BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
0075T	$2,016.42		
0076T	$50.94		
0095T	$50.94		
0098T	$50.94		
0163T	$50.94		12/31/22
0164T	$50.94		
0165T	$50.94		
0184T	$50.94		
0202T	$50.94	7/1/09	
0219T	$50.94	1/1/10	
0220T	$50.94	1/1/10	
0235T	$50.94	1/1/11	
0254T	$50.94	1/1/11	12/31/19
0266T	$50.94	7/1/11	12/31/25
0312T	$50.94	1/1/13	12/31/22
0345T	$50.94	1/1/14	
0375T	$50.94	1/1/15	12/31/19
0398T	$50.94	1/1/16	12/31/24
0421T	$50.94	1/1/16	12/31/25
0451T	$3,109.78	1/1/17	12/31/21
0452T	$3,109.78	1/1/17	12/31/21
0455T	$3,109.78	1/1/17	12/31/21
0456T	$3,109.78	1/1/17	12/31/21
0459T	$3,109.78	1/1/17	12/31/21
0461T	$3,109.78	1/1/17	12/31/21
0483T	$3,109.78	1/1/18	
0484T	$3,109.78	1/1/18	
0489T	$3,109.78	1/1/18	
0490T	$3,109.78	1/1/18	
0494T	$3,109.78	1/1/18	
0495T	$3,109.78	1/1/18	
0496T	$3,109.78	1/1/18	
0499T	$3,109.78	1/1/18	12/31/23
0537T	$3,109.78	1/1/19	12/31/24
0538T	$3,109.78	1/1/19	12/31/24
0539T	$3,109.78	1/1/19	12/31/24
0543T	$3,109.78	7/1/19	
0544T	$3,109.78	7/1/19	
0545T	$3,109.78	7/1/19	
0553T	$3,109.78	7/1/19	12/31/24
0567T	$3,109.78	1/1/20	12/31/24
0568T	$3,109.78	1/1/20	12/31/24
0569T	$3,109.78	1/1/20	
0570T	$3,109.78	1/1/20	
0571T	$3,109.78	1/1/20	
0572T	$3,109.78	1/1/20	
0573T	$3,109.78	1/1/20	
0574T	$3,109.78	1/1/20	
0580T	$3,109.78	1/1/20	
0581T	$3,109.78	1/1/20	
0582T	$3,109.78	1/1/20	
0583T	$3,109.78	1/1/20	
0584T	$3,109.78	1/1/20	
0585T	$3,109.78	1/1/20	
0586T	$3,109.78	1/1/20	
0595T	$3,109.78	7/1/20	12/31/20
0613T	$3,109.78	7/1/20	
0621T	$3,109.78	1/1/21	
0622T	$3,109.78	1/1/21	
0632T	$3,109.78	1/1/21	
0643T	$1,081.04	7/1/21	
0645T	$1,081.04	7/1/21	
0646T	$1,081.04	7/1/21	
0656T	$1,081.04	7/1/21	
0657T	$1,081.04	7/1/21	
0659T	$1,081.04	7/1/21	
0660T	$1,081.04	7/1/21	
0661T	$1,081.04	7/1/21	
0664T	$1,081.04	7/1/21	
0665T	$1,081.04	7/1/21	
0666T	$1,081.04	7/1/21	
0667T	$1,081.04	7/1/21	
0668T	$1,081.04	7/1/21	
0669T	$1,081.04	7/1/21	
0670T	$1,081.04	7/1/21	

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
0672T	$1,081.04	1/1/22	
0674T	$1,081.04	1/1/22	
0675T	$1,081.04	1/1/22	
0676T	$1,081.04	1/1/22	
0677T	$1,081.04	1/1/22	
0678T	$1,081.04	1/1/22	
0679T	$1,081.04	1/1/22	
0680T	$1,081.04	1/1/22	
0681T	$1,081.04	1/1/22	
0682T	$1,081.04	1/1/22	
0717T	$1,081.04	7/1/22	
0718T	$1,081.04	7/1/22	
0719T	$1,081.04	7/1/22	
0725T	$1,081.04	7/1/22	
0726T	$1,081.04	7/1/22	
0727T	$1,081.04	7/1/22	
0730T	$1,081.04	7/1/22	
0737T	$1,081.04	7/1/22	
0739T	$1,081.04	1/1/23	
0745T	$1,081.04	1/1/23	
0746T	$1,081.04	1/1/23	
0747T	$1,081.04	1/1/23	
0748T	$1,081.04	1/1/23	
0780T	$1,081.04	1/1/23	
0781T	$1,081.04	1/1/23	
0782T	$1,081.04	1/1/23	
0790T	$3,638.19	1/1/24	
0795T	$1,081.04	7/1/23	
0796T	$1,081.04	7/1/23	
0798T	$1,081.04	7/1/23	
0799T	$1,081.04	7/1/23	
0801T	$1,081.04	7/1/23	
0802T	$1,081.04	7/1/23	
0805T	$1,081.04	7/1/23	
0806T	$1,081.04	7/1/23	
0810T	$1,081.04	7/1/23	
0814T	$3,638.19	1/1/24	
0870T	$3,638.19	7/1/24	
0871T	$3,638.19	7/1/24	
0872T	$3,638.19	7/1/24	
0873T	$3,638.19	7/1/24	
0874T	$3,638.19	7/1/24	
0894T	$3,638.19	7/1/24	
0895T	$3,638.19	7/1/24	
0896T	$3,638.19	7/1/24	
0901T	$3,638.19	1/1/25	
0908T	$3,638.19	1/1/25	
0909T	$3,638.19	1/1/25	
0910T	$3,638.19	1/1/25	
0935T	$3,638.19	1/1/25	
0936T	$3,638.19	1/1/25	
0941T	$3,638.19	1/1/25	
0942T	$3,638.19	1/1/25	
0943T	$3,638.19	1/1/25	
0947T	$3,638.19	1/1/25	
0951T	$3,638.19	7/1/25	
0952T	$3,638.19	7/1/25	
0953T	$3,638.19	7/1/25	
0954T	$3,638.19	7/1/25	
0955T	$3,638.19	7/1/25	
0968T	$3,638.19	7/1/25	
0969T	$3,638.19	7/1/25	
0988T	$3,638.19	1/1/26	
0990T	$3,638.19	1/1/26	
0994T	$3,638.19	1/1/26	
0995T	$3,638.19	1/1/26	
0999T	$3,638.19	1/1/26	
1000T	$3,638.19	1/1/26	
1001T	$3,638.19	1/1/26	
11004	$793.47		
11005	$975.24		
11006	$933.04		
11008	$396.73		
15756	$547.08		
15757	$1,213.33		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
15758	$547.08		
15778	$412.29	1/1/23	
16036	$80.07		
19271	$1,483.42		12/31/19
19272	$1,644.28		12/31/19
19305	$1,375.94		
19306	$1,446.27		
19361	$329.65		
19364	$1,213.33		
19367	$1,213.33		
19368	$1,213.33		
19369	$1,213.33		
20661	$667.59		
20664	$702.58		
20802	$2,283.38		
20805	$2,800.57		
20808	$3,803.94		
20816	$2,115.67		
20824	$2,108.45		
20827	$1,213.33		
20838	$2,274.36		
20930	$1,135.43		
20931	$191.87		
20936	$656.27		
20937	$246.33		
20938	$263.65		
20955	$2,386.53		
20956	$547.08		
20957	$547.08		
20962	$1,213.33		
20969	$1,213.33		
20970	$547.08		
20974	$547.08		
21045	$1,120.95		
21141	$1,888.81		
21142	$1,858.15		
21143	$1,965.63		
21145	$2,794.08		
21146	$2,016.42		
21147	$2,016.42		
21151	$1,875.10		
21154	$1,892.41		
21155	$2,191.77		
21159	$2,651.62		
21160	$2,673.62		
21179	$2,374.26		
21180	$1,566.73		
21182	$1,213.33		
21183	$2,126.85		
21184	$2,284.10		
21188	$3,992.21		
21193	$1,667.36		
21194	$2,100.88		
21196	$2,201.51		
21247	$1,494.60		
21255	$2,146.68		
21256	$1,512.27		
21268	$1,770.51		
21343	$1,463.94		
21344	$2,426.20		
21346	$1,198.13		
21347	$1,403.35		
21348	$1,075.87		
21366	$1,608.21		
21395	$1,229.15		
21422	$860.19		
21423	$991.83		
21431	$664.71		
21432	$607.36		
21433	$1,565.65		
21435	$1,232.76		
21436	$1,815.59		
21510	$423.78		
21602	$1,644.78	1/1/20	
21603	$1,820.27	1/1/20	

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
21615	$882.19		
21616	$1,113.38		
21620	$737.56		
21627	$751.63		
21630	$1,179.74		
21632	$1,167.48		12/31/24
21705	$854.42		
21740	$1,416.34		
21750	$934.12		
21825	$776.15		
22010	$1,141.87		
22015	$1,138.62		
22110	$1,305.25		
22112	$908.52		
22114	$933.04		
22116	$212.79		
22206	$2,231.44		
22207	$2,201.51		
22208	$566.97		
22210	$1,651.49		
22212	$2,299.25		
22214	$2,355.15		
22216	$535.95		
22220	$3,723.16		
22224	$1,463.58		
22226	$533.43		
22318	$1,489.91		
22319	$1,639.59		
22325	$2,043.89		
22326	$1,355.38		
22327	$2,208.36		
22328	$413.32		
22526	$329.65		
22527	$150.76		
22532	$1,607.49		
22533	$1,503.62		
22534	$354.90		
22548	$1,213.33		
22551	$1,949.93	1/1/11	
22552	$454.35	1/1/11	
22554	$1,780.97		
22556	$547.08		
22558	$2,564.34		
22585	$476.08		
22586	$50.94	1/1/13	
22590	$1,433.65		
22595	$1,359.71		
22600	$1,697.29		
22610	$1,664.11		
22630	$2,804.90		
22632	$458.41		
22633	$1,860.55	1/1/12	
22634	$501.83	1/1/12	
22800	$1,950.48		
22802	$2,016.42		
22804	$2,317.28		
22808	$2,016.42		
22810	$1,896.02		
22812	$7,278.31		
22818	$2,100.88		
22819	$2,422.95		
22830	$1,029.34		
22836	$1,740.45	1/1/24	
22837	$1,917.00	1/1/24	
22838	$1,942.41	1/1/24	
22840	$1,021.41		
22841	$547.08		
22842	$1,021.41		
22843	$1,110.49		
22844	$973.44		
22845	$990.03		
22846	$1,016.72		
22847	$819.79		
22848	$354.53		
22849	$1,828.94		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
22850	$916.81		
22852	$893.37		
22855	$1,456.37		
22856	$1,556.27		
22857	$1,595.95		
22858	$672.39	1/1/15	
22860	$1,081.04	1/1/23	
22861	$1,884.12		
22862	$1,213.33		
22864	$1,749.59		
22865	$2,965.75		
23200	$1,131.77		
23210	$1,176.49		
23220	$1,389.65		
23335	$1,244.22	1/1/14	
23472	$2,703.19		
23474	$50.94	1/1/13	
23900	$1,240.69		
23920	$1,003.73		
24900	$910.68		
24920	$659.66		
24930	$959.37		
24931	$781.56		
24940	$50.94		
25900	$953.60		
25905	$680.22		
25909	$669.76		
25915	$1,176.49		
25920	$891.93		
25924	$614.57		
25927	$711.95		
26551	$2,993.89		
26553	$2,562.17		
26554	$3,428.85		
26556	$2,648.01		
26992	$1,235.28		
27005	$936.29		
27025	$1,140.43		
27030	$1,223.38		
27036	$1,292.63		
27054	$884.71		
27070	$782.28		
27071	$1,158.82		
27075	$2,172.65		
27076	$4,082.02		
27077	$2,506.27		
27078	$944.58		
27090	$1,062.88		
27091	$1,501.81		
27096	$564.26		
27120	$1,799.36		
27122	$1,034.75		
27125	$1,052.06		
27130	$2,331.35		
27132	$547.08		
27134	$1,845.89		
27137	$1,405.52		
27138	$1,463.22		
27140	$839.63		
27146	$1,749.59		
27147	$2,431.25		
27151	$2,906.61		
27156	$1,612.18		
27158	$1,292.99		
27161	$1,652.57		
27165	$1,985.83		
27170	$1,562.77		
27175	$614.94		
27176	$1,167.48		
27177	$1,457.81		
27178	$1,162.07		
27179	$1,259.81		
27181	$1,390.37		
27185	$902.39		
27187	$1,289.38		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
27215	$2,016.42		
27216	$1,006.26		
27217	$547.08		
27218	$1,302.00		
27222	$1,270.99		
27226	$971.27		
27227	$1,573.95		
27228	$1,802.97		
27232	$724.94		
27236	$1,570.70		
27240	$889.40		
27244	$1,644.64		
27245	$1,763.30		
27248	$967.67		
27253	$884.71		
27254	$1,197.77		
27258	$1,456.01		
27259	$1,456.01		
27268	$713.04		
27269	$1,138.62		
27280	$961.17		
27282	$751.63		
27284	$1,463.22		
27286	$1,533.91		
27290	$1,470.07		
27295	$1,189.48		
27303	$842.52		
27365	$1,653.65		
27445	$1,185.15		12/31/25
27447	$3,096.32		
27448	$1,048.82		
27450	$1,326.89		
27454	$1,782.41		
27455	$1,214.00		
27457	$1,263.05		
27465	$1,623.36		
27466	$1,564.57		
27468	$1,258.00		12/31/25
27470	$1,552.67		
27472	$1,764.74		
27477	$940.62		
27485	$872.81		
27486	$2,149.57		
27487	$2,016.42		
27488	$1,592.70		
27495	$1,494.60		
27506	$1,890.25		
27507	$1,283.97		
27511	$1,338.43		
27513	$1,205.35		
27514	$1,357.55		
27519	$1,210.40		
27535	$1,168.20		
27536	$1,567.09		
27540	$1,069.01		
27556	$1,184.79		
27557	$1,440.50		
27558	$1,157.74		
27580	$1,353.58		
27590	$1,054.59		
27591	$856.94		
27592	$654.97		
27596	$954.68		
27598	$698.61		
27645	$1,370.89		
27646	$1,193.44		
27702	$1,298.40		
27703	$1,531.75		
27712	$1,431.12		
27715	$1,395.06		
27724	$1,800.81		
27725	$1,593.06		
27727	$913.93		
27880	$1,185.15		
27881	$837.83		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
27882	$588.97		
27886	$882.55		
27888	$661.46		
28800	$791.30		
28805	$976.68		
31225	$547.08		
31230	$1,871.86		
31241	$460.45	1/1/18	
31290	$1,530.31		
31291	$1,644.28		
31360	$1,823.17		
31365	$2,284.82		
31367	$1,974.29		
31368	$2,208.36		
31370	$1,213.33		
31375	$1,757.16		
31380	$1,733.00		
31382	$1,895.66		
31390	$2,546.30		
31395	$2,703.19		
31584	$1,395.06		
31587	$1,267.38		
31725	$92.33		
31760	$1,336.99		
31766	$1,753.20		
31770	$1,292.63		
31775	$1,337.35		
31780	$1,584.41		
31781	$2,331.71		
31786	$2,934.38		
31800	$641.26		
31805	$794.55		
32035	$673.00		
32036	$730.71		
32096	$823.93	1/1/12	
32097	$823.93	1/1/12	
32098	$774.32	1/1/12	
32100	$931.60		
32110	$2,566.50		
32120	$1,144.03		
32124	$885.07		
32140	$946.03		
32141	$1,416.34		
32150	$953.60		
32151	$975.24		
32160	$1000.85		
32200	$1,069.01		
32215	$768.94		
32220	$1,538.96		
32225	$955.40		
32310	$1,221.58		
32320	$1,541.13		
32440	$1,542.93		
32442	$2,827.98		
32445	$3,205.96		
32480	$1,456.37		
32482	$1,552.67		
32484	$1,400.47		
32486	$2,217.01		
32488	$2,249.47		
32491	$1,440.50		
32501	$246.33		
32503	$1,778.80		
32504	$2,043.89		
32505	$950.66	1/1/12	
32506	$160.37	1/1/12	
32507	$160.37	1/1/12	
32540	$1,593.06		
32650	$903.47		
32651	$1,433.65		
32652	$2,016.42		
32653	$1,390.01		
32654	$1,093.90		
32655	$910.68		
32656	$784.09		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures 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	Contract Base Rate	Effective Date	End Date
32658	$706.91		
32659	$717.00		
32661	$789.86		
32662	$1,224.46		
32663	$1,353.22		
32664	$1,163.15		
32665	$1,168.92		
32666	$889.16	1/1/12	
32667	$160.37	1/1/12	
32668	$161.39	1/1/12	
32669	$1,369.25	1/1/12	
32670	$1,633.93	1/1/12	
32671	$1,814.34	1/1/12	
32672	$1,551.70	1/1/12	
32673	$1,222.81	1/1/12	
32674	$219.83	1/1/12	
32701	$50.94	1/1/13	
32800	$900.22		
32810	$871.37		
32815	$2,545.94		
32820	$1,293.71		
32850	$50.94		
32851	$2,511.68		
32852	$2,778.93		
32853	$3,005.43		
32854	$3,267.63		
32855	$50.94		
32856	$50.94		
32900	$2,132.62		
32905	$1,308.86		
32906	$547.08		
32940	$1,199.21		
32997	$350.57		
33015	$770.02		12/31/19
33017	$254.81	1/1/20	
33018	$290.34	1/1/20	
33019	$235.79	1/1/20	
33020	$846.12		
33025	$1,086.69		
33030	$1,252.23		
33031	$1,397.58		
33050	$967.67		
33120	$1,531.75		
33130	$1,346.01		
33140	$1,528.50		
33141	$153.64		
33202	$1,045.21		
33203	$1,122.39		
33236	$766.05		
33237	$843.24		
33238	$913.21		
33243	$2,172.65		
33250	$1,437.61		
33251	$1,593.78		
33254	$1,345.64		
33255	$1,644.28		
33256	$1,963.83		
33257	$561.56		
33258	$635.13		
33259	$833.14		
33261	$1,584.41		
33265	$2,234.33		
33266	$1,213.33		
33267	$1,108.92	1/1/22	
33268	$138.39	1/1/22	
33269	$877.19	1/1/22	
33300	$2,241.18		
33305	$3,723.16		
33310	$1,147.28		
33315	$1,458.53		
33320	$1,036.91		
33321	$1,176.13		
33322	$1,359.35		
33330	$1,370.89		
33335	$1,855.27		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
33340	$830.22	1/1/17	
33361	$50.94	1/1/13	
33362	$50.94	1/1/13	
33363	$50.94	1/1/13	
33364	$50.94	1/1/13	
33365	$50.94	1/1/13	
33366	$1,892.15	1/1/14	
33367	$50.94	1/1/13	
33368	$50.94	1/1/13	
33369	$50.94	1/1/13	
33390	$1,979.74	1/1/17	
33391	$2,345.87	1/1/17	
33404	$1,763.30		
33405	$656.22		
33406	$2,801.65		
33410	$2,470.92		
33411	$3,218.22		
33412	$2,470.92		
33413	$3,186.48		
33414	$2,132.62		
33415	$1,975.01		
33416	$1,989.43		
33417	$1,663.03		
33418	$1,861.71	1/1/15	
33420	$1,330.50		
33422	$1,667.36		
33425	$2,572.27		
33426	$2,351.18		
33427	$2,463.71		
33430	$2,710.77		
33440	$3,520.68	1/1/19	
33460	$2,286.62		
33463	$2,883.16		
33464	$2,335.67		
33465	$2,610.86		
33468	$1,854.18		
33470	$1,152.33		12/31/21
33471	$1,312.46		12/31/24
33474	$2,007.83		
33475	$2,277.97		
33476	$1,433.65		
33477	$1,344.02	1/1/16	
33478	$1,557.72		
33496	$1,665.56		
33500	$1,562.77		
33501	$1,075.15		
33502	$1,252.23		
33503	$1,325.45		
33504	$1,428.60		
33505	$1,933.53		
33506	$2,034.16		
33507	$1,722.54		
33509	$182.72	1/1/22	
33510	$1,939.30		
33511	$2,113.50		
33512	$2,374.26		
33513	$2,426.20		
33514	$2,566.50		
33516	$2,670.73		
33517	$274.47		
33518	$396.73		
33519	$530.18		
33521	$643.07		
33522	$734.32		
33523	$839.27		
33530	$503.85		
33533	$2,965.75		
33534	$2,192.13		
33535	$2,431.25		
33536	$2,605.09		
33542	$2,498.69		
33545	$2,948.44		
33548	$2,899.75		
33572	$362.47		
33600	$1,697.65		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
33602	$1,612.18		
33606	$1,759.69		
33608	$1,809.82		
33610	$1,764.74		
33611	$1,931.01		
33612	$2,003.50		
33615	$1,986.19		
33617	$2,142.36		
33619	$2,618.44		
33620	$1,939.65	1/1/11	
33621	$1,041.61	1/1/11	
33622	$4,084.95	1/1/11	
33641	$1,582.60		
33645	$1,567.09		
33647	$1,659.06		
33660	$1,748.87		
33665	$1,881.96		
33670	$1,962.38		
33675	$1,962.74		
33676	$2,046.78		
33677	$2,127.57		
33681	$1,814.87		
33684	$1,837.23		
33688	$1,860.32		
33690	$1,133.57		
33692	$1,754.28		
33694	$1,977.17		
33697	$2,111.70		
33702	$1,518.40		
33710	$1,840.84		
33720	$1,213.33		
33722	$1,501.09		12/31/21
33724	$1,564.57		
33726	$2,040.29		
33730	$1,946.15		
33732	$1,620.11		
33735	$1,223.38		
33736	$1,375.94		
33737	$1,287.94		12/31/24
33741	$808.00	1/1/21	
33745	$1,136.31	1/1/21	
33746	$447.25	1/1/21	
33750	$1,272.79		
33755	$1,280.36		
33762	$1,276.76		
33764	$1,256.56		
33766	$1,390.01		
33767	$2,591.75		
33768	$428.11		
33770	$2,134.06		
33771	$2,184.19		
33774	$1,800.81		
33775	$1,873.30		
33776	$1,969.24		
33777	$1,934.61		
33778	$2,369.21		
33779	$2,234.33		
33780	$2,331.71		
33781	$2,319.80		
33782	$3,279.18	1/1/10	
33783	$3,544.63	1/1/10	
33786	$2,280.13		
33788	$1,542.57		
33800	$1,346.01		
33802	$1,035.47		
33803	$1,134.66		
33813	$1,283.25		12/31/24
33814	$1,512.27		
33820	$1,348.17		
33822	$1,029.34		
33824	$1,162.07		
33840	$1,164.59		
33845	$1,354.66		
33851	$1,246.82		
33852	$1,338.43		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
33853	$1,865.36		
33858	$3,536.47	1/1/20	
33859	$2,538.77	1/1/20	
33860	$3,088.38		12/31/19
33863	$3,096.32		
33864	$3,182.16		
33870	$2,536.56		12/31/19
33871	$3,400.10	1/1/20	
33875	$1,965.63		
33877	$3,457.70		
33880	$1,787.10		
33881	$1,533.91		
33882	$1,788.57	1/1/26	
33883	$1,125.64		
33884	$412.24		12/31/25
33886	$966.95		
33889	$815.47		12/31/25
33891	$1,019.96		12/31/25
33894	$1,026.39	1/1/22	
33895	$816.65	1/1/22	
33897	$607.98	1/1/22	
33910	$1,640.67		
33915	$1,292.63		
33916	$1,643.92		
33917	$1,492.80		
33920	$1,799.36		
33922	$1,358.99		
33924	$434.60		
33925	$1,755.72		
33926	$2,334.23		
33927	$2,649.66	1/1/18	
33928	$3,109.78	1/1/18	
33929	$3,109.78	1/1/18	
33930	$50.94		
33933	$50.94		
33935	$3,454.46		
33940	$50.94		
33944	$50.94		
33945	$4,519.51		
33946	$327.78	1/1/15	
33947	$357.15	1/1/15	
33948	$250.40	1/1/15	
33949	$244.31	1/1/15	
33951	$401.93	1/1/15	
33952	$390.83	1/1/15	
33953	$447.79	1/1/15	
33954	$435.25	1/1/15	
33955	$924.23	1/1/15	
33956	$873.36	1/1/15	
33957	$305.57	1/1/15	
33958	$299.48	1/1/15	
33959	$353.21	1/1/15	
33962	$336.73	1/1/15	
33963	$577.46	1/1/15	
33964	$585.34	1/1/15	
33965	$308.79	1/1/15	
33966	$341.75	1/1/15	
33967	$412.24		
33968	$34.98		
33969	$352.85	1/1/15	
33970	$367.16		
33971	$702.22		
33973	$535.95		
33974	$896.62		
33975	$1,573.95		
33976	$1,236.00		
33977	$1,193.44		
33978	$1,316.43		
33979	$2,445.32		
33980	$3,576.00		
33981	$50.94	1/1/10	
33982	$50.94	1/1/10	
33983	$50.94	1/1/10	
33984	$344.62	1/1/15	
33985	$654.84	1/1/15	

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
33986	$623.67	1/1/15	
33987	$264.01	1/1/15	
33988	$766.25	1/1/15	
33989	$510.83	1/1/15	
33990	$50.94	1/1/13	
33991	$50.94	1/1/13	
33992	$50.94	1/1/13	
33993	$50.94	1/1/13	
33995	$385.98	1/1/21	
33997	$171.55	1/1/21	
34001	$954.68		
34051	$962.26		
34151	$1,417.06		
34401	$1,454.93		
34451	$1,530.31		
34502	$1,542.21		
34701	$1,281.94	1/1/18	
34702	$1,915.02	1/1/18	
34703	$1,444.52	1/1/18	
34704	$2,402.75	1/1/18	
34705	$1,591.30	1/1/18	
34706	$2,395.21	1/1/18	
34707	$1,195.45	1/1/18	
34708	$1,923.99	1/1/18	
34709	$336.64	1/1/18	
34710	$834.41	1/1/18	
34711	$310.80	1/1/18	
34712	$713.11	1/1/18	
34717	$464.40	1/1/20	
34718	$1,294.86	1/1/20	
34808	$212.79		
34812	$518.28		
34813	$244.53		
34820	$506.74		
34830	$1,858.15		
34831	$1,969.24		
34832	$1,995.93		
34833	$628.64		
34834	$284.93		
34839	$50.94	1/1/15	
34841	$50.94	1/1/14	
34842	$50.94	1/1/14	
34843	$50.94	1/1/14	
34844	$50.94	1/1/14	
34845	$50.94	1/1/14	
34846	$50.94	1/1/14	
34847	$50.94	1/1/14	
34848	$50.94	1/1/14	
35001	$1,152.33		
35002	$1,216.89		
35005	$1,048.82		
35013	$1,254.76		
35021	$1,229.15		
35022	$1,388.20		
35045	$1,374.14		
35081	$1,757.89		
35082	$1,213.33		
35091	$1,870.41		
35092	$2,641.16		
35102	$1,908.64		
35103	$2,288.07		
35111	$1,409.12		
35112	$1,724.34		
35121	$2,016.42		
35122	$2,000.25		
35131	$1,430.40		
35132	$1,724.70		
35141	$1,612.18		
35142	$1,354.30		
35151	$1,277.48		
35152	$1,481.62		
35182	$547.08		
35189	$1,608.21		
35211	$1,368.01		
35216	$547.08		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
35221	$2,627.45		
35241	$1,431.12		
35246	$1,555.91		
35251	$1,676.38		
35271	$1,365.48		
35276	$1,435.45		
35281	$1,602.44		
35301	$1,501.81		
35302	$1,618.31		
35303	$1,251.15		
35304	$1,301.28		
35305	$1,249.71		
35306	$468.87		
35311	$1,525.62		
35331	$1,500.01		
35341	$1,413.81		
35351	$2,110.98		
35355	$1,065.05		
35361	$1,615.42		
35363	$1,213.33		
35371	$1,157.74		
35372	$1,405.88		
35390	$246.33		
35400	$156.17		
35501	$1,592.34		
35506	$1,347.09		
35508	$1,389.65		
35509	$1,530.31		
35510	$1,269.54		
35511	$1,205.71		
35512	$1,238.17		
35515	$1,342.04		
35516	$1,226.26		
35518	$1,228.07		
35521	$1,291.18		
35522	$1,210.40		
35523	$1,995.93		
35525	$1,619.39		
35526	$1,685.03		
35531	$2,063.37		
35533	$1,595.95		
35535	$2,048.94		
35536	$1,780.97		
35537	$2,208.72		
35538	$2,478.86		
35539	$2,299.25		
35540	$2,575.88		
35556	$2,598.60		
35558	$1,247.54		
35560	$1,819.20		
35563	$1,392.89		
35565	$1,348.17		
35566	$1,686.83		
35570	$1,581.88		
35571	$2,356.23		
35583	$1,450.24		
35585	$1,701.98		
35587	$1,411.29		
35600	$263.65		
35601	$1,470.80		
35602	$1,172.50	1/1/26	
35606	$1,193.08		
35612	$934.12		
35616	$1,137.18		
35621	$1,131.77		
35623	$1,387.48		
35626	$1,594.87		
35631	$1,900.71		
35632	$1,945.43		
35633	$2,100.88		
35634	$1,903.96		
35636	$1,683.95		
35637	$1,744.18		
35638	$1,782.05		
35642	$1,483.42		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
35645	$1000.85		
35646	$1,759.69		
35647	$1,592.70		
35650	$1,089.21		
35654	$1,405.88		
35656	$1,557.72		
35661	$1,108.69		
35663	$1,284.69		
35665	$1,204.62		
35666	$1,298.40		
35671	$1,144.03		
35681	$135.25		
35682	$368.60		
35683	$434.60		
35691	$1,009.86		
35693	$895.17		
35694	$1,044.13		
35695	$1,086.69		
35697	$154.00		
35700	$244.53		
35701	$538.47		
35702	$427.08	1/1/20	
35703	$433.54	1/1/20	
35721	$458.41		12/31/19
35741	$737.56		12/31/19
35800	$724.94		
35820	$1,213.33		
35840	$875.70		
35870	$1,303.09		
35901	$504.57		
35905	$1,776.64		
35907	$1,957.33		
36660	$66.72		
36823	$1,263.05		
37140	$1,320.76		
37145	$1,439.06		
37160	$1,250.79		
37180	$1,403.35		
37181	$1,514.44		
37182	$1,239.97		
37215	$1,542.93		
37216	$1,213.33		
37217	$1,104.23	1/1/14	
37218	$896.64	1/1/15	
37616	$1,064.33		
37617	$1,969.24		
37618	$550.74		
37660	$1,184.07		
37788	$2,277.97		
38100	$1,021.41		
38101	$1,028.26		
38102	$246.33		
38115	$1,135.38		
38380	$517.92		
38381	$780.12		
38382	$629.00		
38562	$901.67		
38564	$900.22		
38724	$2,063.37		
38746	$258.60		
38747	$384.11		
38765	$1,763.66		
38770	$799.24		
38780	$1,405.52		
39000	$706.91		
39010	$1,065.05		
39200	$860.19		
39220	$1,554.11		
39499	$2,016.42		
39501	$787.33		
39503	$5,477.43		
39540	$1,126.36		
39541	$867.04		
39545	$854.42		
39560	$737.56		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
39561	$1,147.28		
39599	$2,016.42		
41130	$1,717.85		
41135	$2,016.42		
41140	$2,017.57		
41145	$2,522.50		
41150	$547.08		
41153	$2,160.75		
41155	$2,683.72		
42426	$1,989.43		
42845	$3,771.19		
42894	$2,130.81		
42953	$894.81		
42961	$601.59		
42971	$654.97		
43045	$1,884.12		
43100	$583.56		
43101	$1,359.71		
43107	$547.08		
43108	$3,992.21		
43112	$2,575.52		
43113	$3,995.10		
43116	$4,519.51		
43117	$2,354.07		
43118	$3,296.13		
43121	$2,627.45		
43122	$2,382.56		
43123	$4,014.21		
43124	$3,434.62		
43135	$1,381.35		
43279	$1,179.02		
43281	$1,540.40	1/1/10	
43282	$1,732.64	1/1/10	
43283	$184.33	1/1/11	
43286	$3,268.03	1/1/18	
43287	$3,732.42	1/1/18	
43288	$3,894.28	1/1/18	
43300	$582.11		
43305	$1,035.83		
43310	$3,186.48		
43312	$1,613.62		
43313	$2,555.68		
43314	$1,213.33		
43320	$1,278.56		
43325	$1,818.48		
43327	$927.36	1/1/11	
43328	$1,361.52	1/1/11	
43330	$1,770.51		
43331	$1,300.20		
43332	$1,327.63	1/1/11	
43333	$1,441.50	1/1/11	
43334	$1,457.12	1/1/11	
43335	$1,569.85	1/1/11	
43336	$1,720.28	1/1/11	
43337	$1,877.95	1/1/11	
43338	$152.72	1/1/11	
43340	$1,239.97		
43341	$1,369.09		
43351	$1,243.58		
43352	$1,017.80		
43360	$2,183.83		
43361	$2,425.84		
43400	$3,677.35		
43401	$1,418.50		12/31/19
43405	$1,374.14		
43410	$938.45		
43415	$1,604.24		
43425	$2,641.16		
43460	$212.43		
43496	$50.94		
43500	$966.95		
43501	$1,209.67		
43502	$1,370.89		
43520	$894.81		
43605	$746.22		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
43610	$1,216.89		
43611	$1,097.15		
43620	$1,788.54		
43621	$2,029.83		
43622	$2,062.29		
43631	$2,112.42		
43632	$1,774.12		
43633	$7,278.31		
43634	$1,867.17		
43635	$105.31		
43640	$1,054.23		
43641	$1,062.88		
43644	$15,043.46		
43645	$2,965.75		
43770	$1,400.11		
43771	$1,641.03		
43772	$1,184.07		
43773	$1,643.92		
43774	$1,184.79		
43775	$1,293.35	1/1/10	
43800	$1,147.28		
43810	$906.71		
43820	$1,168.20		
43825	$1,167.12		
43832	$955.40		
43840	$1,184.79		
43842	$3,771.19		
43843	$1,620.11		
43845	$1,763.66		
43846	$3,391.70		
43847	$1,603.52		
43848	$2,016.42		
43850	$1,457.81		12/31/21
43855	$1,524.17		12/31/21
43860	$3,457.70		
43865	$1,540.40		
43880	$2,987.76		
43881	$2,016.42		
43882	$2,016.42		
44005	$1,381.35		
44010	$776.15		
44015	$135.25		
44020	$1,204.62		
44021	$882.55		
44025	$1,229.87		
44050	$1,159.18		
44055	$2,255.61		
44110	$1,035.83		
44111	$1,226.26		
44120	$1,540.04		
44121	$227.22		
44125	$1,065.41		
44126	$2,199.34		
44127	$2,564.34		
44128	$228.66		
44130	$1,141.87		
44132	$50.94		
44133	$50.94		
44135	$50.94		
44136	$50.94		
44137	$50.94		
44139	$113.61		
44140	$1,814.87		
44141	$1,586.93		
44143	$1,493.16		
44144	$547.08		
44145	$1,511.91		
44146	$1,882.68		
44147	$1,689.00		
44150	$2,016.42		
44151	$1,888.81		
44155	$1,848.77		
44156	$2,036.32		
44157	$1,936.06		
44158	$1,984.74		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

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Procedure Code	Contract Base Rate	Effective Date	End Date
44160	$1,582.60		
44187	$990.03		
44188	$1,540.40		
44202	$1,939.30		
44203	$226.14		
44204	$2,572.27		
44205	$1,845.89		
44210	$1,623.36		
44211	$1,992.32		
44212	$1,867.53		
44227	$1,518.76		
44300	$1,030.06		
44310	$1,310.66		
44314	$1,271.35		
44316	$1,248.27		
44320	$1,525.62		
44322	$1,173.25		
44345	$1,306.69		
44346	$1,492.80		
44602	$1,867.53		
44603	$2,731.32		
44604	$1,340.60		
44605	$1,180.82		
44615	$1,354.66		
44620	$1,064.33		
44625	$918.62		
44626	$1,463.94		
44640	$1,977.17		
44650	$2,152.45		
44660	$1,992.32		
44661	$1,439.06		
44680	$960.09		
44700	$928.35		
44705	$50.94	1/1/13	
44715	$50.94		
44720	$254.63		
44721	$362.47		
44800	$946.03		
44820	$1,034.75		
44850	$918.62		
44899	$1,213.33		
44900	$944.58		
44950	$833.14		
44955	$108.20		
44960	$1,067.57		
45110	$1,668.80		
45111	$981.37		
45112	$1,213.33		
45113	$1,762.57		
45114	$1,611.46		
45116	$1,446.27		
45119	$1,763.30		
45120	$1,412.01		
45121	$1,545.81		
45123	$1,392.17		
45126	$2,598.60		
45130	$976.68		
45135	$1,198.13		
45136	$1,653.65		
45395	$547.08		
45397	$1,950.48		
45400	$1,458.53		
45402	$1,392.17		
45540	$959.37		
45550	$1,320.40		
45562	$1,396.50		
45563	$1,453.48		
45800	$1,586.93		
45805	$1,264.86		
45820	$1,565.65		
45825	$1,340.60		
46705	$708.71		
46710	$956.85		
46712	$1,961.66		
46715	$461.65		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
46716	$1,122.39		
46730	$1,697.29		
46735	$1,985.83		
46740	$2,965.75		
46742	$2,152.45		
46744	$3,091.27		
46746	$3,577.09		
46748	$3,677.35		
46751	$566.61		
47010	$1,503.62		
47015	$1,014.91		
47100	$1,019.96		
47120	$2,016.42		
47122	$3,131.30		
47125	$2,804.90		
47130	$3,015.89		
47133	$50.94		
47135	$4,435.83		
47140	$3,134.91		
47141	$3,718.11		
47142	$4,086.35		
47143	$50.94		
47144	$50.94		
47145	$50.94		
47146	$309.09		
47147	$360.67		
47300	$1,397.58		
47350	$1,229.87		
47360	$1,671.33		
47361	$1,213.33		
47362	$1,273.87		
47380	$2,115.67		
47381	$1,340.60		
47400	$1,897.10		
47420	$1,794.67		
47425	$1,216.89		
47460	$1,146.20		
47480	$1,044.13		
47550	$227.22		
47570	$702.22		
47600	$1,324.00		
47605	$1,216.89		
47610	$1,603.52		
47612	$1,140.43		
47620	$1,238.53		
47700	$940.62		
47701	$1,619.39		
47711	$1,401.55		
47712	$1,794.67		
47715	$1,728.67		
47720	$1,016.72		
47721	$1,199.94		
47740	$1,159.18		
47741	$1,314.27		
47760	$1,967.43		
47765	$2,580.93		
47780	$2,148.13		
47785	$2,794.08		
47800	$1,415.25		
47801	$1,384.96		
47802	$1,357.55		12/31/24
47900	$1,224.46		
48000	$1,694.41		
48001	$2,087.53		
48020	$1,045.21		
48100	$793.47		
48105	$2,570.11		
48120	$991.83		
48140	$1,404.79		
48145	$1,459.25		
48146	$1,664.11		
48148	$1,545.81		
48150	$2,813.56		
48152	$2,601.12		
48153	$2,809.59		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
48154	$2,607.98		
48155	$1,612.90		
48160	$50.94		
48400	$172.76		
48500	$1,010.59		
48510	$1,340.60		
48520	$1,370.89		
48540	$1,173.25		
48545	$1,184.79		
48547	$1,600.28		
48548	$1,500.01		
48550	$50.94		
48551	$50.94		
48552	$212.79		
48554	$2,222.06		
48556	$1,106.88		
49000	$956.85		
49002	$1,264.13		
49010	$1,180.82		
49013	$456.15	1/1/20	
49014	$377.19	1/1/20	
49020	$2,784.34		
49040	$1,240.69		
49060	$1,392.89		
49062	$945.31		
49186	$1,338.54	1/1/25	
49187	$1,710.63	1/1/25	
49188	$2,044.08	1/1/25	
49189	$2,377.86	1/1/25	
49190	$2,931.24	1/1/25	
49203	$1,535.36		12/31/24
49204	$2,536.56		12/31/24
49205	$1,598.47		12/31/24
49215	$547.08		
49220	$872.81		12/31/20
49255	$975.24		
49412	$92.55	1/1/11	
49425	$955.40		
49428	$396.73		
49596	$1,099.19	1/1/23	
49605	$4,528.88		
49606	$1,030.06		
49610	$608.08		
49611	$794.55		
49616	$922.96	1/1/23	
49617	$950.71	1/1/23	
49618	$1,332.01	1/1/23	
49621	$796.82	1/1/23	
49622	$983.15	1/1/23	
49900	$1,003.01		
49904	$1,360.79		
49905	$332.89		
49906	$50.94		
50010	$708.71		
50040	$1,325.45		
50045	$1,344.56		
50060	$1,748.87		
50065	$1,881.96		
50070	$1,235.28		
50075	$547.08		
50100	$977.04		
50120	$1,369.09		
50125	$1,014.91		
50130	$1,511.91		
50135	$1,159.54		12/31/24
50205	$948.55		
50220	$1,488.83		
50225	$1,823.53		
50230	$1,324.00		
50234	$1,344.56		
50236	$1,521.65		
50240	$2,354.07		
50250	$1,267.38		
50280	$975.24		
50290	$903.11		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

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Procedure Code	Contract Base Rate	Effective Date	End Date
50300	$50.94		
50320	$2,191.77		
50323	$50.94		
50325	$50.94		
50327	$199.09		
50328	$174.92		
50329	$172.76		
50340	$827.01		
50360	$1,213.33		
50365	$2,545.22		
50370	$1,054.59		
50380	$1,781.33		
50400	$1,763.30		
50405	$2,993.89		
50500	$1,163.15		
50520	$1,073.34		
50525	$1,340.60		
50526	$1,403.35		
50540	$1,713.52		
50545	$1,396.50		
50546	$1,871.50		
50547	$1,498.21		
50548	$2,610.86		
50600	$1,348.89		
50605	$1,293.71		
50610	$990.75		
50620	$936.29		
50630	$1,272.79		
50650	$1,067.57		
50660	$1,180.46		
50700	$1,340.60		
50715	$1,138.62		
50722	$991.11		
50725	$1,126.36		
50728	$713.04		
50740	$1,576.83		
50750	$1,201.02		
50760	$1,594.87		
50770	$1,163.51		
50780	$1,600.28		
50782	$1,555.91		
50783	$1,668.80		
50785	$1,896.02		
50800	$948.55		
50810	$1,255.48		
50815	$1,264.13		
50820	$1,348.89		
50825	$1,707.75		
50830	$1,854.91		
50840	$1,271.35		
50845	$2,034.16		
50860	$1,368.01		
50900	$1,184.07		
50920	$1,265.22		
50930	$1,099.31		
50940	$916.81		
51060	$843.24		
51525	$1,228.07		
51530	$791.30		
51550	$1,360.79		
51555	$1,297.68		
51565	$1,325.45		
51570	$1,511.55		
51575	$1,890.25		
51580	$1,969.96		
51585	$2,193.93		
51590	$1,998.45		
51595	$2,271.47		
51596	$2,441.71		
51597	$2,356.23		
51721	$219.25	1/1/25	
51800	$1,528.50		
51820	$1,102.56		
51840	$904.91		
51841	$1,075.87		

BlueCross BlueShield of Texas

2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
51865	$1,258.00		
51900	$1,159.54		
51920	$779.04		
51925	$1,021.41		
51940	$547.08		
51960	$1,430.76		
51980	$1,003.73		
52441	$241.45	1/1/15	
52442	$83.47	1/1/15	
53415	$1,716.05		
53448	$2,160.75		
54125	$838.91		
54130	$1,242.86		
54135	$1,576.83		
54390	$1,226.26		
54411	$1,489.91		
54417	$927.27		
54430	$913.21		
54438	$1,413.03	1/1/16	12/31/24
54650	$1,010.59		
55605	$518.28		
55650	$737.56		
55801	$1,598.47		
55810	$2,335.67		
55812	$2,965.75		
55815	$1,835.07		
55821	$904.91		
55831	$980.65		
55840	$2,497.25		
55842	$1,488.47		
55845	$2,965.75		
55862	$1,149.44		
55865	$1,390.37		
55866	$2,570.85		
55881	$493.40	1/1/25	
55970	$50.94		
55980	$50.94		
56630	$1,135.38		
56631	$1,047.01		
56632	$1,214.00		
56633	$1,072.98		
56634	$1,613.62		
56637	$1,341.32		
56640	$1,340.96		
57110	$858.02		
57111	$1,540.04		
57112	$1,631.29		12/31/20
57270	$1,035.47		
57280	$1,280.36		
57296	$902.39		
57305	$843.96		
57307	$945.31		
57308	$846.12		
57311	$533.43		
57531	$1,618.31		
57540	$740.81		
57545	$780.84		
58140	$1,199.21		
58146	$1,556.27		
58150	$1,303.09		
58152	$1,757.89		
58180	$1,248.27		
58200	$1,244.30		
58210	$1,657.26		
58240	$2,591.75		
58267	$1,403.35		
58275	$1,298.40		
58280	$1,003.01		
58285	$1,943.27		
58293	$1,310.66		12/31/20
58300	$656.27		
58400	$659.66		
58410	$761.37		
58520	$1,014.91		
58540	$1,189.48		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
58548	$1,683.23		
58575	$1,924.35	1/1/18	
58605	$460.21		
58611	$105.31		
58700	$991.11		
58720	$944.22		
58740	$1,146.20		
58750	$1,193.08		
58752	$871.37		
58760	$1,093.90		
58822	$667.59		
58825	$908.52		
58940	$730.71		
58943	$1,062.88		
58950	$1,012.75		
58951	$1,305.97		
58952	$1,473.68		
58953	$1,828.94		
58954	$1,985.47		
58956	$1,298.40		
58957	$2,610.86		12/31/24
58958	$1,564.57		
58960	$875.70		
59050	$547.08		
59051	$547.08		
59120	$1,036.91		
59121	$1,047.01		
59130	$893.37		
59135	$903.47		12/31/21
59136	$844.32		
59140	$582.11		
59325	$366.08		
59350	$423.78		
59400	$34.98		
59410	$876.42		
59425	$331.09		
59426	$585.36		
59430	$547.08		
59510	$80.07		
59514	$1,244.30		
59515	$1,143.31		
59525	$476.08		
59610	$66.72		
59614	$948.55		
59618	$2,009.63		
59620	$983.90		
59622	$1,143.31		
59830	$643.07		
59850	$374.37		
59851	$384.11		
59852	$539.56		
59855	$614.57		
59856	$717.00		
59857	$565.16		
60254	$2,016.42		
60270	$1,976.09		
60505	$2,017.57		
60521	$1,569.62		
60522	$2,193.93		
60540	$1,411.29		
60545	$1,150.89		
60600	$2,180.23		
60605	$1,674.57		
60650	$1,607.49		
61105	$402.86		
61107	$435.68		
61108	$799.96		
61120	$654.97		
61140	$1,141.51		
61150	$1,220.13		
61151	$882.19		
61154	$1,651.49		
61156	$1,141.15		
61210	$506.74		
61250	$770.02		

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Procedure Code	Contract Base Rate	Effective Date	End Date
61253	$842.52		
61304	$78.26		
61305	$1,808.02		
61312	$1,875.82		
61313	$1,797.92		
61314	$1,667.72		
61315	$1,898.55		
61316	$82.95		
61320	$1,755.72		
61321	$1,922.71		
61322	$2,130.81		
61323	$2,170.85		
61333	$1,712.08		
61340	$1,306.69		
61343	$2,020.45		
61345	$1,869.69		
61450	$1,213.33		
61458	$1,849.50		
61460	$1,861.40		
61500	$1,860.32		
61501	$1,480.89		
61510	$1,992.32		
61512	$2,356.23		
61514	$1,746.71		
61516	$1,703.79		
61517	$82.95		
61518	$2,534.04		
61519	$2,731.32		
61520	$3,462.75		
61521	$2,934.38		
61522	$2,011.07		
61524	$1,898.19		
61526	$3,106.42		
61530	$2,640.44		
61531	$1,096.42		
61533	$1,387.84		
61534	$1,494.24		
61535	$891.93		
61536	$2,387.97		
61537	$2,180.23		
61538	$2,331.35		
61539	$2,161.47		
61540	$2,034.16		
61541	$547.08		
61543	$1,972.48		
61544	$1,623.72		
61545	$2,899.75		
61546	$2,101.24		
61548	$2,580.93		
61550	$905.63		
61552	$1,757.16		
61556	$1,488.83		
61557	$1,544.73		
61558	$1,535.36		
61559	$2,212.33		
61563	$2,016.42		
61564	$2,229.28		
61566	$2,043.53		
61567	$2,283.74		
61570	$1,213.33		
61571	$1,823.53		
61575	$2,139.11		
61576	$3,386.65		
61580	$7,278.31		
61581	$2,497.25		
61582	$2,600.76		
61583	$2,651.98		
61584	$7,278.31		
61585	$2,707.16		
61586	$1,943.27		
61590	$2,840.97		
61591	$1,213.33		
61592	$2,906.61		
61595	$2,149.57		
61596	$2,350.82		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
61597	$2,631.42		
61598	$2,308.98		
61600	$2,016.42		
61601	$2,146.68		
61605	$547.08		
61606	$2,758.37		
61607	$2,540.89		
61608	$2,987.76		
61611	$449.39		
61613	$2,880.64		
61615	$2,255.61		
61616	$2,985.23		
61618	$1,755.72		
61619	$1,361.87		
61624	$1,521.65		
61630	$1,222.66		
61635	$1,338.79		
61640	$2,016.42		
61641	$217.48		
61642	$434.96		
61645	$807.70	1/1/16	
61650	$553.13	1/1/16	
61651	$235.62	1/1/16	
61680	$2,083.93		
61682	$3,926.57		
61684	$2,610.86		
61686	$4,200.32		
61690	$1,975.37		
61692	$3,391.70		
61697	$3,807.55		
61698	$4,082.02		
61700	$547.08		
61702	$3,551.12		
61703	$1,221.58		
61705	$2,355.15		
61708	$1,976.09		
61710	$1,213.33		
61711	$2,404.56		
61735	$1,289.38		
61736	$962.96	1/1/22	
61737	$1,147.12	1/1/22	
61750	$1,998.45		
61751	$1,900.71		
61760	$2,670.73		
61796	$731.43		
61797	$199.81		
61798	$731.43		
61799	$276.27		
61800	$141.74		
61850	$892.29		
61860	$2,758.37		
61863	$1,384.96		
61864	$426.31		
61867	$547.08		
61868	$601.59		
61870	$1,080.56		12/31/20
61889	$1,285.00	1/1/24	
62005	$1,129.25		
62010	$2,445.32		
62100	$3,386.65		
62115	$1,317.15		
62117	$1,728.67		
62120	$1,213.33		
62121	$5,477.43		
62140	$1,340.60		
62141	$1,473.68		
62142	$1,120.95		
62143	$1,300.20		
62145	$1,283.97		
62146	$1,542.21		
62147	$1,305.25		
62148	$209.55		
62161	$1,385.32		
62162	$1,716.05		
62163	$1,113.74		12/31/20

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
62164	$1,818.48		
62165	$1,397.22		
62180	$1,445.91		
62190	$822.68		
62192	$1,209.67		
62200	$1,933.53		
62201	$1,073.70		
62220	$923.67		
62223	$1,317.15		
62256	$780.12		
62258	$1,433.65		
63032	$138.26	1/1/26	
63043	$50.94		
63044	$1,213.33		
63050	$1,400.11		
63051	$1,573.95		
63076	$367.16		
63077	$2,534.04		
63078	$191.87		
63081	$1,138.52		
63082	$407.19		
63085	$1,740.57		
63086	$184.30		
63087	$2,016.42		
63088	$252.47		
63090	$1,213.33		
63091	$252.47		
63101	$2,087.53		
63102	$2,078.88		
63103	$274.47		
63170	$1,410.93		
63172	$1,271.71		
63173	$1,569.62		
63180	$1,270.99		12/31/20
63182	$1,373.42		12/31/20
63185	$1,439.06		
63190	$1,184.07		
63191	$1,166.75		
63194	$1,340.60		12/31/21
63195	$1,375.58		12/31/21
63196	$1,619.03		12/31/21
63197	$1,541.85		
63198	$1,713.52		12/31/21
63199	$1,753.20		12/31/21
63200	$2,430.53		
63250	$2,670.37		
63251	$2,784.34		
63252	$2,789.03		
63265	$2,016.42		
63266	$1,570.70		
63267	$1,962.38		
63268	$1,946.15		
63270	$1,213.33		
63271	$2,016.42		
63272	$2,016.42		
63273	$1,644.64		
63275	$1,641.03		
63276	$1,635.62		
63277	$2,827.98		
63278	$1,400.11		
63280	$1,945.43		
63281	$1,923.07		
63282	$1,814.87		
63283	$1,717.85		
63285	$2,390.13		
63286	$1,213.33		
63287	$2,509.87		
63290	$2,533.68		
63295	$300.80		
63300	$547.08		
63301	$1,880.87		
63302	$1,871.50		
63303	$1,942.55		
63304	$2,080.68		
63305	$2,112.42		

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2009 Hospital APC Non Grouped Procedures Base Compensation Schedule

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Procedure Code	Contract Base Rate	Effective Date	End Date
63306	$2,246.95		
63307	$2,042.45		
63308	$315.58		
63620	$731.43		
63621	$229.74		
63700	$1,595.95		
63702	$1,265.22		
63704	$1,408.76		
63706	$1,652.57		
63707	$1,141.51		
63709	$1,404.79		
63710	$1,409.12		
63740	$1,179.74		
64755	$1,138.62		
64760	$435.68		
64809	$1,108.69		
64818	$871.37		
64866	$1,113.38		
64868	$1,353.58		
65273	$462.37		
65760	$50.94		
65765	$50.94		
65767	$50.94		
65771	$50.94		
69090	$547.08		
69155	$1,554.11		
69535	$2,479.58		
69554	$2,016.42		
69710	$2,016.42		
69950	$1,696.21		
92975	$408.63		12/31/25
92992	$3,771.19		12/31/20
92993	$50.94		12/31/20
93583	$736.27	1/1/14	
C1062	$3,109.78	1/1/21	
C7500	$1,081.04	1/1/23	
C7501	$1,081.04	1/1/23	
C7502	$1,081.04	1/1/23	
C7503	$1,081.04	1/1/23	
C7504	$1,081.04	1/1/23	
C7505	$1,081.04	1/1/23	
C7506	$1,081.04	1/1/23	
C7507	$1,081.04	1/1/23	
C7508	$1,081.04	1/1/23	
C7509	$1,081.04	1/1/23	
C7510	$1,081.04	1/1/23	
C7511	$1,081.04	1/1/23	
C7512	$1,081.04	1/1/23	
C7513	$1,081.04	1/1/23	
C7514	$1,081.04	1/1/23	
C7515	$1,081.04	1/1/23	
C7516	$1,081.04	1/1/23	
C7517	$1,081.04	1/1/23	
C7518	$1,081.04	1/1/23	
C7519	$1,081.04	1/1/23	
C7520	$1,081.04	1/1/23	
C7521	$1,081.04	1/1/23	
C7522	$1,081.04	1/1/23	
C7523	$1,081.04	1/1/23	
C7524	$1,081.04	1/1/23	
C7525	$1,081.04	1/1/23	
C7526	$1,081.04	1/1/23	
C7527	$1,081.04	1/1/23	
C7528	$1,081.04	1/1/23	
C7529	$1,081.04	1/1/23	
C7530	$1,081.04	1/1/23	
C7531	$1,081.04	1/1/23	
C7532	$1,081.04	1/1/23	
C7533	$1,081.04	1/1/23	
C7534	$1,081.04	1/1/23	
C7535	$1,081.04	1/1/23	
C7537	$1,081.04	1/1/23	
C7538	$1,081.04	1/1/23	
C7539	$1,081.04	1/1/23	
C7540	$1,081.04	1/1/23	

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Procedure Code	Contract Base Rate	Effective Date	End Date
C7541	$1,081.04	1/1/23	
C7542	$1,081.04	1/1/23	
C7543	$1,081.04	1/1/23	
C7544	$1,081.04	1/1/23	
C7545	$1,081.04	1/1/23	
C7546	$1,081.04	1/1/23	
C7547	$1,081.04	1/1/23	
C7548	$1,081.04	1/1/23	
C7549	$1,081.04	1/1/23	
C7550	$1,081.04	1/1/23	
C7551	$1,081.04	1/1/23	
C7552	$1,081.04	1/1/23	
C7553	$1,081.04	1/1/23	
C7554	$1,081.04	1/1/23	
C7555	$1,081.04	1/1/23	
C7556	$1,566.62	1/1/24	
C7557	$2,526.07	1/1/24	
C7558	$2,526.07	1/1/24	12/31/24
C7560	$1,799.09	1/1/24	
C7562	$2,629.62	1/1/25	
C7563	$5,884.93	1/1/25	
C7564	$10,902.10	1/1/25	
C7565	$2,704.26	1/1/25	
C7566	$3,695.53	1/1/26	
C7567	$2,451.02	1/1/26	
C7568	$2,727.30	1/1/26	
C7569	$6,541.60	1/1/26	
C7570	$2,727.30	1/1/26	
C7571	$6,541.60	1/1/26	
G0168	$50.94		
G0295	$50.94		
G0308	$1,081.04	7/1/22	12/31/22
G0309	$1,081.04	7/1/22	12/31/22
G0341	$407.19		
G0342	$672.28		
G0343	$1,110.49		
G0412	$690.31		
G0414	$951.44		
G0415	$1,302.00		
M0100	$50.94		
M0301	$50.94		
P9612	$547.08		
S0390	$50.94		
S0400	$3,771.19		
S0601	$547.08		
S0630	$1,213.33		
S0800	$50.94		
S0810	$50.94		
S0812	$50.94		
S2053	$50.94		
S2054	$50.94		
S2055	$50.94		
S2060	$50.94		
S2061	$50.94		
S2065	$50.94		
S2066	$50.94		
S2067	$50.94		
S2068	$547.08		
S2070	$1,213.33		
S2079	$1,213.33		
S2080	$50.94		
S2083	$547.08		
S2095	$547.08		
S2102	$50.94		
S2103	$50.94		
S2112	$2,016.42		
S2115	$50.94		
S2117	$2,016.42		
S2118	$50.94		
S2120	$50.94		
S2140	$50.94		
S2142	$50.94		
S2152	$50.94		
S2205	$50.94		
S2206	$50.94		

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Procedure Code	Contract Base Rate	Effective Date	End Date
S2207	$50.94		
S2208	$50.94		
S2209	$50.94		
S2225	$50.94		
S2230	$1,213.33		
S2235	$50.94		
S2260	$50.94		
S2265	$50.94		
S2266	$50.94		
S2267	$50.94		
S2300	$2,016.42		
S2325	$2,016.42		
S2340	$50.94		
S2341	$50.94		
S2342	$547.08		
S2348	$50.94		
S2350	$50.94		
S2351	$50.94		
S2400	$50.94		
S2401	$50.94		
S2402	$50.94		
S2403	$50.94		
S2404	$50.94		
S2405	$50.94		
S2409	$50.94		
S2411	$3,771.19		
S2900	$1,213.33		
S4013	$50.94		
S4014	$50.94		
S4015	$50.94		
S4028	$1,213.33		
S4035	$50.94		
S4037	$50.94		
S4981	$50.94		
S8030	$50.94		
S9034	$547.08		