1/18	
80422		\$56.88	4/1/18	
80424		\$62.34	4/1/18	
80426		\$183.22	4/1/18	
80428		\$82.35	4/1/18	
80430		\$129.33	4/1/18	
80432		\$166.79	4/1/18	
80434		\$285.03	4/1/18	
80435		\$127.18	4/1/18	
80436		\$112.55	4/1/18	
80438		\$62.24	4/1/18	
80439		\$82.98	4/1/18	
80500	5671	\$44.70	4/1/18	12/31/21
80502	5671	\$44.70	4/1/18	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		\$4.02	4/1/18	
81001		\$3.92	4/1/18	
81002		\$3.48	4/1/18	
81003		\$2.77	4/1/18	
81005		\$2.67	4/1/18	
81007		\$29.98	4/1/18	
81015		\$3.76	4/1/18	
81020		\$4.70	4/1/18	
81025		\$8.61	4/1/18	
81050		\$3.71	4/1/18	
81105		\$150.89	4/1/18	
81106		\$150.89	4/1/18	

## 2018 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 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
81107		\$150.89	4/1/18	
81108		\$150.89	4/1/18	
81109		\$150.89	4/1/18	
81110		\$150.89	4/1/18	
81111		\$150.89	4/1/18	
81112		\$150.89	4/1/18	
81120		\$193.25	4/1/18	
81121		\$295.79	4/1/18	
81161		\$279.00	4/1/18	
81162		\$2,252.93	4/1/18	
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		\$300.00	4/1/18	
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	4/1/18	
81176		\$298.64	4/1/18	
81177		\$137.00	1/1/19	
81178		\$137.00	1/1/19	
81179		\$137.00	1/1/19	
81180		\$137.00	1/1/19	
81181		\$137.00	1/1/19	
81182		\$137.00	1/1/19	
81183		\$137.00	1/1/19	
81184		\$137.00	1/1/19	
81185		\$846.27	1/1/19	
81186		\$185.20	1/1/19	
81187		\$137.00	1/1/19	
81188		\$137.00	1/1/19	
81189		\$274.83	1/1/19	
81190		\$185.20	1/1/19	
81191		\$207.31	1/1/21	
81192		\$207.31	1/1/21	
81193		\$207.31	1/1/21	
81194		\$518.28	1/1/21	
81200		\$47.25	4/1/18	
81201		\$780.00	10/1/18	
81202		\$280.00	10/1/18	
81203		\$200.00	10/1/18	
81204		\$137.00	1/1/19	
81205		\$94.99	4/1/18	
81206		\$202.42	4/1/18	
81207		\$178.81	4/1/18	
81208		\$214.62	4/1/18	
81209		\$39.31	4/1/18	
81210		\$175.40	4/1/18	
81212		\$440.00	4/1/18	
81215		\$375.25	4/1/18	
81216		\$185.12	10/1/18	
81217		\$375.25	4/1/18	
81218		\$298.64	4/1/18	
81219		\$150.16	4/1/18	
81220		\$556.60	4/1/18	
81221		\$97.22	4/1/18	
81222		\$435.07	4/1/18	
81223		\$499.00	4/1/18	
81224		\$168.75	4/1/18	
81225		\$291.36	4/1/18	
81226		\$450.91	4/1/18	
81227		\$174.81	4/1/18	
81228		\$900.00	4/1/18	
81229		\$1,160.00	4/1/18	
81230		\$174.81	4/1/18	
81231		\$174.81	4/1/18	
81232		\$174.81	4/1/18	
81233		\$175.40	1/1/19	
81234		\$137.00	1/1/19	
81235		\$324.58	4/1/18	
81236		\$282.88	1/1/19	
81237		\$175.40	1/1/19	
81238		\$600.00	4/1/18	
81239		\$274.83	1/1/19	
81240		\$65.69	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81241		\$75.44	4/1/18	
81242		\$36.62	4/1/18	
81243		\$57.04	4/1/18	
81244		\$44.89	4/1/18	
81245		\$165.51	4/1/18	
81246		\$83.62	4/1/18	
81247		\$174.81	4/1/18	
81248		\$375.25	4/1/18	
81249		\$600.00	4/1/18	
81250		\$58.49	4/1/18	
81251		\$47.25	4/1/18	
81252		\$101.12	10/1/18	
81253		\$61.52	10/1/18	
81254		\$35.00	10/1/18	
81255		\$51.45	4/1/18	
81256		\$80.69	4/1/18	
81257		\$102.26	4/1/18	
81258		\$375.25	4/1/18	
81259		\$600.00	4/1/18	
81260		\$39.31	4/1/18	
81261		\$244.43	4/1/18	
81262		\$68.55	4/1/18	
81263		\$363.60	4/1/18	
81264		\$184.35	4/1/18	
81265		\$265.49	4/1/18	
81266		\$304.81	4/1/18	
81267		\$256.12	4/1/18	
81268		\$321.96	4/1/18	
81269		\$202.40	4/1/18	
81270		\$113.17	4/1/18	
81271		\$137.00	1/1/19	
81272		\$329.51	4/1/18	
81273		\$124.87	4/1/18	
81274		\$274.83	1/1/19	
81275		\$193.25	4/1/18	
81276		\$193.25	4/1/18	
81277		\$1,160.00	1/1/20	
81278		\$207.31	1/1/21	
81279		\$185.20	1/1/21	
81283		\$75.44	4/1/18	
81284		\$137.00	1/1/19	
81285		\$274.83	1/1/19	
81286		\$274.83	1/1/19	
81287		\$124.64	4/1/18	
81288		\$160.76	4/1/18	
81289		\$185.20	1/1/19	
81290		\$39.31	4/1/18	
81291		\$65.34	4/1/18	
81292		\$675.40	4/1/18	
81293		\$331.00	4/1/18	
81294		\$202.40	4/1/18	
81295		\$381.70	4/1/18	
81296		\$337.73	4/1/18	
81297		\$213.30	4/1/18	
81298		\$641.85	4/1/18	
81299		\$308.00	4/1/18	
81300		\$238.00	4/1/18	
81301		\$357.48	4/1/18	
81302		\$527.87	4/1/18	
81303		\$120.00	4/1/18	
81304		\$150.00	4/1/18	
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	
81310		\$246.52	4/1/18	
81311		\$295.79	4/1/18	
81312		\$137.00	1/1/19	
81313		\$262.08	4/1/18	
81314		\$329.51	4/1/18	
81315		\$255.94	4/1/18	
81316		\$255.94	4/1/18	
81317		\$707.02	4/1/18	
81318		\$331.00	4/1/18	
81319		\$203.50	4/1/18	
81320		\$291.36	1/1/19	
81321		\$600.00	4/1/18	
81322		\$52.85	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81323		\$300.00	4/1/18	
81324		\$758.36	10/1/18	
81325		\$769.58	10/1/18	
81326		\$52.85	10/1/18	
81327		\$83.67	4/1/18	
81328		\$174.81	4/1/18	
81329		\$137.00	1/1/19	
81330		\$47.00	4/1/18	
81331		\$51.07	4/1/18	
81332		\$53.89	4/1/18	
81333		\$137.00	1/1/19	
81334		\$329.51	4/1/18	
81335		\$174.81	4/1/18	
81336		\$301.35	1/1/19	
81337		\$185.20	1/1/19	
81338		\$150.33	1/1/21	
81339		\$185.20	1/1/21	
81340		\$257.92	4/1/18	
81341		\$61.22	4/1/18	
81342		\$248.76	4/1/18	
81343		\$137.00	1/1/19	
81344		\$137.00	1/1/19	
81345		\$185.20	1/1/19	
81346		\$174.81	4/1/18	
81347		\$759.53	1/1/21	
81348		\$759.53	1/1/21	
81349		\$308.00	1/1/22	
81350		\$234.00	4/1/18	
81351		\$641.85	1/1/21	
81352		\$274.83	1/1/21	
81353		\$308.00	1/1/21	
81355		\$88.20	4/1/18	
81357		\$759.53	1/1/21	
81360		\$759.53	1/1/21	
81361		\$174.81	4/1/18	
81362		\$375.25	4/1/18	
81363		\$202.40	4/1/18	
81364		\$324.58	4/1/18	
81370		\$496.45	4/1/18	
81371		\$404.52	4/1/18	
81372		\$403.59	4/1/18	
81373		\$137.48	4/1/18	
81374		\$89.81	4/1/18	
81375		\$272.52	4/1/18	
81376		\$150.89	4/1/18	
81377		\$113.35	4/1/18	
81378		\$426.63	4/1/18	
81379		\$414.05	4/1/18	
81380		\$218.83	4/1/18	
81381		\$169.90	4/1/18	
81382		\$152.69	4/1/18	
81383		\$134.73	4/1/18	
81400		\$63.96	4/1/18	
81401		\$137.00	4/1/18	
81402		\$150.33	4/1/18	
81403		\$185.20	4/1/18	
81404		\$274.83	4/1/18	
81405		\$301.35	4/1/18	
81406		\$282.88	4/1/18	
81407		\$846.27	4/1/18	
81408		\$2,000.00	4/1/18	
81410		\$3.82	4/1/18	
81411		\$3.82	4/1/18	
81412		\$2,448.56	4/1/18	
81413		\$722.10	4/1/18	
81414		\$722.10	4/1/18	
81415		\$1,840.00	4/1/18	
81416		\$552.00	4/1/18	
81417		\$3.82	4/1/18	
81418		\$742.27	1/1/23	
81419		\$25.65	1/1/21	
81420		\$802.33	4/1/18	
81422		\$759.05	4/1/18	
81425		\$3.82	4/1/18	
81426		\$3.82	4/1/18	
81427		\$3.82	4/1/18	
81430		\$3.82	4/1/18	
81431		\$3.82	4/1/18	
81432		\$838.33	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
81433		\$541.89	4/1/18	
81434		\$597.91	4/1/18	
81435		\$802.33	4/1/18	
81436		\$802.33	4/1/18	
81437		\$541.89	4/1/18	
81438		\$541.89	4/1/18	
81439		\$722.10	4/1/18	
81440		\$3.82	4/1/18	
81441		\$2,448.56	1/1/23	
81442		\$2,143.60	4/1/18	
81443		\$2,448.56	1/1/19	
81445		\$602.10	4/1/18	
81448		\$722.10	4/1/18	
81449		\$597.91	1/1/23	
81450		\$652.94	4/1/18	
81451		\$759.53	1/1/23	
81455		\$3.82	4/1/18	
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	4/1/18	
81462		\$597.91	1/1/24	
81463		\$597.91	1/1/24	
81464		\$597.91	1/1/24	
81465		\$3.82	4/1/18	
81470		\$3.82	4/1/18	
81471		\$3.82	4/1/18	
81479		\$25.65	10/1/18	
81490		\$840.65	4/1/18	
81493		\$1,050.00	4/1/18	
81507		\$795.00	10/1/18	
81513		\$142.63	1/1/21	
81514		\$262.99	1/1/21	
81517		\$503.40	1/1/24	
81518		\$3,873.00	1/1/19	
81519		\$3,443.36	4/1/18	
81520		\$3,099.02	4/1/18	
81521		\$3,873.00	4/1/18	
81522		\$3,873.00	1/1/20	
81523		\$3,873.00	1/1/22	
81525		\$3,116.00	4/1/18	
81528		\$508.87	4/1/18	
81529		\$7,193.00	1/1/21	
81535		\$579.46	4/1/18	
81536		\$177.56	4/1/18	
81538		\$2,871.00	4/1/18	
81539		\$760.00	4/1/18	
81540		\$3,750.00	4/1/18	
81541		\$3,873.00	4/1/18	
81542		\$3,873.00	1/1/20	
81545		\$3,600.00	4/1/18	12/31/20
81546		\$3,600.00	1/1/21	
81551		\$25.06	4/1/18	
81552		\$22.00	1/1/20	
81554		\$5,500.00	1/1/21	
81560		\$3,240.00	1/1/22	
81595		\$3,240.00	4/1/18	
81596		\$72.19	1/1/19	
82009		\$5.58	4/1/18	
82010		\$10.09	4/1/18	
82013		\$13.79	4/1/18	
82016		\$17.13	4/1/18	
82017		\$20.83	4/1/18	
82024		\$47.68	4/1/18	
82030		\$31.85	4/1/18	
82040		\$6.11	4/1/18	
82042		\$7.78	4/1/18	
82043		\$7.14	4/1/18	
82044		\$6.23	4/1/18	
82045		\$41.90	4/1/18	
82075		\$30.00	4/1/18	
82077		\$17.27	1/1/21	
82085		\$11.99	4/1/18	
82088		\$50.31	4/1/18	
82103		\$16.59	4/1/18	
82104		\$17.86	4/1/18	
82105		\$20.71	4/1/18	
82106		\$20.71	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
82107		\$79.52	4/1/18	
82108		\$31.46	4/1/18	
82120		\$5.99	4/1/18	
82127		\$17.13	4/1/18	
82128		\$17.13	4/1/18	
82131		\$22.98	4/1/18	
82135		\$20.31	4/1/18	
82136		\$20.83	4/1/18	
82139		\$20.83	4/1/18	
82140		\$17.99	4/1/18	
82143		\$9.35	4/1/18	
82150		\$8.00	4/1/18	
82154		\$35.60	4/1/18	
82157		\$36.14	4/1/18	
82160		\$30.87	4/1/18	
82163		\$25.34	4/1/18	
82164		\$18.03	4/1/18	
82166		\$38.62	1/1/24	
82172		\$21.09	4/1/18	
82175		\$23.42	4/1/18	
82180		\$12.20	4/1/18	
82190		\$18.41	4/1/18	
82232		\$19.97	4/1/18	
82239		\$21.14	4/1/18	
82240		\$32.81	4/1/18	
82247		\$6.19	4/1/18	
82248		\$6.19	4/1/18	
82252		\$5.63	4/1/18	
82261		\$20.83	4/1/18	
82270		\$4.38	4/1/18	
82271		\$5.32	4/1/18	
82272		\$4.23	4/1/18	
82274		\$19.64	4/1/18	
82286		\$6.37	4/1/18	
82300		\$28.58	4/1/18	
82306		\$36.55	4/1/18	
82308		\$33.08	4/1/18	
82310		\$6.37	4/1/18	
82330		\$16.88	4/1/18	
82331		\$13.34	4/1/18	
82340		\$7.44	4/1/18	
82355		\$14.29	4/1/18	
82360		\$15.89	4/1/18	
82365		\$15.92	4/1/18	
82370		\$15.46	4/1/18	
82373		\$22.29	4/1/18	
82374		\$6.03	4/1/18	
82375		\$15.21	4/1/18	
82376		\$14.07	4/1/18	
82378		\$23.41	4/1/18	
82379		\$20.83	4/1/18	
82380		\$11.39	4/1/18	
82382		\$27.30	4/1/18	
82383		\$30.93	4/1/18	
82384		\$31.18	4/1/18	
82387		\$22.29	4/1/18	
82390		\$13.26	4/1/18	
82397		\$17.43	4/1/18	
82415		\$15.64	4/1/18	
82435		\$5.68	4/1/18	
82436		\$6.21	4/1/18	
82438		\$6.03	4/1/18	
82441		\$7.42	4/1/18	
82465		\$5.37	4/1/18	
82480		\$9.72	4/1/18	
82482		\$9.81	4/1/18	
82485		\$25.50	4/1/18	
82495		\$25.04	4/1/18	
82507		\$34.33	4/1/18	
82523		\$23.07	4/1/18	
82525		\$15.32	4/1/18	
82528		\$27.80	4/1/18	
82530		\$20.63	4/1/18	
82533		\$20.12	4/1/18	
82540		\$5.72	4/1/18	
82542		\$24.09	4/1/18	
82550		\$8.04	4/1/18	
82552		\$16.53	4/1/18	
82553		\$14.26	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
82554		\$14.65	4/1/18	
82565		\$6.33	4/1/18	
82570		\$6.39	4/1/18	
82575		\$11.67	4/1/18	
82585		\$14.14	4/1/18	
82595		\$7.98	4/1/18	
82600		\$23.95	4/1/18	
82607		\$18.61	4/1/18	
82608		\$17.68	4/1/18	
82610		\$18.52	4/1/18	
82615		\$10.08	4/1/18	
82626		\$31.20	4/1/18	
82627		\$27.45	4/1/18	
82633		\$38.25	4/1/18	
82634		\$36.14	4/1/18	
82638		\$15.12	4/1/18	
82642		\$32.53	1/1/19	
82652		\$47.53	4/1/18	
82653		\$22.97	1/1/22	
82656		\$14.24	4/1/18	
82657		\$22.29	4/1/18	
82658		\$44.03	4/1/18	
82664		\$61.50	4/1/18	
82668		\$23.20	4/1/18	
82670		\$34.49	4/1/18	
82671		\$39.88	4/1/18	
82672		\$26.78	4/1/18	
82677		\$29.85	4/1/18	
82679		\$30.81	4/1/18	
82681		\$27.94	1/1/21	
82693		\$18.40	4/1/18	
82696		\$29.12	4/1/18	
82705		\$6.29	4/1/18	
82710		\$20.75	4/1/18	
82715		\$22.97	4/1/18	
82725		\$18.77	4/1/18	
82726		\$22.29	4/1/18	
82728		\$16.83	4/1/18	
82731		\$79.52	4/1/18	
82735		\$22.89	4/1/18	
82746		\$18.15	4/1/18	
82747		\$21.38	4/1/18	
82757		\$21.40	4/1/18	
82759		\$26.52	4/1/18	
82760		\$13.82	4/1/18	
82775		\$26.01	4/1/18	
82776		\$11.74	4/1/18	
82777		\$44.25	4/1/18	
82784		\$11.48	4/1/18	
82785		\$20.32	4/1/18	
82787		\$9.90	4/1/18	
82800		\$11.00	4/1/18	
82803		\$26.07	4/1/18	
82805		\$78.77	4/1/18	
82810		\$10.77	4/1/18	
82820		\$13.34	4/1/18	
82930		\$6.72	4/1/18	
82938		\$21.84	4/1/18	
82941		\$21.77	4/1/18	
82943		\$17.64	4/1/18	
82945		\$4.85	4/1/18	
82946		\$18.61	4/1/18	
82947		\$4.85	4/1/18	
82948		\$5.04	4/1/18	
82950		\$5.86	4/1/18	
82951		\$15.89	4/1/18	
82952		\$4.84	4/1/18	
82955		\$11.97	4/1/18	
82960		\$7.47	4/1/18	
82962		\$3.28	4/1/18	
82963		\$26.52	4/1/18	
82965		\$13.15	4/1/18	
82977		\$8.89	4/1/18	
82978		\$17.60	4/1/18	
82979		\$11.66	4/1/18	
82985		\$18.61	4/1/18	
83001		\$22.94	4/1/18	
83002		\$22.86	4/1/18	
83003		\$20.58	4/1/18	

### 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
83006		\$75.60	4/1/18	
83009		\$83.16	4/1/18	
83010		\$15.53	4/1/18	
83012		\$26.89	4/1/18	
83013		\$83.16	4/1/18	
83014		\$9.70	4/1/18	
83015		\$23.25	4/1/18	
83018		\$27.12	4/1/18	
83020		\$15.89	4/1/18	
83021		\$22.29	4/1/18	
83026		\$4.01	4/1/18	
83030		\$10.74	4/1/18	
83033		\$8.00	4/1/18	
83036		\$11.99	4/1/18	
83037		\$11.99	4/1/18	
83045		\$6.49	4/1/18	
83050		\$9.05	4/1/18	
83051		\$9.03	4/1/18	
83060		\$10.21	4/1/18	
83065		\$9.00	4/1/18	
83068		\$10.45	4/1/18	
83069		\$4.88	4/1/18	
83070		\$5.86	4/1/18	
83080		\$20.83	4/1/18	
83088		\$36.46	4/1/18	
83090		\$20.83	4/1/18	
83150		\$23.89	4/1/18	
83491		\$21.64	4/1/18	
83497		\$15.92	4/1/18	
83498		\$33.54	4/1/18	
83500		\$27.96	4/1/18	
83505		\$30.01	4/1/18	
83516		\$14.24	4/1/18	
83518		\$10.47	4/1/18	
83519		\$18.40	4/1/18	
83520		\$17.27	4/1/18	
83521		\$17.27	1/1/22	
83525		\$14.11	4/1/18	
83527		\$15.98	4/1/18	
83528		\$19.82	4/1/18	
83529		\$17.27	1/1/22	
83540		\$7.99	4/1/18	
83550		\$10.79	4/1/18	
83570		\$10.93	4/1/18	
83582		\$17.50	4/1/18	
83586		\$15.80	4/1/18	
83593		\$32.47	4/1/18	
83605		\$13.19	4/1/18	
83615		\$7.45	4/1/18	
83625		\$15.80	4/1/18	
83630		\$24.24	4/1/18	
83631		\$24.24	4/1/18	
83632		\$24.97	4/1/18	
83633		\$11.25	4/1/18	
83655		\$14.95	4/1/18	
83661		\$27.14	4/1/18	
83662		\$23.35	4/1/18	
83663		\$23.35	4/1/18	
83664		\$23.35	4/1/18	
83670		\$11.31	4/1/18	
83690		\$8.51	4/1/18	
83695		\$15.98	4/1/18	
83698		\$46.31	4/1/18	
83700		\$13.90	4/1/18	
83701		\$33.86	4/1/18	
83704		\$38.95	4/1/18	
83718		\$10.12	4/1/18	
83719		\$14.36	4/1/18	
83721		\$11.78	4/1/18	
83722		\$35.06	1/1/19	
83727		\$21.22	4/1/18	
83735		\$8.27	4/1/18	
83775		\$9.10	4/1/18	
83785		\$30.37	4/1/18	
83789		\$24.11	4/1/18	
83825		\$20.07	4/1/18	
83835		\$20.92	4/1/18	
83857		\$13.26	4/1/18	
83861		\$22.48	4/1/18	



## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
83864		\$28.50	4/1/18	
83872		\$7.24	4/1/18	
83873		\$21.24	4/1/18	
83874		\$15.95	4/1/18	
83876		\$50.86	4/1/18	
83880		\$41.90	4/1/18	
83883		\$16.79	4/1/18	
83885		\$30.26	4/1/18	
83915		\$13.77	4/1/18	
83916		\$27.39	4/1/18	
83918		\$23.60	4/1/18	
83919		\$20.31	4/1/18	
83921		\$21.21	4/1/18	
83930		\$8.16	4/1/18	
83935		\$8.42	4/1/18	
83937		\$36.85	4/1/18	
83945		\$15.89	4/1/18	
83950		\$79.52	4/1/18	
83951		\$79.52	4/1/18	
83970		\$50.96	4/1/18	
83986		\$4.42	4/1/18	
83987		\$4.42	4/1/18	
83992		\$25.48	4/1/18	
83993		\$24.24	4/1/18	
84030		\$6.79	4/1/18	
84035		\$4.52	4/1/18	
84060		\$9.12	4/1/18	
84066		\$11.93	4/1/18	
84075		\$6.39	4/1/18	
84078		\$9.01	4/1/18	
84080		\$18.25	4/1/18	
84081		\$20.39	4/1/18	
84085		\$11.66	4/1/18	
84087		\$12.74	4/1/18	
84100		\$5.85	4/1/18	
84105		\$6.39	4/1/18	
84106		\$5.82	4/1/18	
84110		\$10.42	4/1/18	
84112		\$98.11	4/1/18	
84119		\$13.36	4/1/18	
84120		\$18.16	4/1/18	
84126		\$39.11	4/1/18	
84132		\$5.68	4/1/18	
84133		\$5.32	4/1/18	
84134		\$18.01	4/1/18	
84135		\$23.63	4/1/18	
84138		\$23.37	4/1/18	
84140		\$25.52	4/1/18	
84143		\$28.16	4/1/18	
84144		\$25.76	4/1/18	
84145		\$33.08	4/1/18	
84146		\$23.92	4/1/18	
84150		\$41.77	4/1/18	
84152		\$22.71	4/1/18	
84153		\$22.71	4/1/18	
84154		\$22.71	4/1/18	
84155		\$4.53	4/1/18	
84156		\$4.53	4/1/18	
84157		\$4.53	4/1/18	
84160		\$6.39	4/1/18	
84163		\$18.59	4/1/18	
84165		\$13.26	4/1/18	
84166		\$22.01	4/1/18	
84181		\$21.02	4/1/18	
84182		\$29.21	4/1/18	
84202		\$17.71	4/1/18	
84203		\$10.63	4/1/18	
84206		\$26.69	4/1/18	
84207		\$34.69	4/1/18	
84210		\$14.48	4/1/18	
84220		\$11.66	4/1/18	
84228		\$14.36	4/1/18	
84233		\$87.88	4/1/18	
84234		\$80.10	4/1/18	
84235		\$71.23	4/1/18	
84238		\$45.14	4/1/18	
84244		\$27.15	4/1/18	
84252		\$24.98	4/1/18	
84255		\$31.52	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
84260		\$38.25	4/1/18	
84270		\$26.83	4/1/18	
84275		\$16.59	4/1/18	
84285		\$29.06	4/1/18	
84295		\$5.94	4/1/18	
84300		\$6.00	4/1/18	
84302		\$6.00	4/1/18	
84305		\$26.25	4/1/18	
84307		\$22.56	4/1/18	
84311		\$8.63	4/1/18	
84315		\$3.28	4/1/18	
84375		\$39.00	4/1/18	
84376		\$6.79	4/1/18	
84377		\$6.79	4/1/18	
84378		\$14.23	4/1/18	
84379		\$14.23	4/1/18	
84392		\$5.86	4/1/18	
84402		\$31.45	4/1/18	
84403		\$31.87	4/1/18	
84410		\$63.32	4/1/18	
84425		\$26.21	4/1/18	
84430		\$14.36	4/1/18	
84431		\$35.11	4/1/18	
84432		\$19.83	4/1/18	
84433		\$22.17	1/1/23	
84436		\$8.48	4/1/18	
84437		\$7.98	4/1/18	
84439		\$11.13	4/1/18	
84442		\$18.25	4/1/18	
84443		\$20.75	4/1/18	
84445		\$62.78	4/1/18	
84446		\$17.51	4/1/18	
84449		\$22.22	4/1/18	
84450		\$6.39	4/1/18	
84460		\$6.54	4/1/18	
84466		\$15.76	4/1/18	
84478		\$7.09	4/1/18	
84479		\$7.98	4/1/18	
84480		\$17.51	4/1/18	
84481		\$20.92	4/1/18	
84482		\$19.46	4/1/18	
84484		\$12.47	4/1/18	
84485		\$8.89	4/1/18	
84488		\$9.01	4/1/18	
84490		\$9.93	4/1/18	
84510		\$12.84	4/1/18	
84512		\$10.09	4/1/18	
84520		\$4.88	4/1/18	
84525		\$5.13	4/1/18	
84540		\$5.86	4/1/18	
84545		\$8.16	4/1/18	
84550		\$5.58	4/1/18	
84560		\$5.86	4/1/18	
84577		\$20.75	4/1/18	
84578		\$4.47	4/1/18	
84580		\$10.08	4/1/18	
84583		\$6.21	4/1/18	
84585		\$19.13	4/1/18	
84586		\$43.62	4/1/18	
84588		\$41.90	4/1/18	
84590		\$14.33	4/1/18	
84591		\$17.06	4/1/18	
84597		\$16.94	4/1/18	
84600		\$19.85	4/1/18	
84620		\$14.63	4/1/18	
84630		\$14.06	4/1/18	
84681		\$25.70	4/1/18	
84702		\$18.59	4/1/18	
84703		\$9.29	4/1/18	
84704		\$18.59	4/1/18	
84830		\$12.70	4/1/18	
84999		\$0.00	4/1/18	
85002		\$5.57	4/1/18	
85004		\$7.98	4/1/18	
85007		\$4.24	4/1/18	
85008		\$4.24	4/1/18	
85009		\$5.07	4/1/18	
85013		\$7.00	4/1/18	
85014		\$2.93	4/1/18	

## 2018 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 contracts, and conditions of 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
85018		\$2.93	4/1/18	
85025		\$9.59	4/1/18	
85027		\$7.98	4/1/18	
85032		\$5.32	4/1/18	
85041		\$3.73	4/1/18	
85044		\$5.32	4/1/18	
85045		\$4.93	4/1/18	
85046		\$6.88	4/1/18	
85048		\$3.13	4/1/18	
85049		\$5.53	4/1/18	
85055		\$35.74	4/1/18	
85060		\$25.48	4/1/18	
85097	5674	\$540.96	4/1/18	
85130		\$14.68	4/1/18	
85170		\$16.30	4/1/18	
85175		\$20.37	4/1/18	
85210		\$16.03	4/1/18	
85220		\$21.79	4/1/18	
85230		\$22.10	4/1/18	
85240		\$22.10	4/1/18	
85244		\$25.21	4/1/18	
85245		\$28.32	4/1/18	
85246		\$28.32	4/1/18	
85247		\$28.32	4/1/18	
85250		\$23.51	4/1/18	
85260		\$22.10	4/1/18	
85270		\$22.10	4/1/18	
85280		\$23.89	4/1/18	
85290		\$20.17	4/1/18	
85291		\$10.98	4/1/18	
85292		\$23.37	4/1/18	
85293		\$23.37	4/1/18	
85300		\$14.63	4/1/18	
85301		\$13.35	4/1/18	
85302		\$14.83	4/1/18	
85303		\$17.08	4/1/18	
85305		\$14.33	4/1/18	
85306		\$18.92	4/1/18	
85307		\$18.92	4/1/18	
85335		\$15.89	4/1/18	
85337		\$17.27	4/1/18	
85345		\$5.32	4/1/18	
85347		\$5.26	4/1/18	
85348		\$4.60	4/1/18	
85360		\$10.38	4/1/18	
85362		\$8.51	4/1/18	
85366		\$80.46	4/1/18	
85370		\$14.02	4/1/18	
85378		\$9.72	4/1/18	
85379		\$12.56	4/1/18	
85380		\$12.56	4/1/18	
85384		\$10.49	4/1/18	
85385		\$14.46	4/1/18	
85390		\$15.48	4/1/18	
85396		\$21.17	4/1/18	
85397		\$30.86	4/1/18	
85400		\$9.51	4/1/18	
85410		\$9.51	4/1/18	
85415		\$21.22	4/1/18	
85420		\$8.06	4/1/18	
85421		\$12.57	4/1/18	
85441		\$5.18	4/1/18	
85445		\$8.42	4/1/18	
85460		\$9.55	4/1/18	
85461		\$9.36	4/1/18	
85475		\$10.95	4/1/18	
85520		\$16.16	4/1/18	
85525		\$14.62	4/1/18	
85530		\$16.16	4/1/18	
85536		\$7.98	4/1/18	
85540		\$10.62	4/1/18	
85547		\$10.62	4/1/18	
85549		\$23.15	4/1/18	
85555		\$8.25	4/1/18	
85557		\$16.49	4/1/18	
85576		\$26.52	4/1/18	
85597		\$22.19	4/1/18	
85598		\$22.19	4/1/18	
85610		\$4.85	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
85611		\$4.87	4/1/18	
85612		\$17.49	4/1/18	
85613		\$11.83	4/1/18	
85635		\$12.16	4/1/18	
85651		\$4.38	4/1/18	
85652		\$3.33	4/1/18	
85660		\$6.80	4/1/18	
85670		\$7.12	4/1/18	
85675		\$8.45	4/1/18	
85705		\$11.89	4/1/18	
85730		\$7.42	4/1/18	
85732		\$7.98	4/1/18	
85810		\$14.41	4/1/18	
86000		\$8.62	4/1/18	
86001		\$7.82	4/1/18	
86003		\$6.44	4/1/18	
86005		\$9.84	4/1/18	
86008		\$22.14	4/1/18	
86015		\$11.53	1/1/22	
86021		\$18.59	4/1/18	
86022		\$22.68	4/1/18	
86023		\$15.38	4/1/18	
86036		\$12.05	1/1/22	
86037		\$12.05	1/1/22	
86038		\$14.92	4/1/18	
86039		\$13.78	4/1/18	
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		\$9.01	4/1/18	
86063		\$7.12	4/1/18	
86077	5732	\$31.80	4/1/18	
86078	5672	\$129.18	4/1/18	
86079	5671	\$44.70	4/1/18	
86140		\$6.39	4/1/18	
86141		\$15.98	4/1/18	
86146		\$31.42	4/1/18	
86147		\$31.42	4/1/18	
86148		\$19.84	4/1/18	
86152		\$303.34	4/1/18	
86153		\$35.17	4/1/18	
86155		\$19.74	4/1/18	
86156		\$8.27	4/1/18	
86157		\$9.95	4/1/18	
86160		\$14.81	4/1/18	
86161		\$14.81	4/1/18	
86162		\$25.09	4/1/18	
86171		\$12.36	4/1/18	
86200		\$15.98	4/1/18	
86215		\$16.35	4/1/18	
86225		\$16.97	4/1/18	
86226		\$14.95	4/1/18	
86231		\$12.09	1/1/22	
86235		\$22.14	4/1/18	
86255		\$14.88	4/1/18	
86256		\$14.88	4/1/18	
86258		\$11.53	1/1/22	
86277		\$19.43	4/1/18	
86280		\$10.12	4/1/18	
86294		\$25.57	4/1/18	
86300		\$25.70	4/1/18	
86301		\$25.70	4/1/18	
86304		\$25.70	4/1/18	
86305		\$25.70	4/1/18	
86308		\$6.39	4/1/18	
86309		\$7.98	4/1/18	
86310		\$9.10	4/1/18	
86316		\$25.70	4/1/18	
86317		\$18.50	4/1/18	
86318		\$18.09	4/1/18	5/18/20
86318		\$45.23	5/19/20	
86320		\$29.92	4/1/18	
86325		\$27.61	4/1/18	
86327		\$29.92	4/1/18	
86328		\$18.09	4/10/20	5/18/20
86328		\$45.23	5/19/20	12/31/21

### 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86328		\$45.28	1/1/22	
86329		\$17.34	4/1/18	
86331		\$14.79	4/1/18	
86332		\$30.09	4/1/18	
86334		\$27.59	4/1/18	
86335		\$36.23	4/1/18	
86336		\$19.24	4/1/18	
86337		\$26.43	4/1/18	
86340		\$18.61	4/1/18	
86341		\$24.43	4/1/18	
86343		\$15.38	4/1/18	
86344		\$10.39	4/1/18	
86352		\$167.73	4/1/18	
86353		\$60.53	4/1/18	
86355		\$46.58	4/1/18	
86356		\$33.06	4/1/18	
86357		\$46.58	4/1/18	
86359		\$46.58	4/1/18	
86360		\$58.01	4/1/18	
86361		\$33.06	4/1/18	
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		\$77.78	4/1/18	
86376		\$17.96	4/1/18	
86381		\$25.45	1/1/22	
86382		\$20.88	4/1/18	
86384		\$14.06	4/1/18	
86386		\$21.78	4/1/18	
86403		\$12.58	4/1/18	
86406		\$13.13	4/1/18	
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		\$7.00	4/1/18	
86431		\$7.00	4/1/18	
86480		\$76.52	4/1/18	
86481		\$100.00	4/1/18	
86485	5732	\$31.80	4/1/18	
86486	5731	\$17.47	4/1/18	
86490	5733	\$55.96	4/1/18	
86510	5733	\$55.96	4/1/18	
86580	5731	\$17.47	4/1/18	
86590		\$13.64	4/1/18	
86592		\$5.27	4/1/18	
86593		\$5.44	4/1/18	
86596		\$18.40	1/1/22	
86602		\$12.56	4/1/18	
86603		\$15.89	4/1/18	
86606		\$18.59	4/1/18	
86609		\$15.90	4/1/18	
86611		\$12.56	4/1/18	
86612		\$15.93	4/1/18	
86615		\$16.28	4/1/18	
86617		\$19.13	4/1/18	
86618		\$21.02	4/1/18	
86619		\$16.52	4/1/18	
86622		\$11.03	4/1/18	
86625		\$16.20	4/1/18	
86628		\$14.82	4/1/18	
86631		\$14.60	4/1/18	
86632		\$15.66	4/1/18	
86635		\$14.17	4/1/18	
86638		\$14.97	4/1/18	
86641		\$17.79	4/1/18	
86644		\$17.77	4/1/18	
86645		\$20.80	4/1/18	
86648		\$18.77	4/1/18	
86651		\$16.28	4/1/18	
86652		\$16.28	4/1/18	
86653		\$16.28	4/1/18	
86654		\$16.28	4/1/18	
86658		\$16.08	4/1/18	
86663		\$16.20	4/1/18	
86664		\$18.88	4/1/18	
86665		\$22.40	4/1/18	
86666		\$12.56	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86668		\$14.16	4/1/18	
86671		\$15.13	4/1/18	
86674		\$18.17	4/1/18	
86677		\$17.91	4/1/18	
86682		\$16.06	4/1/18	
86684		\$19.56	4/1/18	
86687		\$10.36	4/1/18	
86688		\$17.29	4/1/18	
86689		\$23.90	4/1/18	
86692		\$21.19	4/1/18	
86694		\$17.77	4/1/18	
86695		\$16.28	4/1/18	
86696		\$23.90	4/1/18	
86698		\$15.43	4/1/18	
86701		\$10.97	4/1/18	
86702		\$16.69	4/1/18	
86703		\$16.92	4/1/18	
86704		\$14.88	4/1/18	
86705		\$14.54	4/1/18	
86706		\$13.26	4/1/18	
86707		\$14.28	4/1/18	
86708		\$15.29	4/1/18	
86709		\$13.90	4/1/18	
86710		\$16.73	4/1/18	
86711		\$17.77	4/1/18	
86713		\$18.89	4/1/18	
86717		\$15.12	4/1/18	
86720		\$16.28	4/1/18	
86723		\$16.28	4/1/18	
86727		\$15.89	4/1/18	
86732		\$16.28	4/1/18	
86735		\$16.11	4/1/18	
86738		\$16.34	4/1/18	
86741		\$16.28	4/1/18	
86744		\$16.28	4/1/18	
86747		\$18.56	4/1/18	
86750		\$16.28	4/1/18	
86753		\$15.29	4/1/18	
86756		\$15.91	4/1/18	
86757		\$23.90	4/1/18	
86759		\$18.23	4/1/18	
86762		\$17.77	4/1/18	
86765		\$15.90	4/1/18	
86768		\$16.28	4/1/18	
86769		\$12.88	4/10/20	5/18/20
86769		\$42.13	5/19/20	
86771		\$24.48	4/1/18	
86774		\$18.27	4/1/18	
86777		\$17.77	4/1/18	
86778		\$17.78	4/1/18	
86780		\$16.34	4/1/18	
86784		\$15.51	4/1/18	
86787		\$15.90	4/1/18	
86788		\$20.80	4/1/18	
86789		\$17.77	4/1/18	
86790		\$15.90	4/1/18	
86793		\$16.28	4/1/18	
86794		\$20.80	4/1/18	
86800		\$19.64	4/1/18	
86803		\$17.61	4/1/18	
86804		\$19.13	4/1/18	
86805		\$189.51	4/1/18	
86806		\$58.75	4/1/18	
86807		\$78.65	4/1/18	
86808		\$36.64	4/1/18	
86812		\$31.86	4/1/18	
86813		\$71.60	4/1/18	
86816		\$34.39	4/1/18	
86817		\$106.14	4/1/18	
86821		\$45.14	4/1/18	
86825		\$109.49	4/1/18	
86826		\$36.53	4/1/18	
86828		\$64.19	4/1/18	
86829		\$64.19	4/1/18	
86830		\$99.68	4/1/18	
86831		\$85.44	4/1/18	
86832		\$323.75	4/1/18	
86833		\$325.80	4/1/18	
86834		\$441.43	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
86835		\$398.72	4/1/18	
86850	5671	\$44.70	4/1/18	
86860	5672	\$129.18	4/1/18	
86870	5673	\$215.43	4/1/18	
86880	5732	\$31.80	4/1/18	
86885	5672	\$129.18	4/1/18	
86886	5672	\$129.18	4/1/18	
86890	5673	\$215.43	4/1/18	
86891	5674	\$540.96	4/1/18	
86900	5734	\$105.04	4/1/18	
86901	5732	\$31.80	4/1/18	
86902	5673	\$215.43	4/1/18	
86904	5732	\$31.80	4/1/18	
86905	5673	\$215.43	4/1/18	
86906	5732	\$31.80	4/1/18	
86910		\$52.04	4/1/18	
86911		\$11.84	4/1/18	
86920	5672	\$129.18	4/1/18	
86921	5672	\$129.18	4/1/18	
86922	5672	\$129.18	4/1/18	
86923	5672	\$129.18	4/1/18	
86927	5673	\$12.92	4/1/18	
86930	5673	\$215.43	4/1/18	
86931	5673	\$215.43	4/1/18	
86932	5732	\$31.80	4/1/18	
86940		\$10.13	4/1/18	
86941		\$14.95	4/1/18	
86945	5732	\$31.80	4/1/18	
86950	5672	\$129.18	4/1/18	
86960	5672	\$129.18	4/1/18	
86965	5672	\$129.18	4/1/18	
86970	5732	\$31.80	4/1/18	
86971	5673	\$215.43	4/1/18	
86972	5672	\$129.18	4/1/18	
86975	5732	\$31.80	4/1/18	
86976	5731	\$17.47	4/1/18	
86977	5672	\$129.18	4/1/18	
86978	5732	\$31.80	4/1/18	
86985	5672	\$129.18	4/1/18	
86999	5731	\$17.47	4/1/18	
87003		\$20.79	4/1/18	
87015		\$8.24	4/1/18	
87040		\$12.74	4/1/18	
87045		\$11.66	4/1/18	
87046		\$11.66	4/1/18	
87070		\$10.64	4/1/18	
87071		\$11.66	4/1/18	
87073		\$11.66	4/1/18	
87075		\$11.69	4/1/18	
87076		\$9.97	4/1/18	
87077		\$9.97	4/1/18	
87081		\$8.18	4/1/18	
87084		\$27.07	4/1/18	
87086		\$9.96	4/1/18	
87088		\$9.99	4/1/18	
87101		\$9.51	4/1/18	
87102		\$10.38	4/1/18	
87103		\$20.46	4/1/18	
87106		\$12.74	4/1/18	
87107		\$12.74	4/1/18	
87109		\$19.00	4/1/18	
87110		\$24.19	4/1/18	
87116		\$13.34	4/1/18	
87118		\$14.61	4/1/18	
87140		\$6.88	4/1/18	
87143		\$15.46	4/1/18	
87147		\$6.39	4/1/18	
87149		\$24.76	4/1/18	
87150		\$43.33	4/1/18	
87152		\$7.74	4/1/18	
87153		\$142.42	4/1/18	
87154		\$218.06	1/1/22	
87158		\$7.74	4/1/18	
87164		\$13.26	4/1/18	
87166		\$13.95	4/1/18	
87168		\$5.27	4/1/18	
87169		\$5.27	4/1/18	
87172		\$5.27	4/1/18	
87176		\$7.26	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87177		\$10.99	4/1/18	
87181		\$5.86	4/1/18	
87184		\$8.51	4/1/18	
87185		\$5.86	4/1/18	
87186		\$10.67	4/1/18	
87187		\$40.17	4/1/18	
87188		\$8.20	4/1/18	
87190		\$7.31	4/1/18	
87197		\$18.55	4/1/18	
87205		\$5.27	4/1/18	
87206		\$6.65	4/1/18	
87207		\$7.40	4/1/18	
87209		\$22.19	4/1/18	
87210		\$5.82	4/1/18	
87220		\$5.27	4/1/18	
87230		\$24.37	4/1/18	
87250		\$24.15	4/1/18	
87252		\$32.18	4/1/18	
87253		\$24.94	4/1/18	
87254		\$24.15	4/1/18	
87255		\$41.81	4/1/18	
87260		\$14.80	4/1/18	
87265		\$14.80	4/1/18	
87267		\$14.80	4/1/18	
87269		\$14.80	4/1/18	
87270		\$14.80	4/1/18	
87271		\$14.80	4/1/18	
87272		\$14.80	4/1/18	
87273		\$14.80	4/1/18	
87274		\$14.80	4/1/18	
87275		\$14.80	4/1/18	
87276		\$16.07	4/1/18	
87278		\$15.60	4/1/18	
87279		\$16.43	4/1/18	
87280		\$14.80	4/1/18	
87281		\$14.80	4/1/18	
87283		\$60.80	4/1/18	
87285		\$14.80	4/1/18	
87290		\$14.80	4/1/18	
87299		\$16.10	4/1/18	
87300		\$14.80	4/1/18	
87301		\$14.80	4/1/18	
87305		\$14.80	4/1/18	
87320		\$15.00	4/1/18	
87324		\$14.80	4/1/18	
87327		\$14.80	4/1/18	
87328		\$14.80	4/1/18	
87329		\$14.80	4/1/18	
87332		\$14.80	4/1/18	
87335		\$14.80	4/1/18	
87336		\$16.00	4/1/18	
87337		\$14.80	4/1/18	
87338		\$17.76	4/1/18	
87339		\$16.00	4/1/18	
87340		\$12.75	4/1/18	
87341		\$12.75	4/1/18	
87350		\$14.23	4/1/18	
87380		\$20.26	4/1/18	
87385		\$14.80	4/1/18	
87389		\$29.73	4/1/18	
87390		\$24.06	4/1/18	
87391		\$21.90	4/1/18	
87400		\$14.80	4/1/18	
87420		\$14.80	4/1/18	
87425		\$14.80	4/1/18	
87426		\$45.23	4/1/21	
87426		\$51.31	6/25/20	3/31/21
87427		\$14.80	4/1/18	
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		\$16.81	4/1/18	
87449		\$14.80	4/1/18	
87450		\$11.84	4/1/18	10/5/20
87451		\$11.84	4/1/18	
87467		\$15.05	1/1/23	
87468		\$35.09	1/1/23	
87469		\$35.09	1/1/23	
87471		\$43.33	4/1/18	



## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87472		\$52.88	4/1/18	
87475		\$24.76	4/1/18	
87476		\$43.33	4/1/18	
87478		\$35.09	1/1/23	
87480		\$24.76	4/1/18	
87481		\$43.33	4/1/18	
87482		\$55.74	4/1/18	
87483		\$514.55	4/1/18	
87484		\$35.09	1/1/23	
87485		\$24.76	4/1/18	
87486		\$43.33	4/1/18	
87487		\$52.88	4/1/18	
87490		\$24.76	4/1/18	
87491		\$43.33	4/1/18	
87492		\$53.47	4/1/18	
87493		\$43.33	4/1/18	
87495		\$30.03	4/1/18	
87496		\$43.33	4/1/18	
87497		\$52.88	4/1/18	
87498		\$43.33	4/1/18	
87500		\$43.33	4/1/18	
87501		\$63.35	4/1/18	
87502		\$105.06	4/1/18	
87503		\$29.22	4/1/18	
87505		\$158.38	4/1/18	
87506		\$263.49	4/1/18	
87507		\$514.55	4/1/18	
87510		\$24.76	4/1/18	
87511		\$43.33	4/1/18	
87512		\$51.55	4/1/18	
87516		\$43.33	4/1/18	
87517		\$52.88	4/1/18	
87520		\$31.22	4/1/18	
87521		\$43.33	4/1/18	
87522		\$52.88	4/1/18	
87523		\$42.84	1/1/24	
87525		\$29.80	4/1/18	
87526		\$43.33	4/1/18	
87527		\$51.55	4/1/18	
87528		\$24.76	4/1/18	
87529		\$43.33	4/1/18	
87530		\$52.88	4/1/18	
87531		\$58.00	4/1/18	
87532		\$43.33	4/1/18	
87533		\$51.55	4/1/18	
87534		\$24.76	4/1/18	
87535		\$43.33	4/1/18	
87536		\$105.06	4/1/18	
87537		\$24.76	4/1/18	
87538		\$43.33	4/1/18	
87539		\$58.62	4/1/18	
87540		\$24.76	4/1/18	
87541		\$43.33	4/1/18	
87542		\$51.55	4/1/18	
87550		\$24.76	4/1/18	
87551		\$48.24	4/1/18	
87552		\$52.88	4/1/18	
87555		\$26.88	4/1/18	
87556		\$43.33	4/1/18	
87557		\$52.88	4/1/18	
87560		\$27.29	4/1/18	
87561		\$43.33	4/1/18	
87562		\$52.88	4/1/18	
87563		\$35.09	1/1/20	
87580		\$24.76	4/1/18	
87581		\$43.33	4/1/18	
87582		\$302.62	4/1/18	
87590		\$26.88	4/1/18	
87591		\$43.33	4/1/18	
87592		\$52.88	4/1/18	
87593		\$35.09	7/26/22	
87623		\$43.33	4/1/18	
87624		\$43.33	4/1/18	
87625		\$43.33	4/1/18	
87631		\$158.38	4/1/18	
87632		\$263.49	4/1/18	
87633		\$514.55	4/1/18	
87634		\$86.66	4/1/18	
87635		\$51.31	10/1/20	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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		\$43.33	4/1/18	
87641		\$43.33	4/1/18	
87650		\$24.76	4/1/18	
87651		\$43.33	4/1/18	
87652		\$51.55	4/1/18	
87653		\$43.33	4/1/18	
87660		\$24.76	4/1/18	
87661		\$43.33	4/1/18	
87662		\$63.35	4/1/18	
87797		\$30.03	4/1/18	
87798		\$43.33	4/1/18	
87799		\$52.88	4/1/18	
87800		\$49.53	4/1/18	
87801		\$86.66	4/1/18	
87802		\$14.80	4/1/18	
87803		\$16.00	4/1/18	
87804		\$16.55	4/1/18	
87806		\$32.77	4/1/18	
87807		\$14.80	4/1/18	
87808		\$15.29	4/1/18	
87809		\$21.76	4/1/18	
87810		\$35.29	4/1/18	
87811		\$14.80	10/6/20	12/14/20
87811		\$41.38	12/15/20	
87850		\$24.56	4/1/18	
87880		\$16.53	4/1/18	
87899		\$16.07	4/1/18	
87900		\$160.92	4/1/18	
87901		\$317.84	4/1/18	
87902		\$317.84	4/1/18	
87903		\$603.28	4/1/18	
87904		\$32.18	4/1/18	
87905		\$15.08	4/1/18	
87906		\$158.92	4/1/18	
87910		\$317.84	4/1/18	
87912		\$317.84	4/1/18	
87913		\$257.45	2/21/22	
88000		\$430.31	4/1/18	
88005		\$484.14	4/1/18	
88007		\$537.97	4/1/18	
88012		\$451.48	4/1/18	
88014		\$451.48	4/1/18	
88016		\$430.31	4/1/18	
88020		\$537.97	4/1/18	
88025		\$591.45	4/1/18	
88027		\$645.64	4/1/18	
88028		\$559.15	4/1/18	
88029		\$559.15	4/1/18	
88036		\$462.96	4/1/18	
88037		\$376.11	4/1/18	
88040		\$1,398.58	4/1/18	
88104	5732	\$31.80	4/1/18	
88106	5731	\$17.47	4/1/18	
88108	5732	\$31.80	4/1/18	
88112	5671	\$44.70	4/1/18	
88120	5672	\$129.18	4/1/18	
88121	5673	\$215.43	4/1/18	
88125	5671	\$44.70	4/1/18	
88130		\$22.19	4/1/18	
88140		\$9.86	4/1/18	
88141		\$33.02	4/1/18	
88142		\$25.01	4/1/18	
88143		\$25.01	4/1/18	
88147		\$50.56	4/1/18	
88148		\$18.76	4/1/18	
88150		\$14.65	4/1/18	
88152		\$27.64	4/1/18	
88153		\$24.03	4/1/18	
88155		\$14.65	4/1/18	
88160	5731	\$17.47	4/1/18	
88161	5732	\$31.80	4/1/18	
88162	5671	\$44.70	4/1/18	
88164		\$14.65	4/1/18	
88165		\$42.22	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
88166		\$14.65	4/1/18	
88167		\$14.65	4/1/18	
88172	5672	\$129.18	4/1/18	
88173	5671	\$44.70	4/1/18	
88174		\$26.38	4/1/18	
88175		\$32.71	4/1/18	
88177		\$7.90	4/1/18	
88182	5671	\$44.70	4/1/18	
88184	5673	\$215.43	4/1/18	
88185		\$30.51	4/1/18	
88187		\$48.09	4/1/18	
88188		\$66.39	4/1/18	
88189		\$88.65	4/1/18	
88199	5671	\$44.70	4/1/18	
88230		\$143.82	4/1/18	
88233		\$173.74	4/1/18	
88235		\$181.81	4/1/18	
88237		\$155.93	4/1/18	
88239		\$182.12	4/1/18	
88240		\$13.07	4/1/18	
88241		\$12.47	4/1/18	
88245		\$213.80	4/1/18	
88248		\$213.80	4/1/18	
88249		\$213.80	4/1/18	
88261		\$264.34	4/1/18	
88262		\$153.88	4/1/18	
88263		\$185.54	4/1/18	
88264		\$153.88	4/1/18	
88267		\$221.95	4/1/18	
88269		\$205.34	4/1/18	
88271		\$26.44	4/1/18	
88272		\$40.70	4/1/18	
88273		\$39.66	4/1/18	
88274		\$42.98	4/1/18	
88275		\$51.19	4/1/18	
88280		\$33.47	4/1/18	
88283		\$84.69	4/1/18	
88285		\$26.91	4/1/18	
88289		\$42.51	4/1/18	
88291		\$33.74	4/1/18	
88299	5671	\$44.70	4/1/18	
88300	5731	\$17.47	4/1/18	
88302	5732	\$31.80	4/1/18	
88304	5671	\$44.70	4/1/18	
88305	5671	\$44.70	4/1/18	
88307	5673	\$215.43	4/1/18	
88309	5674	\$540.96	4/1/18	
88311		\$9.33	4/1/18	
88312	5671	\$44.70	4/1/18	
88313	5732	\$31.80	4/1/18	
88314		\$63.16	4/1/18	
88319	5674	\$540.96	4/1/18	
88321	5732	\$31.80	4/1/18	
88323	5671	\$44.70	4/1/18	
88325	5671	\$44.70	4/1/18	
88329	5732	\$31.80	4/1/18	
88331	5672	\$129.18	4/1/18	
88332		\$21.53	4/1/18	
88333	5674	\$540.96	4/1/18	
88334		\$16.15	4/1/18	
88341		\$64.60	4/1/18	
88342	5673	\$215.43	4/1/18	
88344	5673	\$215.43	4/1/18	
88346	5673	\$215.43	4/1/18	
88348	5674	\$540.96	4/1/18	
88350		\$43.43	4/1/18	
88355	5672	\$129.18	4/1/18	
88356	5671	\$44.70	4/1/18	
88358	5673	\$215.43	4/1/18	
88360	5673	\$215.43	4/1/18	
88361	5673	\$215.43	4/1/18	
88362	5674	\$540.96	4/1/18	
88363	5731	\$17.47	4/1/18	
88364		\$97.98	4/1/18	
88365	5672	\$129.18	4/1/18	
88366	5673	\$215.43	4/1/18	
88367	5673	\$215.43	4/1/18	
88368	5673	\$215.43	4/1/18	
88369		\$77.52	4/1/18	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
88371		\$27.44	4/1/18	
88372		\$28.08	4/1/18	
88373		\$51.32	4/1/18	
88374	5672	\$129.18	4/1/18	
88375		\$52.04	4/1/18	
88377	5672	\$129.18	4/1/18	
88380		\$82.19	4/1/18	
88381		\$98.34	4/1/18	
88387		\$6.10	4/1/18	
88388		\$10.05	4/1/18	
88399	5671	\$44.70	4/1/18	
88720		\$6.19	4/1/18	
88738		\$6.19	4/1/18	
88740		\$9.37	4/1/18	
88741		\$9.37	4/1/18	
89049	5672	\$129.18	4/1/18	
89050		\$5.83	4/1/18	
89051		\$6.80	4/1/18	
89055		\$5.27	4/1/18	
89060		\$8.83	4/1/18	
89125		\$5.88	4/1/18	
89160		\$4.85	4/1/18	
89190		\$5.86	4/1/18	
89220	5672	\$129.18	4/1/18	
89230	5671	\$44.70	4/1/18	
89240	5671	\$44.70	4/1/18	
89250	5672	\$129.18	4/1/18	
89251	5673	\$215.43	4/1/18	
89253	5672	\$129.18	4/1/18	
89254	5672	\$129.18	4/1/18	
89255	5671	\$44.70	4/1/18	
89257	5671	\$44.70	4/1/18	
89258	5674	\$540.96	4/1/18	
89259	5672	\$129.18	4/1/18	
89260	5671	\$44.70	4/1/18	
89261	5671	\$44.70	4/1/18	
89264	5671	\$44.70	4/1/18	
89268	5672	\$129.18	4/1/18	
89272	5674	\$540.96	4/1/18	
89280	5674	\$540.96	4/1/18	
89281	5672	\$129.18	4/1/18	
89290	5672	\$129.18	4/1/18	
89291	5672	\$129.18	4/1/18	
89300		\$11.03	4/1/18	
89310		\$10.63	4/1/18	
89320		\$14.88	4/1/18	
89321		\$14.88	4/1/18	
89322		\$19.13	4/1/18	
89325		\$13.18	4/1/18	
89329		\$24.18	4/1/18	
89330		\$12.21	4/1/18	
89331		\$24.18	4/1/18	
89335	5671	\$44.70	4/1/18	
89337	5672	\$129.18	4/1/18	
89342	5672	\$129.18	4/1/18	
89343	5672	\$129.18	4/1/18	
89344	5672	\$129.18	4/1/18	
89346	5673	\$215.43	4/1/18	
89352	5672	\$129.18	4/1/18	
89353	5671	\$44.70	4/1/18	
89354	5672	\$129.18	4/1/18	
89356	5672	\$129.18	4/1/18	
89398	5671	\$44.70	4/1/18	
92066	5733	\$57.48	1/1/23	
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	
92559		\$15.07	4/1/18	12/31/21
92596	5732	\$31.80	4/1/18	
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	
93000		\$17.23	4/1/18	
93241		\$108.06	1/1/21	
93242	5732	\$33.84	1/1/21	
93243	5733	\$55.66	1/1/21	

## 2018 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 contracts and conditions, applicable medical policy and benefits, limitations and exclusions. Applicable claims processing rules may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - Confidential and Proprietary.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
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	
94619	5733	\$55.66	1/1/21	
95919	5734	\$116.11	1/1/23	
96020		\$165.09	4/1/18	
99000		\$12.20	4/1/18	
99001		\$6.10	4/1/18	
C9803		\$23.46	3/1/20	12/31/23
G0027		\$8.03	4/1/18	
G0103		\$22.71	4/1/18	
G0123		\$25.01	4/1/18	
G0124		\$33.02	4/1/18	
G0141		\$33.02	4/1/18	
G0143		\$27.05	4/1/18	
G0144		\$43.97	4/1/18	
G0145		\$32.71	4/1/18	
G0147		\$14.65	4/1/18	
G0148		\$31.94	4/1/18	
G0250		\$9.33	4/1/18	
G0306		\$9.59	4/1/18	
G0307		\$7.98	4/1/18	
G0327		\$0.00	7/1/21	
G0328		\$19.64	4/1/18	
G0416	5673	\$215.43	4/1/18	
G0432		\$19.57	4/1/18	
G0433		\$18.29	4/1/18	
G0435		\$14.80	4/1/18	
G0452		\$18.66	4/1/18	
G0471		\$5.00	4/1/18	
G0472		\$46.35	4/1/18	
G0475		\$29.73	4/1/18	
G0476		\$43.33	4/1/18	
G0480		\$114.43	4/1/18	
G0481		\$156.59	4/1/18	
G0482		\$198.74	4/1/18	
G0483		\$246.92	4/1/18	
G0499		\$34.90	4/1/18	
G0659		\$32.34	4/1/18	
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
G9143		\$149.03	4/1/18	
K1034		\$12.00	4/4/22	
P2031		\$6.11	4/1/18	
P2038		\$6.11	4/1/18	
P3000		\$14.65	4/1/18	
P3001		\$33.02	4/1/18	
P7001		\$15.79	4/1/18	
P9023	9509	\$60.57	4/1/18	
P9025	9538	\$65.70	10/1/21	
P9026	9539	\$79.85	10/1/21	
P9070	9534	\$74.24	4/1/18	
P9071	9535	\$72.41	4/1/18	
P9073	9536	\$624.66	4/1/18	
P9100	1493	\$25.50	4/1/18	
Q0091	5731	\$20.10	4/1/18	
Q0111		\$14.65	4/1/18	
Q0112		\$5.83	4/1/18	
Q0113		\$5.27	4/1/18	
Q0114		\$9.74	4/1/18	
Q0115		\$25.00	4/1/18	
S3600		\$2.00	4/1/18	
S3652		\$88.29	4/1/18	
S3854		\$2,180.22	4/1/18	
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