

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
78267		\$10.98	7/1/08		80170		\$22.90	7/1/08	
78267	TC	\$10.98	7/1/08		80170	TC	\$22.90	7/1/08	
78268		\$94.11	7/1/08		80172		\$22.76	7/1/08	
78268	TC	\$94.11	7/1/08		80172	TC	\$22.76	7/1/08	
80047		\$30.51	7/1/08		80173		\$20.34	7/1/08	
80047	TC	\$30.51	7/1/08		80173	TC	\$20.34	7/1/08	
80048		\$11.83	7/1/08		80174		\$24.05	7/1/08	
80048	TC	\$11.83	7/1/08		80174	TC	\$24.05	7/1/08	
80051		\$9.80	7/1/08		80176		\$20.52	7/1/08	
80051	TC	\$9.80	7/1/08		80176	TC	\$20.52	7/1/08	
80053		\$14.77	7/1/08		80178		\$9.24	7/1/08	
80053	TC	\$14.77	7/1/08		80178	TC	\$9.24	7/1/08	
80061		\$18.72	7/1/08		80182		\$18.93	7/1/08	
80061	TC	\$18.72	7/1/08		80182	TC	\$18.93	7/1/08	
80069		\$12.13	7/1/08		80184		\$16.01	7/1/08	
80069	TC	\$12.13	7/1/08		80184	TC	\$16.01	7/1/08	
80074		\$66.54	7/1/08		80185		\$18.52	7/1/08	
80074	TC	\$66.54	7/1/08		80185	TC	\$18.52	7/1/08	
80076		\$11.42	7/1/08		80186		\$19.23	7/1/08	
80076	TC	\$11.42	7/1/08		80186	TC	\$19.23	7/1/08	
80100		\$15.53	7/1/08		80188		\$23.18	7/1/08	
80100	TC	\$15.53	7/1/08		80188	TC	\$23.18	7/1/08	
80101		\$19.24	7/1/08		80190		\$23.41	7/1/08	
80101	TC	\$19.24	7/1/08		80190	TC	\$23.41	7/1/08	
80102		\$18.51	7/1/08		80192		\$23.41	7/1/08	
80102	TC	\$18.51	7/1/08		80192	TC	\$23.41	7/1/08	
80150		\$21.06	7/1/08		80194		\$20.39	7/1/08	
80150	TC	\$21.06	7/1/08		80194	TC	\$20.39	7/1/08	
80152		\$25.01	7/1/08		80195		\$19.17	7/1/08	
80152	TC	\$25.01	7/1/08		80195	TC	\$19.17	7/1/08	
80154		\$25.84	7/1/08		80196		\$9.92	7/1/08	
80154	TC	\$25.84	7/1/08		80196	TC	\$9.92	7/1/08	
80156		\$20.34	7/1/08		80197		\$19.17	7/1/08	
80156	TC	\$20.34	7/1/08		80197	TC	\$19.17	7/1/08	
80157		\$18.52	7/1/08		80198		\$19.77	7/1/08	
80157	TC	\$18.52	7/1/08		80198	TC	\$19.77	7/1/08	
80158		\$25.23	7/1/08		80200		\$22.52	7/1/08	
80158	TC	\$25.23	7/1/08		80200	TC	\$22.52	7/1/08	
80160		\$24.05	7/1/08		80201		\$16.66	7/1/08	
80160	TC	\$24.05	7/1/08		80201	TC	\$16.66	7/1/08	
80162		\$18.55	7/1/08		80202		\$18.93	7/1/08	
80162	TC	\$18.55	7/1/08		80202	TC	\$18.93	7/1/08	
80164		\$18.93	7/1/08		80400		\$45.56	7/1/08	
80164	TC	\$18.93	7/1/08		80400	TC	\$45.56	7/1/08	
80166		\$21.66	7/1/08		80402		\$121.46	7/1/08	
80166	TC	\$21.66	7/1/08		80402	TC	\$121.46	7/1/08	
80168		\$18.99	7/1/08		80406		\$108.48	7/1/08	
80168	TC	\$18.99	7/1/08		80406	TC	\$108.48	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
80408		\$175.34	7/1/08		81003		\$3.14	7/1/08	
80408	TC	\$175.34	7/1/08		81003	TC	\$3.14	7/1/08	
80410		\$112.23	7/1/08		81005		\$3.03	7/1/08	
80410	TC	\$112.23	7/1/08		81005	TC	\$3.03	7/1/08	
80412		\$460.50	7/1/08		81007		\$3.59	7/1/08	
80412	TC	\$460.50	7/1/08		81007	TC	\$3.59	7/1/08	
80414		\$72.16	7/1/08		81015		\$4.24	7/1/08	
80414	TC	\$72.16	7/1/08		81015	TC	\$4.24	7/1/08	
80415		\$78.08	7/1/08		81020		\$5.15	7/1/08	
80415	TC	\$78.08	7/1/08		81020	TC	\$5.15	7/1/08	
80416		\$184.38	7/1/08		81025		\$8.84	7/1/08	
80416	TC	\$184.38	7/1/08		81025	TC	\$8.84	7/1/08	
80417		\$61.46	7/1/08		81050		\$4.19	7/1/08	
80417	TC	\$61.46	7/1/08		81050	TC	\$4.19	7/1/08	
80418		\$809.76	7/1/08		82000		\$17.31	7/1/08	
80418	TC	\$809.76	7/1/08		82000	TC	\$17.31	7/1/08	
80420		\$100.64	7/1/08		82003		\$28.28	7/1/08	
80420	TC	\$100.64	7/1/08		82003	TC	\$28.28	7/1/08	
80422		\$64.38	7/1/08		82009		\$6.09	7/1/08	
80422	TC	\$64.38	7/1/08		82009	TC	\$6.09	7/1/08	
80424		\$70.56	7/1/08		82010		\$10.23	7/1/08	
80424	TC	\$70.56	7/1/08		82010	TC	\$10.23	7/1/08	
80426		\$207.40	7/1/08		82013		\$9.88	7/1/08	
80426	TC	\$207.40	7/1/08		82013	TC	\$9.88	7/1/08	
80428		\$93.16	7/1/08		82016		\$18.58	7/1/08	
80428	TC	\$93.16	7/1/08		82016	TC	\$18.58	7/1/08	
80430		\$109.60	7/1/08		82017		\$13.93	7/1/08	
80430	TC	\$109.60	7/1/08		82017	TC	\$13.93	7/1/08	
80432		\$188.73	7/1/08		82024		\$53.97	7/1/08	
80432	TC	\$188.73	7/1/08		82024	TC	\$53.97	7/1/08	
80434		\$141.30	7/1/08		82030		\$28.34	7/1/08	
80434	TC	\$141.30	7/1/08		82030	TC	\$28.34	7/1/08	
80435		\$143.85	7/1/08		82040		\$6.92	7/1/08	
80435	TC	\$143.85	7/1/08		82040	TC	\$6.92	7/1/08	
80436		\$103.52	7/1/08		82042		\$7.23	7/1/08	
80436	TC	\$103.52	7/1/08		82042	TC	\$7.23	7/1/08	
80438		\$70.41	7/1/08		82043		\$7.78	7/1/08	
80438	TC	\$70.41	7/1/08		82043	TC	\$7.78	7/1/08	
80439		\$93.88	7/1/08		82044		\$6.39	7/1/08	
80439	TC	\$93.88	7/1/08		82044	TC	\$6.39	7/1/08	
80440		\$81.24	7/1/08		82045		\$47.43	7/1/08	
80440	TC	\$81.24	7/1/08		82045	TC	\$47.43	7/1/08	
81000		\$4.43	7/1/08		82055		\$15.10	7/1/08	
81000	TC	\$4.43	7/1/08		82055	TC	\$15.10	7/1/08	
81001		\$4.43	7/1/08		82075		\$16.84	7/1/08	
81001	TC	\$4.43	7/1/08		82075	TC	\$16.84	7/1/08	
81002		\$3.57	7/1/08		82085		\$13.56	7/1/08	
81002	TC	\$3.57	7/1/08		82085	TC	\$13.56	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
82088		\$56.94	7/1/08		82172		\$21.65	7/1/08	
82088	TC	\$56.94	7/1/08		82172	TC	\$21.65	7/1/08	
82101		\$41.94	7/1/08		82175		\$26.51	7/1/08	
82101	TC	\$41.94	7/1/08		82175	TC	\$26.51	7/1/08	
82103		\$18.77	7/1/08		82180		\$13.81	7/1/08	
82103	TC	\$18.77	7/1/08		82180	TC	\$13.81	7/1/08	
82104		\$20.20	7/1/08		82190		\$20.83	7/1/08	
82104	TC	\$20.20	7/1/08		82190	TC	\$20.83	7/1/08	
82105		\$23.44	7/1/08		82205		\$16.01	7/1/08	
82105	TC	\$23.44	7/1/08		82205	TC	\$16.01	7/1/08	
82106		\$23.44	7/1/08		82232		\$22.61	7/1/08	
82106	TC	\$23.44	7/1/08		82232	TC	\$22.61	7/1/08	
82107		\$89.99	7/1/08		82239		\$23.94	7/1/08	
82107	TC	\$89.99	7/1/08		82239	TC	\$23.94	7/1/08	
82108		\$35.60	7/1/08		82240		\$37.13	7/1/08	
82108	TC	\$35.60	7/1/08		82240	TC	\$37.13	7/1/08	
82120		\$5.25	7/1/08		82247		\$7.02	7/1/08	
82120	TC	\$5.25	7/1/08		82247	TC	\$7.02	7/1/08	
82127		\$18.58	7/1/08		82248		\$7.02	7/1/08	
82127	TC	\$18.58	7/1/08		82248	TC	\$7.02	7/1/08	
82128		\$18.58	7/1/08		82252		\$6.35	7/1/08	
82128	TC	\$18.58	7/1/08		82252	TC	\$6.35	7/1/08	
82131		\$23.57	7/1/08		82261		\$13.93	7/1/08	
82131	TC	\$23.57	7/1/08		82261	TC	\$13.93	7/1/08	
82135		\$23.00	7/1/08		82270		\$4.54	7/1/08	
82135	TC	\$23.00	7/1/08		82270	TC	\$4.54	7/1/08	
82136		\$13.93	7/1/08		82271		\$4.54	7/1/08	
82136	TC	\$13.93	7/1/08		82271	TC	\$4.54	7/1/08	
82139		\$13.93	7/1/08		82272		\$4.54	7/1/08	
82139	TC	\$13.93	7/1/08		82272	TC	\$4.54	7/1/08	
82140		\$20.36	7/1/08		82274		\$22.22	7/1/08	
82140	TC	\$20.36	7/1/08		82274	TC	\$22.22	7/1/08	
82143		\$9.61	7/1/08		82286		\$9.62	7/1/08	
82143	TC	\$9.61	7/1/08		82286	TC	\$9.62	7/1/08	
82145		\$21.72	7/1/08		82300		\$32.33	7/1/08	
82145	TC	\$21.72	7/1/08		82300	TC	\$32.33	7/1/08	
82150		\$9.06	7/1/08		82306		\$37.96	7/1/08	
82150	TC	\$9.06	7/1/08		82306	TC	\$37.96	7/1/08	
82154		\$40.29	7/1/08		82307		\$45.02	7/1/08	
82154	TC	\$40.29	7/1/08		82307	TC	\$45.02	7/1/08	
82157		\$40.90	7/1/08		82308		\$37.41	7/1/08	
82157	TC	\$40.90	7/1/08		82308	TC	\$37.41	7/1/08	
82160		\$34.94	7/1/08		82310		\$7.20	7/1/08	
82160	TC	\$34.94	7/1/08		82310	TC	\$7.20	7/1/08	
82163		\$12.22	7/1/08		82330		\$19.09	7/1/08	
82163	TC	\$12.22	7/1/08		82330	TC	\$19.09	7/1/08	
82164		\$20.39	7/1/08		82331		\$7.23	7/1/08	
82164	TC	\$20.39	7/1/08		82331	TC	\$7.23	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
82340		\$8.43	7/1/08		82480		\$11.01	7/1/08	
82340	TC	\$8.43	7/1/08		82480	TC	\$11.01	7/1/08	
82355		\$16.17	7/1/08		82482		\$10.74	7/1/08	
82355	TC	\$16.17	7/1/08		82482	TC	\$10.74	7/1/08	
82360		\$17.99	7/1/08		82485		\$28.85	7/1/08	
82360	TC	\$17.99	7/1/08		82485	TC	\$28.85	7/1/08	
82365		\$18.01	7/1/08		82486		\$25.23	7/1/08	
82365	TC	\$18.01	7/1/08		82486	TC	\$25.23	7/1/08	
82370		\$17.51	7/1/08		82487		\$22.30	7/1/08	
82370	TC	\$17.51	7/1/08		82487	TC	\$22.30	7/1/08	
82373		\$25.23	7/1/08		82488		\$29.85	7/1/08	
82373	TC	\$25.23	7/1/08		82488	TC	\$29.85	7/1/08	
82374		\$6.83	7/1/08		82489		\$25.84	7/1/08	
82374	TC	\$6.83	7/1/08		82489	TC	\$25.84	7/1/08	
82375		\$17.22	7/1/08		82491		\$25.23	7/1/08	
82375	TC	\$17.22	7/1/08		82491	TC	\$25.23	7/1/08	
82376		\$8.37	7/1/08		82492		\$25.23	7/1/08	
82376	TC	\$8.37	7/1/08		82492	TC	\$25.23	7/1/08	
82378		\$26.51	7/1/08		82495		\$28.34	7/1/08	
82378	TC	\$26.51	7/1/08		82495	TC	\$28.34	7/1/08	
82379		\$13.93	7/1/08		82507		\$38.85	7/1/08	
82379	TC	\$13.93	7/1/08		82507	TC	\$38.85	7/1/08	
82380		\$12.89	7/1/08		82520		\$21.17	7/1/08	
82380	TC	\$12.89	7/1/08		82520	TC	\$21.17	7/1/08	
82382		\$24.02	7/1/08		82523		\$26.11	7/1/08	
82382	TC	\$24.02	7/1/08		82523	TC	\$26.11	7/1/08	
82383		\$35.01	7/1/08		82525		\$17.34	7/1/08	
82383	TC	\$35.01	7/1/08		82525	TC	\$17.34	7/1/08	
82384		\$35.28	7/1/08		82528		\$31.45	7/1/08	
82384	TC	\$35.28	7/1/08		82528	TC	\$31.45	7/1/08	
82387		\$18.58	7/1/08		82530		\$23.35	7/1/08	
82387	TC	\$18.58	7/1/08		82530	TC	\$23.35	7/1/08	
82390		\$15.01	7/1/08		82533		\$22.78	7/1/08	
82390	TC	\$15.01	7/1/08		82533	TC	\$22.78	7/1/08	
82397		\$19.74	7/1/08		82540		\$6.48	7/1/08	
82397	TC	\$19.74	7/1/08		82540	TC	\$6.48	7/1/08	
82415		\$17.70	7/1/08		82541		\$25.23	7/1/08	
82415	TC	\$17.70	7/1/08		82541	TC	\$25.23	7/1/08	
82435		\$6.42	7/1/08		82542		\$25.23	7/1/08	
82435	TC	\$6.42	7/1/08		82542	TC	\$25.23	7/1/08	
82436		\$7.02	7/1/08		82543		\$25.23	7/1/08	
82436	TC	\$7.02	7/1/08		82543	TC	\$25.23	7/1/08	
82438		\$6.83	7/1/08		82544		\$25.23	7/1/08	
82438	TC	\$6.83	7/1/08		82544	TC	\$25.23	7/1/08	
82441		\$8.38	7/1/08		82550		\$9.10	7/1/08	
82441	TC	\$8.38	7/1/08		82550	TC	\$9.10	7/1/08	
82465		\$6.08	7/1/08		82552		\$18.71	7/1/08	
82465	TC	\$6.08	7/1/08		82552	TC	\$18.71	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
82553		\$8.59	7/1/08		82658		\$25.23	7/1/08	
82553	TC	\$8.59	7/1/08		82658	TC	\$25.23	7/1/08	
82554		\$8.59	7/1/08		82664		\$36.54	7/1/08	
82554	TC	\$8.59	7/1/08		82664	TC	\$36.54	7/1/08	
82565		\$7.16	7/1/08		82666		\$27.56	7/1/08	
82565	TC	\$7.16	7/1/08		82666	TC	\$27.56	7/1/08	
82570		\$7.23	7/1/08		82668		\$26.26	7/1/08	
82570	TC	\$7.23	7/1/08		82668	TC	\$26.26	7/1/08	
82575		\$13.20	7/1/08		82670		\$39.04	7/1/08	
82575	TC	\$13.20	7/1/08		82670	TC	\$39.04	7/1/08	
82585		\$11.98	7/1/08		82671		\$45.13	7/1/08	
82585	TC	\$11.98	7/1/08		82671	TC	\$45.13	7/1/08	
82595		\$9.04	7/1/08		82672		\$12.22	7/1/08	
82595	TC	\$9.04	7/1/08		82672	TC	\$12.22	7/1/08	
82600		\$27.11	7/1/08		82677		\$33.79	7/1/08	
82600	TC	\$27.11	7/1/08		82677	TC	\$33.79	7/1/08	
82607		\$21.06	7/1/08		82679		\$34.88	7/1/08	
82607	TC	\$21.06	7/1/08		82679	TC	\$34.88	7/1/08	
82608		\$20.01	7/1/08		82690		\$24.15	7/1/08	
82608	TC	\$20.01	7/1/08		82690	TC	\$24.15	7/1/08	
82610		\$19.00	7/1/08		82693		\$20.82	7/1/08	
82610	TC	\$19.00	7/1/08		82693	TC	\$20.82	7/1/08	
82615		\$11.41	7/1/08		82696		\$32.95	7/1/08	
82615	TC	\$11.41	7/1/08		82696	TC	\$32.95	7/1/08	
82626		\$35.31	7/1/08		82705		\$7.11	7/1/08	
82626	TC	\$35.31	7/1/08		82705	TC	\$7.11	7/1/08	
82627		\$31.07	7/1/08		82710		\$23.47	7/1/08	
82627	TC	\$31.07	7/1/08		82710	TC	\$23.47	7/1/08	
82633		\$28.98	7/1/08		82715		\$23.79	7/1/08	
82633	TC	\$28.98	7/1/08		82715	TC	\$23.79	7/1/08	
82634		\$28.98	7/1/08		82725		\$18.60	7/1/08	
82634	TC	\$28.98	7/1/08		82725	TC	\$18.60	7/1/08	
82638		\$17.11	7/1/08		82726		\$25.23	7/1/08	
82638	TC	\$17.11	7/1/08		82726	TC	\$25.23	7/1/08	
82646		\$28.85	7/1/08		82728		\$19.03	7/1/08	
82646	TC	\$28.85	7/1/08		82728	TC	\$19.03	7/1/08	
82649		\$35.91	7/1/08		82731		\$89.99	7/1/08	
82649	TC	\$35.91	7/1/08		82731	TC	\$89.99	7/1/08	
82651		\$36.07	7/1/08		82735		\$25.91	7/1/08	
82651	TC	\$36.07	7/1/08		82735	TC	\$25.91	7/1/08	
82652		\$53.78	7/1/08		82742		\$27.66	7/1/08	
82652	TC	\$53.78	7/1/08		82742	TC	\$27.66	7/1/08	
82654		\$19.34	7/1/08		82746		\$20.54	7/1/08	
82654	TC	\$19.34	7/1/08		82746	TC	\$20.54	7/1/08	
82656		\$16.12	7/1/08		82747		\$24.15	7/1/08	
82656	TC	\$16.12	7/1/08		82747	TC	\$24.15	7/1/08	
82657		\$25.23	7/1/08		82757		\$24.24	7/1/08	
82657	TC	\$25.23	7/1/08		82757	TC	\$24.24	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
82759		\$12.61	7/1/08		82953		\$21.16	7/1/08	
82759	TC	\$12.61	7/1/08		82953	TC	\$21.16	7/1/08	
82760		\$15.64	7/1/08		82955		\$12.22	7/1/08	
82760	TC	\$15.64	7/1/08		82955	TC	\$12.22	7/1/08	
82775		\$29.43	7/1/08		82960		\$8.47	7/1/08	
82775	TC	\$29.43	7/1/08		82960	TC	\$8.47	7/1/08	
82776		\$11.44	7/1/08		82962		\$3.27	7/1/08	
82776	TC	\$11.44	7/1/08		82962	TC	\$3.27	7/1/08	
82784		\$12.99	7/1/08		82963		\$30.01	7/1/08	
82784	TC	\$12.99	7/1/08		82963	TC	\$30.01	7/1/08	
82785		\$23.01	7/1/08		82965		\$10.80	7/1/08	
82785	TC	\$23.01	7/1/08		82965	TC	\$10.80	7/1/08	
82787		\$5.85	7/1/08		82975		\$22.13	7/1/08	
82787	TC	\$5.85	7/1/08		82975	TC	\$22.13	7/1/08	
82800		\$11.83	7/1/08		82977		\$10.06	7/1/08	
82800	TC	\$11.83	7/1/08		82977	TC	\$10.06	7/1/08	
82803		\$27.04	7/1/08		82978		\$19.91	7/1/08	
82803	TC	\$27.04	7/1/08		82978	TC	\$19.91	7/1/08	
82805		\$39.65	7/1/08		82979		\$9.49	7/1/08	
82805	TC	\$39.65	7/1/08		82979	TC	\$9.49	7/1/08	
82810		\$12.20	7/1/08		82980		\$25.60	7/1/08	
82810	TC	\$12.20	7/1/08		82980	TC	\$25.60	7/1/08	
82820		\$13.96	7/1/08		82985		\$21.06	7/1/08	
82820	TC	\$13.96	7/1/08		82985	TC	\$21.06	7/1/08	
82926		\$7.61	7/1/08		83001		\$25.97	7/1/08	
82926	TC	\$7.61	7/1/08		83001	TC	\$25.97	7/1/08	
82928		\$9.15	7/1/08		83002		\$25.88	7/1/08	
82928	TC	\$9.15	7/1/08		83002	TC	\$25.88	7/1/08	
82938		\$24.72	7/1/08		83003		\$23.29	7/1/08	
82938	TC	\$24.72	7/1/08		83003	TC	\$23.29	7/1/08	
82941		\$24.64	7/1/08		83008		\$23.45	7/1/08	
82941	TC	\$24.64	7/1/08		83008	TC	\$23.45	7/1/08	
82943		\$12.22	7/1/08		83009		\$94.11	7/1/08	
82943	TC	\$12.22	7/1/08		83009	TC	\$94.11	7/1/08	
82945		\$5.48	7/1/08		83010		\$17.58	7/1/08	
82945	TC	\$5.48	7/1/08		83010	TC	\$17.58	7/1/08	
82946		\$18.99	7/1/08		83012		\$24.02	7/1/08	
82946	TC	\$18.99	7/1/08		83012	TC	\$24.02	7/1/08	
82947		\$5.48	7/1/08		83013		\$94.11	7/1/08	
82947	TC	\$5.48	7/1/08		83013	TC	\$94.11	7/1/08	
82948		\$4.43	7/1/08		83014		\$10.98	7/1/08	
82948	TC	\$4.43	7/1/08		83014	TC	\$10.98	7/1/08	
82950		\$6.64	7/1/08		83015		\$26.31	7/1/08	
82950	TC	\$6.64	7/1/08		83015	TC	\$26.31	7/1/08	
82951		\$17.99	7/1/08		83018		\$30.68	7/1/08	
82951	TC	\$17.99	7/1/08		83018	TC	\$30.68	7/1/08	
82952		\$5.48	7/1/08		83020		\$17.99	7/1/08	
82952	TC	\$5.48	7/1/08		83020	TC	\$17.99	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
83021		\$25.23	7/1/08		83500		\$31.65	7/1/08	
83021	TC	\$25.23	7/1/08		83500	TC	\$31.65	7/1/08	
83026		\$3.30	7/1/08		83505		\$33.96	7/1/08	
83026	TC	\$3.30	7/1/08		83505	TC	\$33.96	7/1/08	
83030		\$11.56	7/1/08		83516		\$16.12	7/1/08	
83030	TC	\$11.56	7/1/08		83516	TC	\$16.12	7/1/08	
83033		\$8.33	7/1/08		83518		\$11.85	7/1/08	
83033	TC	\$8.33	7/1/08		83518	TC	\$11.85	7/1/08	
83036		\$13.56	7/1/08		83519		\$18.88	7/1/08	
83036	TC	\$13.56	7/1/08		83519	TC	\$18.88	7/1/08	
83037		\$21.06	7/1/08		83520		\$18.09	7/1/08	
83037	TC	\$21.06	7/1/08		83520	TC	\$18.09	7/1/08	
83045		\$4.02	7/1/08		83525		\$15.98	7/1/08	
83045	TC	\$4.02	7/1/08		83525	TC	\$15.98	7/1/08	
83050		\$4.11	7/1/08		83527		\$18.09	7/1/08	
83050	TC	\$4.11	7/1/08		83527	TC	\$18.09	7/1/08	
83051		\$10.21	7/1/08		83528		\$22.22	7/1/08	
83051	TC	\$10.21	7/1/08		83528	TC	\$22.22	7/1/08	
83055		\$6.87	7/1/08		83540		\$9.05	7/1/08	
83055	TC	\$6.87	7/1/08		83540	TC	\$9.05	7/1/08	
83060		\$8.06	7/1/08		83550		\$12.21	7/1/08	
83060	TC	\$8.06	7/1/08		83550	TC	\$12.21	7/1/08	
83065		\$9.62	7/1/08		83570		\$12.36	7/1/08	
83065	TC	\$9.62	7/1/08		83570	TC	\$12.36	7/1/08	
83068		\$9.49	7/1/08		83582		\$19.80	7/1/08	
83068	TC	\$9.49	7/1/08		83582	TC	\$19.80	7/1/08	
83069		\$5.51	7/1/08		83586		\$17.89	7/1/08	
83069	TC	\$5.51	7/1/08		83586	TC	\$17.89	7/1/08	
83070		\$6.64	7/1/08		83593		\$30.64	7/1/08	
83070	TC	\$6.64	7/1/08		83593	TC	\$30.64	7/1/08	
83071		\$9.61	7/1/08		83605		\$14.92	7/1/08	
83071	TC	\$9.61	7/1/08		83605	TC	\$14.92	7/1/08	
83080		\$13.93	7/1/08		83615		\$8.44	7/1/08	
83080	TC	\$13.93	7/1/08		83615	TC	\$8.44	7/1/08	
83088		\$41.26	7/1/08		83625		\$17.88	7/1/08	
83088	TC	\$41.26	7/1/08		83625	TC	\$17.88	7/1/08	
83090		\$23.57	7/1/08		83630		\$27.42	7/1/08	
83090	TC	\$23.57	7/1/08		83630	TC	\$27.42	7/1/08	
83150		\$14.56	7/1/08		83631		\$27.42	7/1/08	
83150	TC	\$14.56	7/1/08		83631	TC	\$27.42	7/1/08	
83491		\$24.47	7/1/08		83632		\$28.24	7/1/08	
83491	TC	\$24.47	7/1/08		83632	TC	\$28.24	7/1/08	
83497		\$6.50	7/1/08		83633		\$6.50	7/1/08	
83497	TC	\$6.50	7/1/08		83633	TC	\$6.50	7/1/08	
83498		\$37.95	7/1/08		83634		\$4.02	7/1/08	
83498	TC	\$37.95	7/1/08		83634	TC	\$4.02	7/1/08	
83499		\$35.22	7/1/08		83655		\$16.91	7/1/08	
83499	TC	\$35.22	7/1/08		83655	TC	\$16.91	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
83661		\$30.71	7/1/08		83857		\$15.01	7/1/08	
83661	TC	\$30.71	7/1/08		83857	TC	\$15.01	7/1/08	
83662		\$26.43	7/1/08		83858		\$9.49	7/1/08	
83662	TC	\$26.43	7/1/08		83858	TC	\$9.49	7/1/08	
83663		\$26.43	7/1/08		83864		\$27.82	7/1/08	
83663	TC	\$26.43	7/1/08		83864	TC	\$27.82	7/1/08	
83664		\$26.43	7/1/08		83866		\$13.40	7/1/08	
83664	TC	\$26.43	7/1/08		83866	TC	\$13.40	7/1/08	
83670		\$12.80	7/1/08		83872		\$8.19	7/1/08	
83670	TC	\$12.80	7/1/08		83872	TC	\$8.19	7/1/08	
83690		\$9.62	7/1/08		83873		\$24.04	7/1/08	
83690	TC	\$9.62	7/1/08		83873	TC	\$24.04	7/1/08	
83695		\$18.09	7/1/08		83874		\$18.04	7/1/08	
83695	TC	\$18.09	7/1/08		83874	TC	\$18.04	7/1/08	
83698		\$47.43	7/1/08		83876		\$18.91	1/1/09	
83698	TC	\$47.43	7/1/08		83876	TC	\$18.91	1/1/09	
83700		\$15.73	7/1/08		83880		\$47.43	7/1/08	
83700	TC	\$15.73	7/1/08		83880	TC	\$47.43	7/1/08	
83701		\$34.68	7/1/08		83883		\$19.00	7/1/08	
83701	TC	\$34.68	7/1/08		83883	TC	\$19.00	7/1/08	
83704		\$44.08	7/1/08		83885		\$34.23	7/1/08	
83704	TC	\$44.08	7/1/08		83885	TC	\$34.23	7/1/08	
83718		\$11.44	7/1/08		83887		\$33.09	7/1/08	
83718	TC	\$11.44	7/1/08		83887	TC	\$33.09	7/1/08	
83719		\$16.26	7/1/08		83890		\$5.60	7/1/08	
83719	TC	\$16.26	7/1/08		83890	TC	\$5.60	7/1/08	
83721		\$13.33	7/1/08		83891		\$5.60	7/1/08	
83721	TC	\$13.33	7/1/08		83891	TC	\$5.60	7/1/08	
83727		\$24.02	7/1/08		83892		\$5.60	7/1/08	
83727	TC	\$24.02	7/1/08		83892	TC	\$5.60	7/1/08	
83735		\$9.36	7/1/08		83893		\$5.60	7/1/08	
83735	TC	\$9.36	7/1/08		83893	TC	\$5.60	7/1/08	
83775		\$10.30	7/1/08		83894		\$5.60	7/1/08	
83775	TC	\$10.30	7/1/08		83894	TC	\$5.60	7/1/08	
83785		\$34.36	7/1/08		83896		\$5.60	7/1/08	
83785	TC	\$34.36	7/1/08		83896	TC	\$5.60	7/1/08	
83788		\$25.23	7/1/08		83897		\$5.60	7/1/08	
83788	TC	\$25.23	7/1/08		83897	TC	\$5.60	7/1/08	
83789		\$25.23	7/1/08		83898		\$14.22	7/1/08	
83789	TC	\$25.23	7/1/08		83898	TC	\$14.22	7/1/08	
83805		\$24.63	7/1/08		83900		\$28.44	7/1/08	
83805	TC	\$24.63	7/1/08		83900	TC	\$28.44	7/1/08	
83825		\$18.12	7/1/08		83901		\$14.22	7/1/08	
83825	TC	\$18.12	7/1/08		83901	TC	\$14.22	7/1/08	
83835		\$23.67	7/1/08		83902		\$14.22	7/1/08	
83835	TC	\$23.67	7/1/08		83902	TC	\$14.22	7/1/08	
83840		\$22.81	7/1/08		83903		\$14.22	7/1/08	
83840	TC	\$22.81	7/1/08		83903	TC	\$14.22	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
83904		\$14.22	7/1/08		83993		\$27.42	7/1/08	
83904	TC	\$14.22	7/1/08		83993	TC	\$27.42	7/1/08	
83905		\$14.22	7/1/08		84022		\$15.87	7/1/08	
83905	TC	\$14.22	7/1/08		84022	TC	\$15.87	7/1/08	
83906		\$14.22	7/1/08		84030		\$7.69	7/1/08	
83906	TC	\$14.22	7/1/08		84030	TC	\$7.69	7/1/08	
83907		\$18.66	7/1/08		84035		\$2.84	7/1/08	
83907	TC	\$18.66	7/1/08		84035	TC	\$2.84	7/1/08	
83908		\$14.22	7/1/08		84060		\$10.32	7/1/08	
83908	TC	\$14.22	7/1/08		84060	TC	\$10.32	7/1/08	
83909		\$14.22	7/1/08		84061		\$11.06	7/1/08	
83909	TC	\$14.22	7/1/08		84061	TC	\$11.06	7/1/08	
83912		\$5.60	7/1/08		84066		\$13.50	7/1/08	
83912	TC	\$5.60	7/1/08		84066	TC	\$13.50	7/1/08	
83913		\$18.66	7/1/08		84075		\$7.23	7/1/08	
83913	TC	\$18.66	7/1/08		84075	TC	\$7.23	7/1/08	
83914		\$14.22	7/1/08		84078		\$10.20	7/1/08	
83914	TC	\$14.22	7/1/08		84078	TC	\$10.20	7/1/08	
83915		\$15.58	7/1/08		84080		\$12.22	7/1/08	
83915	TC	\$15.58	7/1/08		84080	TC	\$12.22	7/1/08	
83916		\$28.09	7/1/08		84081		\$23.09	7/1/08	
83916	TC	\$28.09	7/1/08		84081	TC	\$23.09	7/1/08	
83918		\$23.00	7/1/08		84085		\$9.42	7/1/08	
83918	TC	\$23.00	7/1/08		84085	TC	\$9.42	7/1/08	
83919		\$23.00	7/1/08		84087		\$14.42	7/1/08	
83919	TC	\$23.00	7/1/08		84087	TC	\$14.42	7/1/08	
83921		\$23.00	7/1/08		84100		\$6.63	7/1/08	
83921	TC	\$23.00	7/1/08		84100	TC	\$6.63	7/1/08	
83925		\$27.19	7/1/08		84105		\$7.23	7/1/08	
83925	TC	\$27.19	7/1/08		84105	TC	\$7.23	7/1/08	
83930		\$6.88	7/1/08		84106		\$5.99	7/1/08	
83930	TC	\$6.88	7/1/08		84106	TC	\$5.99	7/1/08	
83935		\$6.88	7/1/08		84110		\$11.80	7/1/08	
83935	TC	\$6.88	7/1/08		84110	TC	\$11.80	7/1/08	
83937		\$39.78	7/1/08		84119		\$12.03	7/1/08	
83937	TC	\$39.78	7/1/08		84119	TC	\$12.03	7/1/08	
83945		\$17.99	7/1/08		84120		\$20.55	7/1/08	
83945	TC	\$17.99	7/1/08		84120	TC	\$20.55	7/1/08	
83950		\$89.99	7/1/08		84126		\$35.59	7/1/08	
83950	TC	\$89.99	7/1/08		84126	TC	\$35.59	7/1/08	
83951		\$94.04	1/1/09		84127		\$16.28	7/1/08	
83951	TC	\$94.04	1/1/09		84127	TC	\$16.28	7/1/08	
83970		\$57.67	7/1/08		84132		\$6.42	7/1/08	
83970	TC	\$57.67	7/1/08		84132	TC	\$6.42	7/1/08	
83986		\$5.00	7/1/08		84133		\$6.01	7/1/08	
83986	TC	\$5.00	7/1/08		84133	TC	\$6.01	7/1/08	
83992		\$20.54	7/1/08		84134		\$11.79	7/1/08	
83992	TC	\$20.54	7/1/08		84134	TC	\$11.79	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
84135		\$26.73	7/1/08		84220		\$13.18	7/1/08	
84135	TC	\$26.73	7/1/08		84220	TC	\$13.18	7/1/08	
84138		\$24.38	7/1/08		84228		\$16.26	7/1/08	
84138	TC	\$24.38	7/1/08		84228	TC	\$16.26	7/1/08	
84140		\$28.89	7/1/08		84233		\$89.99	7/1/08	
84140	TC	\$28.89	7/1/08		84233	TC	\$89.99	7/1/08	
84143		\$31.46	7/1/08		84234		\$90.64	7/1/08	
84143	TC	\$31.46	7/1/08		84234	TC	\$90.64	7/1/08	
84144		\$29.15	7/1/08		84235		\$73.12	7/1/08	
84144	TC	\$29.15	7/1/08		84235	TC	\$73.12	7/1/08	
84146		\$27.08	7/1/08		84238		\$51.09	7/1/08	
84146	TC	\$27.08	7/1/08		84238	TC	\$51.09	7/1/08	
84150		\$34.88	7/1/08		84244		\$30.73	7/1/08	
84150	TC	\$34.88	7/1/08		84244	TC	\$30.73	7/1/08	
84152		\$25.70	7/1/08		84252		\$28.28	7/1/08	
84152	TC	\$25.70	7/1/08		84252	TC	\$28.28	7/1/08	
84153		\$25.70	7/1/08		84255		\$35.67	7/1/08	
84153	TC	\$25.70	7/1/08		84255	TC	\$35.67	7/1/08	
84154		\$25.70	7/1/08		84260		\$24.31	7/1/08	
84154	TC	\$25.70	7/1/08		84260	TC	\$24.31	7/1/08	
84155		\$5.12	7/1/08		84270		\$30.36	7/1/08	
84155	TC	\$5.12	7/1/08		84270	TC	\$30.36	7/1/08	
84156		\$5.12	7/1/08		84275		\$13.78	7/1/08	
84156	TC	\$5.12	7/1/08		84275	TC	\$13.78	7/1/08	
84157		\$5.12	7/1/08		84285		\$32.90	7/1/08	
84157	TC	\$5.12	7/1/08		84285	TC	\$32.90	7/1/08	
84160		\$7.23	7/1/08		84295		\$6.72	7/1/08	
84160	TC	\$7.23	7/1/08		84295	TC	\$6.72	7/1/08	
84163		\$12.20	7/1/08		84300		\$6.79	7/1/08	
84163	TC	\$12.20	7/1/08		84300	TC	\$6.79	7/1/08	
84165		\$15.01	7/1/08		84302		\$6.79	7/1/08	
84165	TC	\$15.01	7/1/08		84302	TC	\$6.79	7/1/08	
84166		\$24.92	7/1/08		84305		\$29.70	7/1/08	
84166	TC	\$24.92	7/1/08		84305	TC	\$29.70	7/1/08	
84181		\$23.80	7/1/08		84307		\$25.54	7/1/08	
84181	TC	\$23.80	7/1/08		84307	TC	\$25.54	7/1/08	
84182		\$25.15	7/1/08		84311		\$9.77	7/1/08	
84182	TC	\$25.15	7/1/08		84311	TC	\$9.77	7/1/08	
84202		\$12.34	7/1/08		84315		\$3.50	7/1/08	
84202	TC	\$12.34	7/1/08		84315	TC	\$3.50	7/1/08	
84203		\$12.03	7/1/08		84375		\$27.39	7/1/08	
84203	TC	\$12.03	7/1/08		84375	TC	\$27.39	7/1/08	
84206		\$24.89	7/1/08		84376		\$6.50	7/1/08	
84206	TC	\$24.89	7/1/08		84376	TC	\$6.50	7/1/08	
84207		\$39.25	7/1/08		84377		\$6.50	7/1/08	
84207	TC	\$39.25	7/1/08		84377	TC	\$6.50	7/1/08	
84210		\$15.17	7/1/08		84378		\$4.02	7/1/08	
84210	TC	\$15.17	7/1/08		84378	TC	\$4.02	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
84379		\$4.02	7/1/08		84485		\$10.49	7/1/08	
84379	TC	\$4.02	7/1/08		84485	TC	\$10.49	7/1/08	
84392		\$6.64	7/1/08		84488		\$10.20	7/1/08	
84392	TC	\$6.64	7/1/08		84488	TC	\$10.20	7/1/08	
84402		\$35.57	7/1/08		84490		\$10.63	7/1/08	
84402	TC	\$35.57	7/1/08		84490	TC	\$10.63	7/1/08	
84403		\$36.08	7/1/08		84510		\$14.53	7/1/08	
84403	TC	\$36.08	7/1/08		84510	TC	\$14.53	7/1/08	
84425		\$9.49	7/1/08		84512		\$10.31	7/1/08	
84425	TC	\$9.49	7/1/08		84512	TC	\$10.31	7/1/08	
84430		\$12.22	7/1/08		84520		\$5.51	7/1/08	
84430	TC	\$12.22	7/1/08		84520	TC	\$5.51	7/1/08	
84432		\$22.44	7/1/08		84525		\$5.25	7/1/08	
84432	TC	\$22.44	7/1/08		84525	TC	\$5.25	7/1/08	
84436		\$9.61	7/1/08		84540		\$6.64	7/1/08	
84436	TC	\$9.61	7/1/08		84540	TC	\$6.64	7/1/08	
84437		\$9.04	7/1/08		84545		\$9.23	7/1/08	
84437	TC	\$9.04	7/1/08		84545	TC	\$9.23	7/1/08	
84439		\$12.60	7/1/08		84550		\$6.31	7/1/08	
84439	TC	\$12.60	7/1/08		84550	TC	\$6.31	7/1/08	
84442		\$20.66	7/1/08		84560		\$6.64	7/1/08	
84442	TC	\$20.66	7/1/08		84560	TC	\$6.64	7/1/08	
84443		\$23.47	7/1/08		84577		\$8.06	7/1/08	
84443	TC	\$23.47	7/1/08		84577	TC	\$8.06	7/1/08	
84445		\$71.05	7/1/08		84578		\$4.54	7/1/08	
84445	TC	\$71.05	7/1/08		84578	TC	\$4.54	7/1/08	
84446		\$19.81	7/1/08		84580		\$8.06	7/1/08	
84446	TC	\$19.81	7/1/08		84580	TC	\$8.06	7/1/08	
84449		\$25.15	7/1/08		84583		\$7.02	7/1/08	
84449	TC	\$25.15	7/1/08		84583	TC	\$7.02	7/1/08	
84450		\$7.22	7/1/08		84585		\$21.66	7/1/08	
84450	TC	\$7.22	7/1/08		84585	TC	\$21.66	7/1/08	
84460		\$7.40	7/1/08		84586		\$19.49	7/1/08	
84460	TC	\$7.40	7/1/08		84586	TC	\$19.49	7/1/08	
84466		\$12.86	7/1/08		84588		\$47.43	7/1/08	
84466	TC	\$12.86	7/1/08		84588	TC	\$47.43	7/1/08	
84478		\$8.04	7/1/08		84590		\$16.20	7/1/08	
84478	TC	\$8.04	7/1/08		84590	TC	\$16.20	7/1/08	
84479		\$9.04	7/1/08		84591		\$16.20	7/1/08	
84479	TC	\$9.04	7/1/08		84591	TC	\$16.20	7/1/08	
84480		\$19.81	7/1/08		84597		\$9.49	7/1/08	
84480	TC	\$19.81	7/1/08		84597	TC	\$9.49	7/1/08	
84481		\$23.67	7/1/08		84600		\$22.45	7/1/08	
84481	TC	\$23.67	7/1/08		84600	TC	\$22.45	7/1/08	
84482		\$10.75	7/1/08		84620		\$16.55	7/1/08	
84482	TC	\$10.75	7/1/08		84620	TC	\$16.55	7/1/08	
84484		\$13.75	7/1/08		84630		\$15.91	7/1/08	
84484	TC	\$13.75	7/1/08		84630	TC	\$15.91	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
84681		\$29.07	7/1/08		85170		\$5.05	7/1/08	
84681	TC	\$29.07	7/1/08		85170	TC	\$5.05	7/1/08	
84702		\$12.20	7/1/08		85175		\$6.35	7/1/08	
84702	TC	\$12.20	7/1/08		85175	TC	\$6.35	7/1/08	
84703		\$10.49	7/1/08		85210		\$18.14	7/1/08	
84703	TC	\$10.49	7/1/08		85210	TC	\$18.14	7/1/08	
84704		\$12.20	7/1/08		85220		\$24.66	7/1/08	
84704	TC	\$12.20	7/1/08		85220	TC	\$24.66	7/1/08	
84830		\$14.02	7/1/08		85230		\$25.02	7/1/08	
84830	TC	\$14.02	7/1/08		85230	TC	\$25.02	7/1/08	
85002		\$6.29	7/1/08		85240		\$8.97	7/1/08	
85002	TC	\$6.29	7/1/08		85240	TC	\$8.97	7/1/08	
85004		\$9.04	7/1/08		85244		\$28.53	7/1/08	
85004	TC	\$9.04	7/1/08		85244	TC	\$28.53	7/1/08	
85007		\$4.81	7/1/08		85245		\$11.44	7/1/08	
85007	TC	\$4.81	7/1/08		85245	TC	\$11.44	7/1/08	
85008		\$4.81	7/1/08		85246		\$11.44	7/1/08	
85008	TC	\$4.81	7/1/08		85246	TC	\$11.44	7/1/08	
85009		\$5.19	7/1/08		85247		\$11.44	7/1/08	
85009	TC	\$5.19	7/1/08		85247	TC	\$11.44	7/1/08	
85013		\$3.31	7/1/08		85250		\$26.60	7/1/08	
85013	TC	\$3.31	7/1/08		85250	TC	\$26.60	7/1/08	
85014		\$3.31	7/1/08		85260		\$25.02	7/1/08	
85014	TC	\$3.31	7/1/08		85260	TC	\$25.02	7/1/08	
85018		\$3.31	7/1/08		85270		\$25.02	7/1/08	
85018	TC	\$3.31	7/1/08		85270	TC	\$25.02	7/1/08	
85025		\$10.86	7/1/08		85280		\$27.04	7/1/08	
85025	TC	\$10.86	7/1/08		85280	TC	\$27.04	7/1/08	
85027		\$9.04	7/1/08		85290		\$22.83	7/1/08	
85027	TC	\$9.04	7/1/08		85290	TC	\$22.83	7/1/08	
85032		\$6.01	7/1/08		85291		\$12.42	7/1/08	
85032	TC	\$6.01	7/1/08		85291	TC	\$12.42	7/1/08	
85041		\$4.20	7/1/08		85292		\$26.46	7/1/08	
85041	TC	\$4.20	7/1/08		85292	TC	\$26.46	7/1/08	
85044		\$6.01	7/1/08		85293		\$26.46	7/1/08	
85044	TC	\$6.01	7/1/08		85293	TC	\$26.46	7/1/08	
85045		\$5.59	7/1/08		85300		\$16.55	7/1/08	
85045	TC	\$5.59	7/1/08		85300	TC	\$16.55	7/1/08	
85046		\$7.80	7/1/08		85301		\$15.11	7/1/08	
85046	TC	\$7.80	7/1/08		85301	TC	\$15.11	7/1/08	
85048		\$3.55	7/1/08		85302		\$16.80	7/1/08	
85048	TC	\$3.55	7/1/08		85302	TC	\$16.80	7/1/08	
85049		\$6.25	7/1/08		85303		\$19.32	7/1/08	
85049	TC	\$6.25	7/1/08		85303	TC	\$19.32	7/1/08	
85055		\$37.41	7/1/08		85305		\$16.20	7/1/08	
85055	TC	\$37.41	7/1/08		85305	TC	\$16.20	7/1/08	
85130		\$16.62	7/1/08		85306		\$19.28	7/1/08	
85130	TC	\$16.62	7/1/08		85306	TC	\$19.28	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
85307		\$19.28	7/1/08		85460		\$10.81	7/1/08	
85307	TC	\$19.28	7/1/08		85460	TC	\$10.81	7/1/08	
85335		\$17.99	7/1/08		85461		\$9.26	7/1/08	
85335	TC	\$17.99	7/1/08		85461	TC	\$9.26	7/1/08	
85337		\$14.56	7/1/08		85475		\$12.40	7/1/08	
85337	TC	\$14.56	7/1/08		85475	TC	\$12.40	7/1/08	
85345		\$6.01	7/1/08		85520		\$18.29	7/1/08	
85345	TC	\$6.01	7/1/08		85520	TC	\$18.29	7/1/08	
85347		\$5.95	7/1/08		85525		\$16.55	7/1/08	
85347	TC	\$5.95	7/1/08		85525	TC	\$16.55	7/1/08	
85348		\$5.20	7/1/08		85530		\$18.99	7/1/08	
85348	TC	\$5.20	7/1/08		85530	TC	\$18.99	7/1/08	
85360		\$11.74	7/1/08		85536		\$9.04	7/1/08	
85360	TC	\$11.74	7/1/08		85536	TC	\$9.04	7/1/08	
85362		\$9.62	7/1/08		85540		\$12.02	7/1/08	
85362	TC	\$9.62	7/1/08		85540	TC	\$12.02	7/1/08	
85366		\$11.44	7/1/08		85547		\$12.02	7/1/08	
85366	TC	\$11.44	7/1/08		85547	TC	\$12.02	7/1/08	
85370		\$13.00	7/1/08		85549		\$26.21	7/1/08	
85370	TC	\$13.00	7/1/08		85549	TC	\$26.21	7/1/08	
85378		\$9.97	7/1/08		85555		\$9.34	7/1/08	
85378	TC	\$9.97	7/1/08		85555	TC	\$9.34	7/1/08	
85379		\$13.00	7/1/08		85557		\$12.22	7/1/08	
85379	TC	\$13.00	7/1/08		85557	TC	\$12.22	7/1/08	
85380		\$13.00	7/1/08		85576		\$30.01	7/1/08	
85380	TC	\$13.00	7/1/08		85576	TC	\$30.01	7/1/08	
85384		\$11.87	7/1/08		85597		\$20.28	7/1/08	
85384	TC	\$11.87	7/1/08		85597	TC	\$20.28	7/1/08	
85385		\$11.87	7/1/08		85610		\$5.49	7/1/08	
85385	TC	\$11.87	7/1/08		85610	TC	\$5.49	7/1/08	
85390		\$7.22	7/1/08		85611		\$5.51	7/1/08	
85390	TC	\$7.22	7/1/08		85611	TC	\$5.51	7/1/08	
85397		\$11.95	1/1/09		85612		\$9.77	7/1/08	
85397	TC	\$11.95	1/1/09		85612	TC	\$9.77	7/1/08	
85400		\$12.36	7/1/08		85613		\$9.77	7/1/08	
85400	TC	\$12.36	7/1/08		85613	TC	\$9.77	7/1/08	
85410		\$10.77	7/1/08		85635		\$13.76	7/1/08	
85410	TC	\$10.77	7/1/08		85635	TC	\$13.76	7/1/08	
85415		\$24.02	7/1/08		85651		\$4.96	7/1/08	
85415	TC	\$24.02	7/1/08		85651	TC	\$4.96	7/1/08	
85420		\$9.13	7/1/08		85652		\$3.77	7/1/08	
85420	TC	\$9.13	7/1/08		85652	TC	\$3.77	7/1/08	
85421		\$11.44	7/1/08		85660		\$7.71	7/1/08	
85421	TC	\$11.44	7/1/08		85660	TC	\$7.71	7/1/08	
85441		\$5.88	7/1/08		85670		\$8.07	7/1/08	
85441	TC	\$5.88	7/1/08		85670	TC	\$8.07	7/1/08	
85445		\$9.52	7/1/08		85675		\$8.97	7/1/08	
85445	TC	\$9.52	7/1/08		85675	TC	\$8.97	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
85705		\$11.88	7/1/08		86161		\$16.78	7/1/08	
85705	TC	\$11.88	7/1/08		86161	TC	\$16.78	7/1/08	
85730		\$8.38	7/1/08		86162		\$26.25	7/1/08	
85730	TC	\$8.38	7/1/08		86162	TC	\$26.25	7/1/08	
85732		\$9.04	7/1/08		86171		\$8.97	7/1/08	
85732	TC	\$9.04	7/1/08		86171	TC	\$8.97	7/1/08	
85810		\$16.32	7/1/08		86185		\$12.50	7/1/08	
85810	TC	\$16.32	7/1/08		86185	TC	\$12.50	7/1/08	
86000		\$9.75	7/1/08		86200		\$18.09	7/1/08	
86000	TC	\$9.75	7/1/08		86200	TC	\$18.09	7/1/08	
86001		\$6.68	7/1/08		86215		\$18.51	7/1/08	
86001	TC	\$6.68	7/1/08		86215	TC	\$18.51	7/1/08	
86003		\$6.68	7/1/08		86225		\$19.20	7/1/08	
86003	TC	\$6.68	7/1/08		86225	TC	\$19.20	7/1/08	
86005		\$11.14	7/1/08		86226		\$16.92	7/1/08	
86005	TC	\$11.14	7/1/08		86226	TC	\$16.92	7/1/08	
86021		\$21.03	7/1/08		86235		\$25.06	7/1/08	
86021	TC	\$21.03	7/1/08		86235	TC	\$25.06	7/1/08	
86022		\$13.67	7/1/08		86243		\$28.68	7/1/08	
86022	TC	\$13.67	7/1/08		86243	TC	\$28.68	7/1/08	
86023		\$8.06	7/1/08		86255		\$16.84	7/1/08	
86023	TC	\$8.06	7/1/08		86255	TC	\$16.84	7/1/08	
86038		\$16.89	7/1/08		86256		\$16.84	7/1/08	
86038	TC	\$16.89	7/1/08		86256	TC	\$16.84	7/1/08	
86039		\$15.60	7/1/08		86277		\$21.99	7/1/08	
86039	TC	\$15.60	7/1/08		86277	TC	\$21.99	7/1/08	
86060		\$10.20	7/1/08		86280		\$11.44	7/1/08	
86060	TC	\$10.20	7/1/08		86280	TC	\$11.44	7/1/08	
86063		\$8.07	7/1/08		86294		\$27.41	7/1/08	
86063	TC	\$8.07	7/1/08		86294	TC	\$27.41	7/1/08	
86140		\$7.23	7/1/08		86300		\$29.07	7/1/08	
86140	TC	\$7.23	7/1/08		86300	TC	\$29.07	7/1/08	
86141		\$18.09	7/1/08		86301		\$29.07	7/1/08	
86141	TC	\$18.09	7/1/08		86301	TC	\$29.07	7/1/08	
86146		\$10.98	7/1/08		86304		\$29.07	7/1/08	
86146	TC	\$10.98	7/1/08		86304	TC	\$29.07	7/1/08	
86147		\$10.98	7/1/08		86308		\$7.23	7/1/08	
86147	TC	\$10.98	7/1/08		86308	TC	\$7.23	7/1/08	
86148		\$10.98	7/1/08		86309		\$9.04	7/1/08	
86148	TC	\$10.98	7/1/08		86309	TC	\$9.04	7/1/08	
86155		\$22.33	7/1/08		86310		\$10.30	7/1/08	
86155	TC	\$22.33	7/1/08		86310	TC	\$10.30	7/1/08	
86156		\$9.36	7/1/08		86316		\$29.07	7/1/08	
86156	TC	\$9.36	7/1/08		86316	TC	\$29.07	7/1/08	
86157		\$11.27	7/1/08		86317		\$20.95	7/1/08	
86157	TC	\$11.27	7/1/08		86317	TC	\$20.95	7/1/08	
86160		\$16.78	7/1/08		86318		\$18.09	7/1/08	
86160	TC	\$16.78	7/1/08		86318	TC	\$18.09	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
86320		\$31.32	7/1/08		86403		\$14.24	7/1/08	
86320	TC	\$31.32	7/1/08		86403	TC	\$14.24	7/1/08	
86325		\$31.24	7/1/08		86406		\$12.55	7/1/08	
86325	TC	\$31.24	7/1/08		86406	TC	\$12.55	7/1/08	
86327		\$31.70	7/1/08		86430		\$7.93	7/1/08	
86327	TC	\$31.70	7/1/08		86430	TC	\$7.93	7/1/08	
86331		\$16.75	7/1/08		86431		\$7.93	7/1/08	
86331	TC	\$16.75	7/1/08		86431	TC	\$7.93	7/1/08	
86332		\$34.05	7/1/08		86480		\$86.59	7/1/08	
86332	TC	\$34.05	7/1/08		86480	TC	\$86.59	7/1/08	
86334		\$31.21	7/1/08		86590		\$15.41	7/1/08	
86334	TC	\$31.21	7/1/08		86590	TC	\$15.41	7/1/08	
86335		\$41.00	7/1/08		86592		\$5.96	7/1/08	
86335	TC	\$41.00	7/1/08		86592	TC	\$5.96	7/1/08	
86336		\$21.77	7/1/08		86593		\$6.16	7/1/08	
86336	TC	\$21.77	7/1/08		86593	TC	\$6.16	7/1/08	
86337		\$24.17	7/1/08		86602		\$11.43	7/1/08	
86337	TC	\$24.17	7/1/08		86602	TC	\$11.43	7/1/08	
86340		\$21.06	7/1/08		86603		\$11.43	7/1/08	
86340	TC	\$21.06	7/1/08		86603	TC	\$11.43	7/1/08	
86341		\$24.17	7/1/08		86606		\$11.43	7/1/08	
86341	TC	\$24.17	7/1/08		86606	TC	\$11.43	7/1/08	
86343		\$17.41	7/1/08		86609		\$11.43	7/1/08	
86343	TC	\$17.41	7/1/08		86609	TC	\$11.43	7/1/08	
86344		\$11.16	7/1/08		86611		\$11.43	7/1/08	
86344	TC	\$11.16	7/1/08		86611	TC	\$11.43	7/1/08	
86353		\$68.49	7/1/08		86612		\$11.43	7/1/08	
86353	TC	\$68.49	7/1/08		86612	TC	\$11.43	7/1/08	
86355		\$52.70	7/1/08		86615		\$18.43	7/1/08	
86355	TC	\$52.70	7/1/08		86615	TC	\$18.43	7/1/08	
86357		\$52.70	7/1/08		86617		\$21.64	7/1/08	
86357	TC	\$52.70	7/1/08		86617	TC	\$21.64	7/1/08	
86359		\$52.70	7/1/08		86618		\$23.80	7/1/08	
86359	TC	\$52.70	7/1/08		86618	TC	\$23.80	7/1/08	
86360		\$65.65	7/1/08		86619		\$18.69	7/1/08	
86360	TC	\$65.65	7/1/08		86619	TC	\$18.69	7/1/08	
86361		\$37.41	7/1/08		86622		\$11.43	7/1/08	
86361	TC	\$37.41	7/1/08		86622	TC	\$11.43	7/1/08	
86367		\$52.70	7/1/08		86625		\$11.43	7/1/08	
86367	TC	\$52.70	7/1/08		86625	TC	\$11.43	7/1/08	
86376		\$20.33	7/1/08		86628		\$11.43	7/1/08	
86376	TC	\$20.33	7/1/08		86628	TC	\$11.43	7/1/08	
86378		\$27.51	7/1/08		86631		\$11.43	7/1/08	
86378	TC	\$27.51	7/1/08		86631	TC	\$11.43	7/1/08	
86382		\$23.62	7/1/08		86632		\$11.43	7/1/08	
86382	TC	\$23.62	7/1/08		86632	TC	\$11.43	7/1/08	
86384		\$15.91	7/1/08		86635		\$11.43	7/1/08	
86384	TC	\$15.91	7/1/08		86635	TC	\$11.43	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
86638		\$11.43	7/1/08		86696		\$27.05	7/1/08	
86638	TC	\$11.43	7/1/08		86696	TC	\$27.05	7/1/08	
86641		\$11.43	7/1/08		86698		\$11.43	7/1/08	
86641	TC	\$11.43	7/1/08		86698	TC	\$11.43	7/1/08	
86644		\$20.11	7/1/08		86701		\$12.41	7/1/08	
86644	TC	\$20.11	7/1/08		86701	TC	\$12.41	7/1/08	
86645		\$11.43	7/1/08		86702		\$14.75	7/1/08	
86645	TC	\$11.43	7/1/08		86702	TC	\$14.75	7/1/08	
86648		\$11.43	7/1/08		86703		\$19.17	7/1/08	
86648	TC	\$11.43	7/1/08		86703	TC	\$19.17	7/1/08	
86651		\$11.43	7/1/08		86704		\$16.84	7/1/08	
86651	TC	\$11.43	7/1/08		86704	TC	\$16.84	7/1/08	
86652		\$11.43	7/1/08		86705		\$16.44	7/1/08	
86652	TC	\$11.43	7/1/08		86705	TC	\$16.44	7/1/08	
86653		\$11.43	7/1/08		86706		\$15.01	7/1/08	
86653	TC	\$11.43	7/1/08		86706	TC	\$15.01	7/1/08	
86654		\$11.43	7/1/08		86707		\$16.16	7/1/08	
86654	TC	\$11.43	7/1/08		86707	TC	\$16.16	7/1/08	
86658		\$11.43	7/1/08		86708		\$17.31	7/1/08	
86658	TC	\$11.43	7/1/08		86708	TC	\$17.31	7/1/08	
86663		\$18.33	7/1/08		86709		\$15.73	7/1/08	
86663	TC	\$18.33	7/1/08		86709	TC	\$15.73	7/1/08	
86664		\$21.38	7/1/08		86710		\$18.94	7/1/08	
86664	TC	\$21.38	7/1/08		86710	TC	\$18.94	7/1/08	
86665		\$25.35	7/1/08		86713		\$21.39	7/1/08	
86665	TC	\$25.35	7/1/08		86713	TC	\$21.39	7/1/08	
86666		\$11.43	7/1/08		86717		\$11.43	7/1/08	
86666	TC	\$11.43	7/1/08		86717	TC	\$11.43	7/1/08	
86668		\$14.53	7/1/08		86720		\$11.43	7/1/08	
86668	TC	\$14.53	7/1/08		86720	TC	\$11.43	7/1/08	
86674		\$20.56	7/1/08		86723		\$11.43	7/1/08	
86674	TC	\$20.56	7/1/08		86723	TC	\$11.43	7/1/08	
86677		\$11.43	7/1/08		86727		\$11.43	7/1/08	
86677	TC	\$11.43	7/1/08		86727	TC	\$11.43	7/1/08	
86684		\$22.14	7/1/08		86729		\$11.43	7/1/08	
86684	TC	\$22.14	7/1/08		86729	TC	\$11.43	7/1/08	
86687		\$11.72	7/1/08		86732		\$18.43	7/1/08	
86687	TC	\$11.72	7/1/08		86732	TC	\$18.43	7/1/08	
86688		\$13.94	7/1/08		86735		\$18.23	7/1/08	
86688	TC	\$13.94	7/1/08		86735	TC	\$18.23	7/1/08	
86689		\$27.05	7/1/08		86738		\$18.51	7/1/08	
86689	TC	\$27.05	7/1/08		86738	TC	\$18.51	7/1/08	
86692		\$23.98	7/1/08		86741		\$11.43	7/1/08	
86692	TC	\$23.98	7/1/08		86741	TC	\$11.43	7/1/08	
86694		\$20.11	7/1/08		86744		\$11.43	7/1/08	
86694	TC	\$20.11	7/1/08		86744	TC	\$11.43	7/1/08	
86695		\$18.43	7/1/08		86747		\$21.00	7/1/08	
86695	TC	\$18.43	7/1/08		86747	TC	\$21.00	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
86750		\$18.43	7/1/08		86807		\$55.29	7/1/08	
86750	TC	\$18.43	7/1/08		86807	TC	\$55.29	7/1/08	
86753		\$11.43	7/1/08		86808		\$41.47	7/1/08	
86753	TC	\$11.43	7/1/08		86808	TC	\$41.47	7/1/08	
86756		\$11.43	7/1/08		86812		\$36.06	7/1/08	
86756	TC	\$11.43	7/1/08		86812	TC	\$36.06	7/1/08	
86757		\$27.05	7/1/08		86813		\$72.53	7/1/08	
86757	TC	\$27.05	7/1/08		86813	TC	\$72.53	7/1/08	
86759		\$18.43	7/1/08		86816		\$38.92	7/1/08	
86759	TC	\$18.43	7/1/08		86816	TC	\$38.92	7/1/08	
86762		\$20.11	7/1/08		86817		\$72.53	7/1/08	
86762	TC	\$20.11	7/1/08		86817	TC	\$72.53	7/1/08	
86765		\$18.00	7/1/08		86821		\$72.53	7/1/08	
86765	TC	\$18.00	7/1/08		86821	TC	\$72.53	7/1/08	
86768		\$11.43	7/1/08		86822		\$51.07	7/1/08	
86768	TC	\$11.43	7/1/08		86822	TC	\$51.07	7/1/08	
86771		\$18.43	7/1/08		86880		\$7.50	7/1/08	
86771	TC	\$18.43	7/1/08		86880	TC	\$7.50	7/1/08	
86774		\$20.68	7/1/08		86885		\$7.99	7/1/08	
86774	TC	\$20.68	7/1/08		86885	TC	\$7.99	7/1/08	
86777		\$20.11	7/1/08		86886		\$7.23	7/1/08	
86777	TC	\$20.11	7/1/08		86886	TC	\$7.23	7/1/08	
86778		\$17.84	7/1/08		86900		\$4.17	7/1/08	
86778	TC	\$17.84	7/1/08		86900	TC	\$4.17	7/1/08	
86781		\$12.22	7/1/08		86901		\$4.17	7/1/08	
86781	TC	\$12.22	7/1/08		86901	TC	\$4.17	7/1/08	
86784		\$11.43	7/1/08		86903		\$13.19	7/1/08	
86784	TC	\$11.43	7/1/08		86903	TC	\$13.19	7/1/08	
86787		\$11.43	7/1/08		86904		\$13.28	7/1/08	
86787	TC	\$11.43	7/1/08		86904	TC	\$13.28	7/1/08	
86788		\$11.43	7/1/08		86905		\$5.34	7/1/08	
86788	TC	\$11.43	7/1/08		86905	TC	\$5.34	7/1/08	
86789		\$20.11	7/1/08		86906		\$10.83	7/1/08	
86789	TC	\$20.11	7/1/08		86906	TC	\$10.83	7/1/08	
86790		\$11.43	7/1/08		86940		\$11.46	7/1/08	
86790	TC	\$11.43	7/1/08		86940	TC	\$11.46	7/1/08	
86793		\$11.43	7/1/08		86941		\$16.92	7/1/08	
86793	TC	\$11.43	7/1/08		86941	TC	\$16.92	7/1/08	
86800		\$22.22	7/1/08		87001		\$18.47	7/1/08	
86800	TC	\$22.22	7/1/08		87001	TC	\$18.47	7/1/08	
86803		\$19.94	7/1/08		87003		\$20.28	7/1/08	
86803	TC	\$19.94	7/1/08		87003	TC	\$20.28	7/1/08	
86804		\$21.64	7/1/08		87015		\$9.33	7/1/08	
86804	TC	\$21.64	7/1/08		87015	TC	\$9.33	7/1/08	
86805		\$73.05	7/1/08		87040		\$14.42	7/1/08	
86805	TC	\$73.05	7/1/08		87040	TC	\$14.42	7/1/08	
86806		\$66.49	7/1/08		87045		\$13.18	7/1/08	
86806	TC	\$66.49	7/1/08		87045	TC	\$13.18	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
87046		\$13.18	7/1/08		87152		\$7.31	7/1/08	
87046	TC	\$13.18	7/1/08		87152	TC	\$7.31	7/1/08	
87070		\$12.03	7/1/08		87158		\$7.31	7/1/08	
87070	TC	\$12.03	7/1/08		87158	TC	\$7.31	7/1/08	
87071		\$13.18	7/1/08		87164		\$15.01	7/1/08	
87071	TC	\$13.18	7/1/08		87164	TC	\$15.01	7/1/08	
87073		\$13.18	7/1/08		87166		\$15.78	7/1/08	
87073	TC	\$13.18	7/1/08		87166	TC	\$15.78	7/1/08	
87075		\$13.22	7/1/08		87168		\$5.96	7/1/08	
87075	TC	\$13.22	7/1/08		87168	TC	\$5.96	7/1/08	
87076		\$11.29	7/1/08		87169		\$5.96	7/1/08	
87076	TC	\$11.29	7/1/08		87169	TC	\$5.96	7/1/08	
87077		\$11.29	7/1/08		87172		\$5.96	7/1/08	
87077	TC	\$11.29	7/1/08		87172	TC	\$5.96	7/1/08	
87081		\$9.26	7/1/08		87176		\$8.22	7/1/08	
87081	TC	\$9.26	7/1/08		87176	TC	\$8.22	7/1/08	
87084		\$12.03	7/1/08		87177		\$12.22	7/1/08	
87084	TC	\$12.03	7/1/08		87177	TC	\$12.22	7/1/08	
87086		\$11.28	7/1/08		87181		\$6.64	7/1/08	
87086	TC	\$11.28	7/1/08		87181	TC	\$6.64	7/1/08	
87088		\$11.31	7/1/08		87184		\$9.63	7/1/08	
87088	TC	\$11.31	7/1/08		87184	TC	\$9.63	7/1/08	
87101		\$10.77	7/1/08		87185		\$6.64	7/1/08	
87101	TC	\$10.77	7/1/08		87185	TC	\$6.64	7/1/08	
87102		\$11.74	7/1/08		87186		\$12.08	7/1/08	
87102	TC	\$11.74	7/1/08		87186	TC	\$12.08	7/1/08	
87103		\$12.60	7/1/08		87187		\$14.48	7/1/08	
87103	TC	\$12.60	7/1/08		87187	TC	\$14.48	7/1/08	
87106		\$14.42	7/1/08		87188		\$9.27	7/1/08	
87106	TC	\$14.42	7/1/08		87188	TC	\$9.27	7/1/08	
87107		\$14.42	7/1/08		87190		\$7.90	7/1/08	
87107	TC	\$14.42	7/1/08		87190	TC	\$7.90	7/1/08	
87109		\$14.56	7/1/08		87197		\$20.99	7/1/08	
87109	TC	\$14.56	7/1/08		87197	TC	\$20.99	7/1/08	
87110		\$27.37	7/1/08		87205		\$5.96	7/1/08	
87110	TC	\$27.37	7/1/08		87205	TC	\$5.96	7/1/08	
87116		\$15.10	7/1/08		87206		\$7.50	7/1/08	
87116	TC	\$15.10	7/1/08		87206	TC	\$7.50	7/1/08	
87118		\$15.29	7/1/08		87207		\$8.37	7/1/08	
87118	TC	\$15.29	7/1/08		87207	TC	\$8.37	7/1/08	
87140		\$7.79	7/1/08		87209		\$25.11	7/1/08	
87140	TC	\$7.79	7/1/08		87209	TC	\$25.11	7/1/08	
87143		\$17.51	7/1/08		87210		\$5.96	7/1/08	
87143	TC	\$17.51	7/1/08		87210	TC	\$5.96	7/1/08	
87147		\$7.23	7/1/08		87220		\$5.96	7/1/08	
87147	TC	\$7.23	7/1/08		87220	TC	\$5.96	7/1/08	
87149		\$28.02	7/1/08		87230		\$27.59	7/1/08	
87149	TC	\$28.02	7/1/08		87230	TC	\$27.59	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
87250		\$27.32	7/1/08		87300		\$16.76	7/1/08	
87250	TC	\$27.32	7/1/08		87300	TC	\$16.76	7/1/08	
87252		\$36.42	7/1/08		87301		\$16.76	7/1/08	
87252	TC	\$36.42	7/1/08		87301	TC	\$16.76	7/1/08	
87253		\$23.73	7/1/08		87305		\$16.76	7/1/08	
87253	TC	\$23.73	7/1/08		87305	TC	\$16.76	7/1/08	
87254		\$27.32	7/1/08		87320		\$16.76	7/1/08	
87254	TC	\$27.32	7/1/08		87320	TC	\$16.76	7/1/08	
87255		\$47.31	7/1/08		87324		\$16.76	7/1/08	
87255	TC	\$47.31	7/1/08		87324	TC	\$16.76	7/1/08	
87260		\$16.76	7/1/08		87327		\$16.76	7/1/08	
87260	TC	\$16.76	7/1/08		87327	TC	\$16.76	7/1/08	
87265		\$16.76	7/1/08		87328		\$16.76	7/1/08	
87265	TC	\$16.76	7/1/08		87328	TC	\$16.76	7/1/08	
87267		\$16.76	7/1/08		87329		\$16.76	7/1/08	
87267	TC	\$16.76	7/1/08		87329	TC	\$16.76	7/1/08	
87269		\$16.76	7/1/08		87332		\$16.76	7/1/08	
87269	TC	\$16.76	7/1/08		87332	TC	\$16.76	7/1/08	
87270		\$16.76	7/1/08		87335		\$16.76	7/1/08	
87270	TC	\$16.76	7/1/08		87335	TC	\$16.76	7/1/08	
87271		\$16.76	7/1/08		87336		\$16.76	7/1/08	
87271	TC	\$16.76	7/1/08		87336	TC	\$16.76	7/1/08	
87272		\$16.76	7/1/08		87337		\$16.76	7/1/08	
87272	TC	\$16.76	7/1/08		87337	TC	\$16.76	7/1/08	
87273		\$16.76	7/1/08		87338		\$20.10	7/1/08	
87273	TC	\$16.76	7/1/08		87338	TC	\$20.10	7/1/08	
87274		\$16.76	7/1/08		87339		\$16.76	7/1/08	
87274	TC	\$16.76	7/1/08		87339	TC	\$16.76	7/1/08	
87275		\$16.76	7/1/08		87340		\$14.43	7/1/08	
87275	TC	\$16.76	7/1/08		87340	TC	\$14.43	7/1/08	
87276		\$16.76	7/1/08		87341		\$14.43	7/1/08	
87276	TC	\$16.76	7/1/08		87341	TC	\$14.43	7/1/08	
87277		\$16.76	7/1/08		87350		\$16.10	7/1/08	
87277	TC	\$16.76	7/1/08		87350	TC	\$16.10	7/1/08	
87278		\$16.76	7/1/08		87380		\$22.94	7/1/08	
87278	TC	\$16.76	7/1/08		87380	TC	\$22.94	7/1/08	
87279		\$16.76	7/1/08		87385		\$16.76	7/1/08	
87279	TC	\$16.76	7/1/08		87385	TC	\$16.76	7/1/08	
87280		\$16.76	7/1/08		87390		\$24.65	7/1/08	
87280	TC	\$16.76	7/1/08		87390	TC	\$24.65	7/1/08	
87281		\$16.76	7/1/08		87391		\$24.65	7/1/08	
87281	TC	\$16.76	7/1/08		87391	TC	\$24.65	7/1/08	
87283		\$16.76	7/1/08		87400		\$16.76	7/1/08	
87283	TC	\$16.76	7/1/08		87400	TC	\$16.76	7/1/08	
87285		\$16.76	7/1/08		87420		\$16.76	7/1/08	
87285	TC	\$16.76	7/1/08		87420	TC	\$16.76	7/1/08	
87290		\$16.76	7/1/08		87425		\$16.76	7/1/08	
87290	TC	\$16.76	7/1/08		87425	TC	\$16.76	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
87427		\$16.76	7/1/08		87500		\$49.04	7/1/08	
87427	TC	\$16.76	7/1/08		87500	TC	\$49.04	7/1/08	
87430		\$16.76	7/1/08		87510		\$28.02	7/1/08	
87430	TC	\$16.76	7/1/08		87510	TC	\$28.02	7/1/08	
87449		\$16.76	7/1/08		87511		\$49.04	7/1/08	
87449	TC	\$16.76	7/1/08		87511	TC	\$49.04	7/1/08	
87450		\$13.39	7/1/08		87512		\$39.65	7/1/08	
87450	TC	\$13.39	7/1/08		87512	TC	\$39.65	7/1/08	
87451		\$13.39	7/1/08		87515		\$28.02	7/1/08	
87451	TC	\$13.39	7/1/08		87515	TC	\$28.02	7/1/08	
87470		\$28.02	7/1/08		87516		\$49.04	7/1/08	
87470	TC	\$28.02	7/1/08		87516	TC	\$49.04	7/1/08	
87471		\$49.04	7/1/08		87517		\$39.65	7/1/08	
87471	TC	\$49.04	7/1/08		87517	TC	\$39.65	7/1/08	
87472		\$39.65	7/1/08		87520		\$28.02	7/1/08	
87472	TC	\$39.65	7/1/08		87520	TC	\$28.02	7/1/08	
87475		\$28.02	7/1/08		87521		\$49.04	7/1/08	
87475	TC	\$28.02	7/1/08		87521	TC	\$49.04	7/1/08	
87476		\$49.04	7/1/08		87522		\$39.65	7/1/08	
87476	TC	\$49.04	7/1/08		87522	TC	\$39.65	7/1/08	
87477		\$39.65	7/1/08		87525		\$28.02	7/1/08	
87477	TC	\$39.65	7/1/08		87525	TC	\$28.02	7/1/08	
87480		\$28.02	7/1/08		87526		\$49.04	7/1/08	
87480	TC	\$28.02	7/1/08		87526	TC	\$49.04	7/1/08	
87481		\$49.04	7/1/08		87527		\$39.65	7/1/08	
87481	TC	\$49.04	7/1/08		87527	TC	\$39.65	7/1/08	
87482		\$39.65	7/1/08		87528		\$28.02	7/1/08	
87482	TC	\$39.65	7/1/08		87528	TC	\$28.02	7/1/08	
87485		\$28.02	7/1/08		87529		\$49.04	7/1/08	
87485	TC	\$28.02	7/1/08		87529	TC	\$49.04	7/1/08	
87486		\$49.04	7/1/08		87530		\$39.65	7/1/08	
87486	TC	\$49.04	7/1/08		87530	TC	\$39.65	7/1/08	
87487		\$39.65	7/1/08		87531		\$28.02	7/1/08	
87487	TC	\$39.65	7/1/08		87531	TC	\$28.02	7/1/08	
87490		\$28.02	7/1/08		87532		\$49.04	7/1/08	
87490	TC	\$28.02	7/1/08		87532	TC	\$49.04	7/1/08	
87491		\$49.04	7/1/08		87533		\$39.65	7/1/08	
87491	TC	\$49.04	7/1/08		87533	TC	\$39.65	7/1/08	
87492		\$39.65	7/1/08		87534		\$28.02	7/1/08	
87492	TC	\$39.65	7/1/08		87534	TC	\$28.02	7/1/08	
87495		\$28.02	7/1/08		87535		\$49.04	7/1/08	
87495	TC	\$28.02	7/1/08		87535	TC	\$49.04	7/1/08	
87496		\$49.04	7/1/08		87536		\$118.89	7/1/08	
87496	TC	\$49.04	7/1/08		87536	TC	\$118.89	7/1/08	
87497		\$39.65	7/1/08		87537		\$28.02	7/1/08	
87497	TC	\$39.65	7/1/08		87537	TC	\$28.02	7/1/08	
87498		\$49.04	7/1/08		87538		\$49.04	7/1/08	
87498	TC	\$49.04	7/1/08		87538	TC	\$49.04	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
87539		\$39.65	7/1/08		87650		\$28.02	7/1/08	
87539	TC	\$39.65	7/1/08		87650	TC	\$28.02	7/1/08	
87540		\$28.02	7/1/08		87651		\$49.04	7/1/08	
87540	TC	\$28.02	7/1/08		87651	TC	\$49.04	7/1/08	
87541		\$49.04	7/1/08		87652		\$39.65	7/1/08	
87541	TC	\$49.04	7/1/08		87652	TC	\$39.65	7/1/08	
87542		\$39.65	7/1/08		87653		\$49.04	7/1/08	
87542	TC	\$39.65	7/1/08		87653	TC	\$49.04	7/1/08	
87550		\$28.02	7/1/08		87660		\$28.02	7/1/08	
87550	TC	\$28.02	7/1/08		87660	TC	\$28.02	7/1/08	
87551		\$49.04	7/1/08		87797		\$28.02	7/1/08	
87551	TC	\$49.04	7/1/08		87797	TC	\$28.02	7/1/08	
87552		\$39.65	7/1/08		87798		\$49.04	7/1/08	
87552	TC	\$39.65	7/1/08		87798	TC	\$49.04	7/1/08	
87555		\$28.02	7/1/08		87799		\$59.85	7/1/08	
87555	TC	\$28.02	7/1/08		87799	TC	\$59.85	7/1/08	
87556		\$49.04	7/1/08		87800		\$56.03	7/1/08	
87556	TC	\$49.04	7/1/08		87800	TC	\$56.03	7/1/08	
87557		\$39.65	7/1/08		87801		\$98.07	7/1/08	
87557	TC	\$39.65	7/1/08		87801	TC	\$98.07	7/1/08	
87560		\$28.02	7/1/08		87802		\$16.76	7/1/08	
87560	TC	\$28.02	7/1/08		87802	TC	\$16.76	7/1/08	
87561		\$49.04	7/1/08		87803		\$16.76	7/1/08	
87561	TC	\$49.04	7/1/08		87803	TC	\$16.76	7/1/08	
87562		\$39.65	7/1/08		87804		\$16.76	7/1/08	
87562	TC	\$39.65	7/1/08		87804	TC	\$16.76	7/1/08	
87580		\$28.02	7/1/08		87807		\$16.76	7/1/08	
87580	TC	\$28.02	7/1/08		87807	TC	\$16.76	7/1/08	
87581		\$49.04	7/1/08		87808		\$16.76	7/1/08	
87581	TC	\$49.04	7/1/08		87808	TC	\$16.76	7/1/08	
87582		\$39.65	7/1/08		87809		\$16.76	7/1/08	
87582	TC	\$39.65	7/1/08		87809	TC	\$16.76	7/1/08	
87590		\$28.02	7/1/08		87810		\$16.76	7/1/08	
87590	TC	\$28.02	7/1/08		87810	TC	\$16.76	7/1/08	
87591		\$49.04	7/1/08		87850		\$16.76	7/1/08	
87591	TC	\$49.04	7/1/08		87850	TC	\$16.76	7/1/08	
87592		\$39.65	7/1/08		87880		\$16.76	7/1/08	
87592	TC	\$39.65	7/1/08		87880	TC	\$16.76	7/1/08	
87620		\$28.02	7/1/08		87900		\$182.11	7/1/08	
87620	TC	\$28.02	7/1/08		87900	TC	\$182.11	7/1/08	
87621		\$49.04	7/1/08		87901		\$256.05	7/1/08	
87621	TC	\$49.04	7/1/08		87901	TC	\$256.05	7/1/08	
87622		\$39.65	7/1/08		87902		\$256.05	7/1/08	
87622	TC	\$39.65	7/1/08		87902	TC	\$256.05	7/1/08	
87640		\$49.04	7/1/08		87903		\$682.72	7/1/08	
87640	TC	\$49.04	7/1/08		87903	TC	\$682.72	7/1/08	
87641		\$49.04	7/1/08		87904		\$36.42	7/1/08	
87641	TC	\$49.04	7/1/08		87904	TC	\$36.42	7/1/08	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
87905		\$17.84	1/1/09		88241		\$11.87	7/1/08	
87905	TC	\$17.84	1/1/09		88241	TC	\$11.87	7/1/08	
88130		\$21.02	7/1/08		88245		\$207.98	7/1/08	
88130	TC	\$21.02	7/1/08		88245	TC	\$207.98	7/1/08	
88140		\$11.17	7/1/08		88248		\$241.96	7/1/08	
88140	TC	\$11.17	7/1/08		88248	TC	\$241.96	7/1/08	
88142		\$28.31	7/1/08		88249		\$241.96	7/1/08	
88142	TC	\$28.31	7/1/08		88249	TC	\$241.96	7/1/08	
88143		\$28.31	7/1/08		88261		\$246.93	7/1/08	
88143	TC	\$28.31	7/1/08		88261	TC	\$246.93	7/1/08	
88147		\$15.90	7/1/08		88262		\$174.14	7/1/08	
88147	TC	\$15.90	7/1/08		88262	TC	\$174.14	7/1/08	
88148		\$21.23	7/1/08		88263		\$209.97	7/1/08	
88148	TC	\$21.23	7/1/08		88263	TC	\$209.97	7/1/08	
88150		\$14.76	7/1/08		88264		\$174.14	7/1/08	
88150	TC	\$14.76	7/1/08		88264	TC	\$174.14	7/1/08	
88152		\$14.76	7/1/08		88267		\$214.50	7/1/08	
88152	TC	\$14.76	7/1/08		88267	TC	\$214.50	7/1/08	
88153		\$14.76	7/1/08		88269		\$232.38	7/1/08	
88153	TC	\$14.76	7/1/08		88269	TC	\$232.38	7/1/08	
88154		\$14.76	7/1/08		88271		\$29.93	7/1/08	
88154	TC	\$14.76	7/1/08		88271	TC	\$29.93	7/1/08	
88155		\$8.37	7/1/08		88272		\$37.41	7/1/08	
88155	TC	\$8.37	7/1/08		88272	TC	\$37.41	7/1/08	
88164		\$14.76	7/1/08		88273		\$44.89	7/1/08	
88164	TC	\$14.76	7/1/08		88273	TC	\$44.89	7/1/08	
88165		\$14.76	7/1/08		88274		\$48.63	7/1/08	
88165	TC	\$14.76	7/1/08		88274	TC	\$48.63	7/1/08	
88166		\$14.76	7/1/08		88275		\$56.11	7/1/08	
88166	TC	\$14.76	7/1/08		88275	TC	\$56.11	7/1/08	
88167		\$14.76	7/1/08		88280		\$35.07	7/1/08	
88167	TC	\$14.76	7/1/08		88280	TC	\$35.07	7/1/08	
88174		\$29.85	7/1/08		88283		\$95.84	7/1/08	
88174	TC	\$29.85	7/1/08		88283	TC	\$95.84	7/1/08	
88175		\$37.01	7/1/08		88285		\$26.54	7/1/08	
88175	TC	\$37.01	7/1/08		88285	TC	\$26.54	7/1/08	
88230		\$162.77	7/1/08		88289		\$48.11	7/1/08	
88230	TC	\$162.77	7/1/08		88289	TC	\$48.11	7/1/08	
88233		\$196.63	7/1/08		88371		\$31.05	7/1/08	
88233	TC	\$196.63	7/1/08		88371	TC	\$31.05	7/1/08	
88235		\$205.74	7/1/08		88372		\$31.79	7/1/08	
88235	TC	\$205.74	7/1/08		88372	TC	\$31.79	7/1/08	
88237		\$176.47	7/1/08		88400		\$7.02	7/1/08	12/31/08
88237	TC	\$176.47	7/1/08		88400	TC	\$7.02	7/1/08	12/31/08
88239		\$206.12	7/1/08		88720		\$7.33	1/1/09	
88239	TC	\$206.12	7/1/08		88720	TC	\$7.33	1/1/09	
88240		\$11.87	7/1/08		88740		\$7.33	1/1/09	
88240	TC	\$11.87	7/1/08		88740	TC	\$7.33	1/1/09	

Blue Cross and Blue Shield of Texas 2008 Independent Clinical Laboratory Fee Schedule

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 allowables 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. If additional fees are needed please see our web site www.bcbstx.com.

Procedure	Modifier	Maximum Allowable	Effective Date	End Date	Procedure	Modifier	Maximum Allowable	Effective Date	End Date
88741		\$7.33	1/1/09		G0145		\$37.01	7/1/08	
88741	TC	\$7.33	1/1/09		G0145	TC	\$37.01	7/1/08	
89050		\$6.61	7/1/08		G0147		\$15.90	7/1/08	
89050	TC	\$6.61	7/1/08		G0147	TC	\$15.90	7/1/08	
89051		\$7.70	7/1/08		G0148		\$21.23	7/1/08	
89051	TC	\$7.70	7/1/08		G0148	TC	\$21.23	7/1/08	
89055		\$5.96	7/1/08		G0306		\$10.86	7/1/08	
89055	TC	\$5.96	7/1/08		G0306	TC	\$10.86	7/1/08	
89060		\$9.99	7/1/08		G0307		\$9.04	7/1/08	
89060	TC	\$9.99	7/1/08		G0307	TC	\$9.04	7/1/08	
89125		\$6.03	7/1/08		G0328		\$22.22	7/1/08	
89125	TC	\$6.03	7/1/08		G0328	TC	\$22.22	7/1/08	
89160		\$5.15	7/1/08		G0394		\$4.54	7/1/08	
89160	TC	\$5.15	7/1/08		G0394	TC	\$4.54	7/1/08	
89190		\$6.64	7/1/08		P2038		\$7.02	7/1/08	
89190	TC	\$6.64	7/1/08		P2038	TC	\$7.02	7/1/08	
89225		\$4.67	7/1/08		P3000		\$14.76	7/1/08	
89225	TC	\$4.67	7/1/08		P3000	TC	\$14.76	7/1/08	
89235		\$7.69	7/1/08		P9612		\$3.00	7/1/08	
89235	TC	\$7.69	7/1/08		P9612	TC	\$3.00	7/1/08	
89300		\$8.06	7/1/08		P9615		\$3.00	7/1/08	
89300	TC	\$8.06	7/1/08		P9615	TC	\$3.00	7/1/08	
89310		\$4.83	7/1/08		Q0111		\$5.96	7/1/08	
89310	TC	\$4.83	7/1/08		Q0111	TC	\$5.96	7/1/08	
89320		\$12.22	7/1/08		Q0112		\$5.96	7/1/08	
89320	TC	\$12.22	7/1/08		Q0112	TC	\$5.96	7/1/08	
89321		\$12.22	7/1/08		Q0113		\$7.56	7/1/08	
89321	TC	\$12.22	7/1/08		Q0113	TC	\$7.56	7/1/08	
89322		\$21.65	7/1/08		Q0114		\$9.99	7/1/08	
89322	TC	\$21.65	7/1/08		Q0114	TC	\$9.99	7/1/08	
89325		\$14.91	7/1/08		Q0115		\$13.83	7/1/08	
89325	TC	\$14.91	7/1/08		Q0115	TC	\$13.83	7/1/08	
89329		\$29.30	7/1/08						
89329	TC	\$29.30	7/1/08						
89330		\$13.83	7/1/08						
89330	TC	\$13.83	7/1/08						
89331		\$26.78	7/1/08						
89331	TC	\$26.78	7/1/08						
G0027		\$8.06	7/1/08						
G0027	TC	\$8.06	7/1/08						
G0103		\$25.70	7/1/08						
G0103	TC	\$25.70	7/1/08						
G0123		\$28.31	7/1/08						
G0123	TC	\$28.31	7/1/08						
G0143		\$28.31	7/1/08						
G0143	TC	\$28.31	7/1/08						
G0144		\$29.85	7/1/08						
G0144	TC	\$29.85	7/1/08						