

Reimbursement Changes/Updates

This schedule is not a guaranty of payment. Variances in reimbursement 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. Maximum allowable and components of rates such as modifiers or conversion factors, and applicable rules such as bundling, may change from time to time subject to notice requirements of applicable law and regulation and the prevailing provider agreement. Values reflect the component of a code related to the place of treatment. CPT codes are copyright American Medical Association. All Rights Reserved. BCBSTX - HCSC Confidential and Proprietary.

Corrected 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, & 2020 Hospital Lab/Pathology Base Compensation Schedule Update				
(Posted 04/14/22)				
Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87428 86328		\$73.49	2/1/21	7/14/22
87428 86328		\$30.94	7/15/22	

COVID19 Compensation Schedules Update				
(Posted 04/14/22)				
Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87428 86328		\$73.49	2/1/21	7/14/22
87428 86328		\$30.94	7/15/22	

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, & 2020 Hospital Lab/Pathology Base Compensation Schedule Update				
(Posted 12/01/20)				
Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87426		\$51.31	6/25/20	3/31/21
87426		\$45.23	4/1/21	
0224U		\$100.00	6/25/20	3/31/21
0224U		\$42.13	4/1/21	
0226U		\$51.31	8/10/20	3/31/21
0226U		\$42.28	4/1/21	

COVID19 Compensation Schedule Update				
(Posted 12/01/20)				
Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
87426		\$51.31	6/25/20	3/31/21
87426		\$45.23	4/1/21	
0224U		\$100.00	6/25/20	3/31/21
0224U		\$42.13	4/1/21	
0226U		\$51.31	8/10/20	3/31/21
0226U		\$42.28	4/1/21	