

Blue Cross and Blue Shield of Texas 2009 Compound Drug 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.

Drug Name	Concentrations	Maximum Allowable	Effective Date
Baclofen	Up to 2,000 mcg (2 mg)	\$71.40	8/15/09
Baclofen	2,001 to 4,000 mcg (4 mg)	\$148.75	8/15/09
Baclofen	Over 4,000 mcg (4 mg)	\$178.50	8/15/09
Bupivacaine	Up to 7.5 mg	\$11.90	8/15/09
Bupivacaine	Over 7.5 mg	\$23.80	8/15/09
Clonidine	Up to 2 mg	\$57.12	8/15/09
Clonidine	Over 2 mg	\$104.72	8/15/09
Fentanyl	Up to 1,000 mcg (1 mg)	\$65.45	8/15/09
Fentanyl	1,001 to 2,500 mcg (2.5 mg)	\$136.85	8/15/09
Fentanyl	2,501 to 5,000 mcg (5 mg)	\$238.00	8/15/09
Fentanyl	Over 5,000 mcg	\$380.80	8/15/09
Hydromorphone (Dilaudid®)	Up to 45 mg	\$107.10	8/15/09
Hydromorphone (Dilaudid®)	Over 45 mg	\$130.90	8/15/09
Morphine	Up to 45 mg	\$47.60	8/15/09
Morphine	Over 45 mg	\$71.40	8/15/09
Prialt	100 mcg	\$753.27	8/15/09
Prialt	200 mcg	\$1,548.67	8/15/09
Prialt	500 mcg	\$3,872.26	8/15/09
Sufentanil	Up to 50 mcg (0.05 mg)	\$238.00	8/15/09
Sufentanil	Up to 100 mcg (0.1 mg)	\$416.50	8/15/09
Sufentanil	Up to 200 mcg (0.2 mg) and above	\$505.75	8/15/09

These maximum allowables are based on a 20 ML reservoir pain pump. In the event that a 40 ML reservoir pain pump is used, the above maximum allowable will be doubled for reimbursement.

If you have any questions, please contact Provider Customer Service at (800) 451-0287 to speak with a Customer Advocate.

Revised 10/19/2009