

### 2018 Hospital Ortho 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
22551	5115	\$10,122.92	1/1/20	
22612	5115	\$10,122.92	1/1/20	
22630		\$14,595.10	1/1/20	
22633		\$17,181.77	1/1/20	
22856	5116	\$15,371.00	1/1/20	
22857		\$15,663.58	1/1/20	
23470	5115	\$10,122.92	1/1/20	
23472		\$13,399.04	1/1/20	
23473	5115	\$10,122.92	1/1/20	
23474		\$16,151.57	1/1/20	
27120		\$11,976.53	1/1/20	
27122		\$10,113.87	1/1/20	
27125		\$10,432.82	1/1/20	
27130		\$12,490.04	1/1/20	
27132		\$15,424.36	1/1/20	
27134		\$17,657.01	1/1/20	
27137		\$13,564.89	1/1/20	
27138		\$14,097.54	1/1/20	
27299	5111	\$214.90	1/1/20	
27440	5115	\$10,122.92	1/1/20	
27441	5115	\$10,122.92	1/1/20	
27442	5115	\$10,122.92	1/1/20	
27443	5115	\$10,122.92	1/1/20	
27445		\$11,523.62	1/1/20	
27446	5115	\$10,122.92	1/1/20	
27447	5115	\$10,122.92	1/1/20	
27486		\$12,949.32	1/1/20	
27487		\$16,196.22	1/1/20	
27700	5114	\$5,606.42	1/1/20	
27702		\$8,825.31	1/1/20	
27703		\$10,174.47	1/1/20	