

2012 Hospital Office Based 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
0213T	\$300.76		
0214T	\$105.14		
0215T	\$105.14		
0216T	\$300.76		
0217T	\$105.14		
0218T	\$105.14		
0232T	\$26.22		
0356T	\$42.81	7/1/14	12/31/21
0402T	\$389.59	1/1/16	
0419T	\$239.70	1/1/16	
0420T	\$239.70	1/1/16	
0566T	\$132.27	1/1/20	
0588T	\$132.27	1/1/20	
0596T	\$281.21	7/1/20	
0597T	\$281.21	7/1/20	
0864T	\$128.20	1/1/24	
10005	\$71.35	1/1/19	
10007	\$219.46	1/1/19	
10009	\$298.29	1/1/19	
10011	\$298.29	1/1/19	
10021	\$65.04		
10030	\$88.20	1/1/14	
10040	\$35.38		
10060	\$48.85		
10061	\$57.33		
10080	\$57.33		
10081	\$121.38		
10120	\$66.37		
10140	\$71.55		
10160	\$57.33		
11000	\$22.45		
11001	\$7.15		
11055	\$24.67		
11056	\$27.39		
11057	\$29.85		
11102	\$73.87	1/1/19	
11104	\$90.85	1/1/19	
11106	\$112.07	1/1/19	
11200	\$35.38		
11201	\$5.43		
11300	\$35.38		
11301	\$35.38		
11302	\$35.38		
11303	\$60.20		
11305	\$32.57		
11306	\$35.38		
11307	\$35.38		
11308	\$51.56		
11310	\$35.38		
11311	\$35.38		
11312	\$55.76		
11313	\$60.39		
11400	\$62.91		
11401	\$70.31		
11402	\$77.22		
11403	\$83.88		
11420	\$59.21		
11421	\$71.30		
11422	\$77.96		
11423	\$86.60		
11440	\$66.61		
11441	\$77.22		
11442	\$85.12		
11443	\$94.74		
11600	\$90.30		
11601	\$105.84		
11602	\$114.97		
11603	\$123.85		
11620	\$92.27		
11621	\$106.83		
11622	\$116.94		
11623	\$128.29		
11640	\$96.46		
11641	\$110.77		
11642	\$122.62		

2012 Hospital Office Based 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
11643	\$134.46		
11719	\$11.60		
11720	\$14.06		
11721	\$17.27		
11730	\$35.38		
11732	\$14.31		
11740	\$15.65		
11750	\$90.79		
11755	\$61.18		
11762	\$119.16		
11765	\$35.38		
11900	\$25.90		
11901	\$28.37		
11920	\$80.92		
11921	\$90.79		
11922	\$30.84		
11950	\$28.37		
11951	\$41.94		
11952	\$55.76		
11954	\$48.10		
11976	\$54.28		
11980	\$26.22		
11981	\$26.22		
11982	\$26.22		
11983	\$26.22		
12001	\$43.67		
12002	\$48.10		
12004	\$48.10		
12011	\$48.10		
12013	\$48.10		
12014	\$48.10		
12031	\$113.24		
12032	\$130.55		
12041	\$48.10		
12042	\$130.51		
12051	\$121.63		
12052	\$130.55		
12053	\$130.55		
15013	\$3,355.45	1/1/25	
15780	\$359.46		
15781	\$177.35		
15782	\$177.35		
15783	\$111.35		
15786	\$35.38		
15787	\$26.40		
15788	\$35.38		
15789	\$60.39		
15792	\$60.39		
15793	\$35.38		
15851	\$46.38		
15852	\$26.22		
16000	\$24.92		
16020	\$38.49		
17000	\$35.38		
17003	\$3.21		
17004	\$72.29		
17106	\$111.35		
17107	\$111.35		
17108	\$111.35		
17110	\$35.38		
17111	\$60.39		
17250	\$42.43		
17260	\$41.94		
17261	\$60.39		
17262	\$60.39		
17263	\$60.39		
17264	\$60.39		
17266	\$101.15		
17270	\$60.39		
17271	\$60.39		
17272	\$60.39		
17273	\$91.78		
17274	\$103.87		
17276	\$111.35		
17280	\$60.39		

2012 Hospital Office Based 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
17281	\$79.19		
17282	\$89.56		
17283	\$102.39		
17284	\$111.35		
17286	\$111.35		
17311	\$204.64		
17312	\$194.90		
17313	\$204.64		
17314	\$180.59		
17315	\$33.31		
17340	\$15.05		
17360	\$52.55		
17380	\$60.39		
19000	\$56.25		
19001	\$7.40		
19105	\$1,345.29		
20500	\$43.67		
20520	\$90.79		
20526	\$27.63		
20527	\$26.64		
20550	\$20.97		
20551	\$21.96		
20552	\$20.97		
20553	\$24.42		
20555	\$1,309.22		
20600	\$21.22		
20604	\$37.95	1/1/15	
20605	\$22.70		
20606	\$41.17	1/1/15	
20610	\$28.13		
20611	\$47.97	1/1/15	
20612	\$23.44		
20615	\$103.37		
20662	\$890.93		
20663	\$1,309.22		
20697	\$764.60		
20973	\$2,358.85		
20979	\$21.22		
21011	\$171.96		
21012	\$334.58		
21013	\$230.92		
21014	\$334.58		
21030	\$233.64		
21031	\$189.23		
21032	\$192.44		
21048	\$1,817.30		
21073	\$179.36		
21076	\$337.01		
21077	\$831.67		
21079	\$579.28		
21080	\$652.31		
21081	\$606.42		
21082	\$592.11		
21083	\$581.01		
21084	\$653.54		
21085	\$282.98		
21086	\$617.52		
21087	\$612.83		
21088	\$1,817.30		
21110	\$301.07		
21440	\$314.56		
21920	\$128.78		
23065	\$93.01		
23600	\$60.61		
23620	\$60.61		
24065	\$125.82		
24200	\$95.23		
24640	\$60.61		
24650	\$60.61		
25065	\$126.81		
25500	\$60.61		
25530	\$60.61		
25560	\$60.61		
25600	\$60.61		
25622	\$60.61		

2012 Hospital Office Based 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
25630	\$60.61		
25650	\$60.61		
26010	\$57.33		
26600	\$60.61		
26641	\$60.61		
26670	\$60.61		
26700	\$60.61		
26720	\$60.61		
26725	\$60.61		
26740	\$60.61		
26750	\$60.61		
26775	\$162.09		
27200	\$60.61		
27613	\$122.37		
27767	\$60.61		
28001	\$122.37		
28010	\$88.08		
28124	\$207.98		
28190	\$128.78		
28220	\$197.12		
28230	\$192.93		
28232	\$187.25		
28272	\$177.88		
28430	\$60.61		
28450	\$60.61		
28455	\$60.61		
28470	\$60.61		
28475	\$60.61		
28490	\$60.61		
28495	\$60.61		
28510	\$55.51		
28515	\$60.61		
28530	\$52.06		
28540	\$60.61		
28570	\$60.61		
28600	\$60.61		
28630	\$60.61		
28660	\$46.14		
28890	\$150.49		
29010	\$96.96		
29015	\$103.70		
29035	\$103.70		
29044	\$103.70		
29049	\$42.93		
29055	\$103.70		
29058	\$32.57		
29065	\$43.91		
29075	\$42.43		
29085	\$43.42		
29086	\$38.24		
29105	\$37.99		
29125	\$32.07		
29126	\$36.02		
29130	\$15.05		
29131	\$21.96		
29200	\$20.48		
29240	\$21.96		
29260	\$22.45		
29280	\$22.45		
29305	\$103.70		
29325	\$103.70		
29345	\$56.99		
29355	\$57.24		
29358	\$72.04		
29365	\$53.54		
29405	\$37.01		
29425	\$35.53		
29435	\$51.56		
29440	\$24.92		
29445	\$49.59		
29450	\$45.41		
29505	\$38.24		
29515	\$30.59		
29520	\$21.22		
29530	\$21.96		

2012 Hospital Office Based 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
29540	\$16.04		
29550	\$15.79		
29580	\$22.45		
29581	\$37.99		
29584	\$41.69		
29700	\$30.84		
29705	\$26.15		
29710	\$38.98		
29720	\$39.97		
29730	\$25.66		
29740	\$33.80		
29750	\$37.01		
30000	\$125.69		
30020	\$125.69		
30100	\$79.19		
30110	\$123.36		
30124	\$301.07		
30200	\$62.91		
30210	\$79.69		
30300	\$26.22		
30901	\$39.47		
31000	\$100.17		
31002	\$301.07		
31040	\$1,004.31		
31231	\$75.22		
31505	\$43.29		
31575	\$54.77		
31579	\$94.98		
36420	\$10.78		
36425	\$10.78		
36430	\$24.67		
36440	\$138.07		
36450	\$138.07		
36468	\$35.38		
36470	\$60.39		
36471	\$60.39		
36473	\$1,274.48	1/1/17	
36516	\$1,437.50		
36593	\$21.46		
36598	\$61.92		
36901	\$369.36	1/1/17	
37761	\$1,081.88		
37765	\$267.93		
37766	\$299.76		
38220	\$86.35		
38221	\$84.38		
38222	\$118.80	1/1/18	
38242	\$470.61		
38243	\$533.44	1/1/13	
40490	\$59.70		
40702	\$1,817.30		
40800	\$57.33		
40804	\$26.22		
40805	\$184.29		
40806	\$100.66		
40808	\$109.05		
40810	\$114.23		
40812	\$143.83		
40820	\$159.62		
41000	\$81.41		
41100	\$85.12		
41105	\$85.36		
41108	\$79.19		
41110	\$114.97		
41115	\$136.19		
41530	\$1,004.31		
41805	\$141.37		
41806	\$181.83		
41820	\$301.07		
41822	\$143.59		
41823	\$206.25		
41825	\$114.72		
41826	\$157.90		
41828	\$133.96		
41830	\$187.99		

2012 Hospital Office Based 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
41850	\$680.71		
41872	\$216.12		
41874	\$181.33		
42100	\$73.03		
42104	\$111.76		
42106	\$139.15		
42160	\$123.11		
42280	\$73.52		
42330	\$110.03		
42335	\$184.54		
42400	\$58.47		
42650	\$40.95		
42660	\$47.12		
42800	\$78.95		
42970	\$43.21		
42975	\$85.26	1/1/22	
45300	\$65.13		
45303	\$445.54		
45330	\$76.48		
45520	\$60.39		
46083	\$78.68		
46221	\$123.60		
46320	\$83.39		
46500	\$119.16		
46600	\$26.22		
46604	\$407.81		
46606	\$127.55		
46614	\$64.39		
46900	\$111.35		
46910	\$126.81		
46916	\$60.39		
46930	\$104.36		
46940	\$96.46		
46942	\$93.75		
46945	\$155.18		
49411	\$299.26		
50386	\$273.32		
50391	\$37.01		
50686	\$44.77		
51100	\$23.68		
51101	\$44.77		
51700	\$37.75		
51701	\$26.22		
51702	\$26.22		
51703	\$44.77		
51705	\$39.97		
51720	\$40.21		
51725	\$89.06		
51727	\$128.66		
51728	\$128.66		
51729	\$128.66		
51736	\$8.14		
51741	\$9.13		
51784	\$44.77		
51792	\$44.77		
51797	\$59.95		
51798	\$13.82		
52265	\$201.56		
53025	\$847.49		
53060	\$60.20		
53454	\$137.82	1/1/22	
53600	\$28.62		
53601	\$33.31		
53620	\$42.43		
53621	\$44.90		
53660	\$33.06		
53661	\$32.07		
53850	\$1,292.52		
53852	\$1,217.77		
53855	\$78.68		
53866	\$83.13	1/1/25	
54050	\$59.46		
54055	\$52.06		
54056	\$35.38		
54200	\$49.34		

2012 Hospital Office Based 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
54231	\$47.37		
54235	\$33.80		
54240	\$25.41		
54250	\$8.14		
55000	\$48.11		
55600	\$950.07		
55870	\$58.47		
55876	\$52.55		
56405	\$37.50		
56420	\$48.60		
56501	\$50.58		
56605	\$29.11		
56606	\$11.84		
56820	\$37.99		
56821	\$48.85		
57022	\$516.82		
57061	\$46.38		
57100	\$30.10		
57150	\$18.50		
57420	\$39.23		
57421	\$51.07		
57452	\$36.76		
57454	\$45.89		
57455	\$47.86		
57456	\$46.14		
57460	\$130.02		
57461	\$139.39		
57500	\$60.44		
57505	\$40.71		
57510	\$41.94		
57511	\$50.82		
57800	\$22.20		
58100	\$36.51		
58301	\$33.55		
58321	\$30.35		
58322	\$31.83		
58323	\$5.43		
58345	\$833.21		
58356	\$1,247.87		
59000	\$52.55		
59001	\$270.26		
59015	\$45.64		
59100	\$1,448.94		
59200	\$28.87		
59300	\$66.37		
60100	\$37.99		
60300	\$56.00		
61000	\$300.76		
61001	\$300.76		
62252	\$31.83		
62292	\$300.76		
64400	\$53.78		
64402	\$50.58		12/31/19
64405	\$42.43		
64408	\$38.98		
64413	\$50.08		12/31/19
64418	\$65.13		
64425	\$49.34		
64435	\$60.20		
64445	\$58.22		
64447	\$50.33		
64450	\$42.43		
64454	\$158.07	1/1/20	
64455	\$14.56		
64461	\$83.46	1/1/16	
64463	\$98.15	1/1/16	
64505	\$36.76		
64598	\$1,898.16	1/1/24	
64611	\$41.20		
64612	\$60.94		
64615	\$44.50	1/1/13	
64616	\$39.82	1/1/14	
64617	\$85.68	1/1/14	
64624	\$318.67	1/1/20	
64632	\$28.87		

2012 Hospital Office Based 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
64640	\$84.13		
64642	\$52.14	1/1/14	
64644	\$61.83	1/1/14	
64646	\$55.55	1/1/14	
64647	\$63.67	1/1/14	
64650	\$59.21		
64653	\$65.63		
65205	\$19.74		
65210	\$25.90		
65222	\$28.13		
65286	\$291.29		
65430	\$40.95		
65435	\$31.33		
65436	\$141.61		
65600	\$163.32		
65785	\$1,793.90	1/1/16	
65855	\$130.76		
65860	\$121.14		
66761	\$138.65		
66762	\$188.49		
66770	\$204.77		
67028	\$43.42		
67101	\$312.58		
67105	\$218.38		
67110	\$333.55		
67145	\$199.34		
67208	\$194.23		
67210	\$199.84		
67220	\$194.23		
67221	\$110.53		
67225	\$8.39		
67228	\$218.38		
67229	\$218.38		
67345	\$83.88		
67505	\$28.13		
67515	\$29.85		
67516	\$63.20	1/1/24	
67700	\$125.23		
67710	\$129.03		
67800	\$51.32		
67801	\$62.42		
67805	\$80.43		
67810	\$114.72		
67820	\$16.53		
67825	\$51.81		
67840	\$137.91		
67850	\$106.83		
67915	\$156.91		
67922	\$151.97		
67930	\$159.13		
67938	\$81.89		
68020	\$45.89		
68040	\$22.70		
68100	\$83.14		
68110	\$109.54		
68135	\$59.21		
68200	\$16.53		
68400	\$125.23		
68420	\$162.09		
68440	\$46.14		
68530	\$125.23		
68705	\$109.29		
68760	\$93.50		
68761	\$65.87		
68801	\$42.73		
68840	\$54.28		
69000	\$57.33		
69005	\$98.44		
69020	\$57.33		
69100	\$51.81		
69105	\$81.91		
69200	\$26.22		
69210	\$20.48		
69220	\$35.38		
69222	\$125.08		

2012 Hospital Office Based 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
69420	\$105.10		
69424	\$73.27		
69433	\$105.59		
69540	\$122.62		
69610	\$162.83		
69801	\$90.30		
G0104	\$76.48		
G0127	\$11.60		
G0186	\$194.23		
G0247	\$33.80		
G0564	\$1,744.96	1/1/25	3/31/25
G0565	\$1,744.96	1/1/25	3/31/25