Blue Cross and Blue Shield of Texas 2010 Other Lab Codes 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
80048		\$7.88	7/1/10		85013	TC	\$2.20	7/1/10	
80048	TC	\$7.88	7/1/10		85014		\$2.20	7/1/10	
80051		\$6.53	7/1/10		85014	TC	\$2.20	7/1/10	
80051	TC	\$6.53	7/1/10		85018		\$2.20	7/1/10	
80197		\$12.78	7/1/10		85018	TC	\$2.20	7/1/10	
80197	TC	\$12.78	7/1/10		85025		\$7.24	7/1/10	
81000		\$2.95	7/1/10		85025	TC	\$7.24	7/1/10	
81000	TC	\$2.95	7/1/10		85027		\$6.03	7/1/10	
81001		\$2.95	7/1/10		85027	TC	\$6.03	7/1/10	
81001	TC	\$2.95	7/1/10		85032		\$4.00	7/1/10	
81002		\$2.38	7/1/10		85032	TC	\$4.00	7/1/10	
81002	TC	\$2.38	7/1/10		85049		\$4.16	7/1/10	
81003		\$2.09	7/1/10		85049	TC	\$4.16	7/1/10	
81003	TC	\$2.09	7/1/10		85345		\$4.00	7/1/10	
81007		\$2.39	7/1/10		85345	TC	\$4.00	7/1/10	
81007	TC	\$2.39	7/1/10		85347		\$3.97	7/1/10	
81025		\$5.89	7/1/10		85347	TC	\$3.97	7/1/10	
81025	TC	\$5.89	7/1/10		85348		\$3.47	7/1/10	
82270		\$3.03	7/1/10		85348	TC	\$3.47	7/1/10	
82270	TC	\$3.03	7/1/10		85610		\$3.65	7/1/10	
82272		\$3.03	7/1/10		85610	TC	\$3.65	7/1/10	
82272	TC	\$3.03	7/1/10		86308		\$4.82	7/1/10	
82274		\$14.81	7/1/10		86308	TC	\$4.82	7/1/10	
82274	TC	\$14.81	7/1/10		86490		\$3.98	7/1/10	
82947		\$3.65	7/1/10		86490	TC	\$3.98	7/1/10	
82947	TC	\$3.65	7/1/10		86510		\$3.98	7/1/10	
82948		\$2.95	7/1/10		86510	TC	\$3.98	7/1/10	
82948	TC	\$2.95	7/1/10		86580		\$4.46	7/1/10	
82962		\$2.18	7/1/10		86580	TC	\$4.46	7/1/10	
82962	TC	\$2.18	7/1/10		87210		\$3.97	7/1/10	
83014		\$7.32	7/1/10		87210	TC	\$3.97	7/1/10	
83014	TC	\$7.32	7/1/10		87220		\$3.97	7/1/10	
85002		\$4.19	7/1/10		87220	TC	\$3.97	7/1/10	
85002	TC	\$4.19	7/1/10		87400		\$11.17	7/1/10	
85004		\$6.03	7/1/10		87400	TC	\$11.17	7/1/10	
85004	TC	\$6.03	7/1/10		87430		\$11.17	7/1/10	
85007		\$3.20	7/1/10		87430	TC	\$11.17	7/1/10	
85007	TC	\$3.20	7/1/10		87807		\$11.17	7/1/10	
85008		\$3.20	7/1/10		87807	TC	\$11.17	7/1/10	
85008	TC	\$3.20	7/1/10		87880		\$11.17	7/1/10	
85013		\$2.20	7/1/10		87880	TC	\$11.17	7/1/10	

Blue Cross and Blue Shield of Texas 2010 Other Lab Codes 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
89330		\$9.22	7/1/10	
89330	TC	\$9.22	7/1/10	

