BlueCross BlueShield of Texas

Reimbursement Changes/Quarterly Code Updates 2026

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 allowable 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.

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

Lab/Pathology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
0827T	$101.99	01/01/2025	09/30/2026
0827T	$40.80	10/01/2026	12/31/2999
0828T	$101.99	01/01/2025	09/30/2026
0828T	$40.80	10/01/2026	12/31/2999
0829T	$101.99	01/01/2025	09/30/2026
0829T	$40.80	10/01/2026	12/31/2999
0830T	$101.99	01/01/2025	09/30/2026
0830T	$40.80	10/01/2026	12/31/2999
0831T	$101.99	01/01/2025	09/30/2026
0831T	$40.80	10/01/2026	12/31/2999
0832T	$101.99	01/01/2025	09/30/2026
0832T	$40.80	10/01/2026	12/31/2999
0833T	$101.99	01/01/2025	09/30/2026
0833T	$40.80	10/01/2026	12/31/2999
0834T	$101.99	01/01/2025	09/30/2026
0834T	$40.80	10/01/2026	12/31/2999
0835T	$101.99	01/01/2025	09/30/2026
0835T	$40.80	10/01/2026	12/31/2999
0836T	$101.99	01/01/2025	09/30/2026
0836T	$40.80	10/01/2026	12/31/2999
0837T	$101.99	01/01/2025	09/30/2026
0837T	$40.80	10/01/2026	12/31/2999
0841T	$31.35	01/01/2025	09/30/2026
0841T	$12.54	10/01/2026	12/31/2999
0842T	$31.35	01/01/2025	09/30/2026
0842T	$12.54	10/01/2026	12/31/2999
0843T	$31.35	01/01/2025	09/30/2026
0843T	$12.54	10/01/2026	12/31/2999
0844T	$31.35	01/01/2025	09/30/2026
0844T	$12.54	10/01/2026	12/31/2999
0845T	$108.48	01/01/2025	09/30/2026
0845T	$43.39	10/01/2026	12/31/2999
0846T	$108.48	01/01/2025	09/30/2026
0846T	$43.39	10/01/2026	12/31/2999
0847T	$18.35	01/01/2025	09/30/2026
0847T	$7.34	10/01/2026	12/31/2999
0848T	$12.25	01/01/2025	09/30/2026
0848T	$4.90	10/01/2026	12/31/2999
0849T	$12.25	01/01/2025	09/30/2026
0849T	$4.90	10/01/2026	12/31/2999
0850T	$12.25	01/01/2025	09/30/2026
0850T	$4.90	10/01/2026	12/31/2999
0851T	$12.25	01/01/2025	09/30/2026
0851T	$4.90	10/01/2026	12/31/2999
0852T	$12.25	01/01/2025	09/30/2026
0852T	$4.90	10/01/2026	12/31/2999

0853T	$12.25	01/01/2025	09/30/2026
0853T	$4.90	10/01/2026	12/31/2999
0854T	$19.17	01/01/2025	09/30/2026
0854T	$7.67	10/01/2026	12/31/2999
0855T	$57.79	01/01/2025	09/30/2026
0855T	$23.12	10/01/2026	12/31/2999
0856T	$278.01	01/01/2025	09/30/2026
0856T	$111.20	10/01/2026	12/31/2999
81479	$53.60	01/01/2025	09/30/2026
81479	$20.52	10/01/2026	12/31/2999

Low Tech Radiology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
0542T	$3,270.93	01/01/2025	09/30/2026
0542T	$2,965.76	10/01/2026	12/31/2999
0554T	$58.00	01/01/2025	09/30/2026
0554T	$47.94	10/01/2026	12/31/2999
0815T	$7.93	01/01/2025	09/30/2026
0815T	$5.05	10/01/2026	12/31/2999
0860T	$14.33	01/01/2025	09/30/2026
0860T	$10.03	10/01/2026	12/31/2999

Other Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
0838T	$78.06	01/01/2025	09/30/2026
0838T	$31.22	10/01/2026	12/31/2999
0839T	$89.84	01/01/2025	09/30/2026
0839T	$35.94	10/01/2026	12/31/2999
0840T	$140.24	01/01/2025	09/30/2026
0840T	$56.10	10/01/2026	12/31/2999
93571	$166.09	01/01/2025	09/30/2026
93571	$71.50	10/01/2026	12/31/2999
G0068	$210.69	01/01/2025	09/30/2026
G0068	$52.67	10/01/2026	12/31/2999
G0069	$210.69	01/01/2025	09/30/2026
G0069	$52.67	10/01/2026	12/31/2999
G0070	$331.69	01/01/2025	09/30/2026
G0070	$82.92	10/01/2026	12/31/2999
G0501	$13.73	01/01/2025	09/30/2026
G0501	$0.00	10/01/2026	12/31/2999

2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

Drug (CPT/HCPCS) Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
90616	$0.00	7/1/2026	09/30/2026
90616	$321.75	10/01/2026	12/31/2999

2026 Reimbursement Changes/Updates

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

APC Grouped Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1054T	$2,135.66	10/01/2026	
1056T	$1,585.19	10/01/2026	
1062T	$311.33	10/01/2026	
1081T	$6,783.99	10/01/2026	
1084T	$4,222.95	10/01/2026	
1086T	$877.34	10/01/2026	
1088T	$131.46	10/01/2026	
1091T	$17,500.50	10/01/2026	
1092T	$7,413.38	10/01/2026	
1093T	$3,342.87	10/01/2026	

Non Grouped Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1057T	$3,638.19	10/01/2026	
1058T	$3,638.19	10/01/2026	
1059T	$3,638.19	10/01/2026	
1065T	$3,638.19	10/01/2026	
1066T	$3,638.19	10/01/2026	
1067T	$3,638.19	10/01/2026	
1068T	$3,638.19	10/01/2026	
1072T	$3,638.19	10/01/2026	
1073T	$3,638.19	10/01/2026	
1074T	$3,638.19	10/01/2026	
1075T	$3,638.19	10/01/2026	
1076T	$3,638.19	10/01/2026	
1077T	$3,638.19	10/01/2026	
1078T	$3,638.19	10/01/2026	
1080T	$3,638.19	10/01/2026	
1083T	$3,638.19	10/01/2026	
1090T	$3,638.19	10/01/2026	
1095T	$3,638.19	10/01/2026	
1096T	$3,638.19	10/01/2026	
1098T	$3,638.19	10/01/2026	
1099T	$3,638.19	10/01/2026	
1108T	$3,638.19	10/01/2026	
1109T	$3,638.19	10/01/2026	
1110T	$3,638.19	10/01/2026	
1111T	$3,638.19	10/01/2026	

Incidental Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1055T	$0.00	10/01/2026	
1082T	$0.00	10/01/2026	
1094T	$0.00	10/01/2026	

Low Tech Radiology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1079T	$106.34	10/01/2026	
1087T	$877.34	10/01/2026	
1089T	$106.34	10/01/2026	

2026 Reimbursement Changes/Updates

Lab/Pathology Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
0660U	$35.09	10/01/2026	
0661U	$35.09	10/01/2026	
0662U	$3,240.00	10/01/2026	
0663U	$759.05	10/01/2026	
0664U	$3,240.00	10/01/2026	
0665U	$251.70	10/01/2026	
0666U	$634.84	10/01/2026	
0667U	$2,842.53	10/01/2026	
0668U	$3,600.00	10/01/2026	
0669U	$416.78	10/01/2026	
0670U	$5,475.20	10/01/2026	
0671U	$5,475.20	10/01/2026	
0672U	$5,224.60	10/01/2026	
0673U	$5,475.20	10/01/2026	
0674U	$5,475.20	10/01/2026	
0675U	$5,475.20	10/01/2026	
0676U	$2,574.65	10/01/2026	
0677U	$2,574.65	10/01/2026	
0678U	$1,743.95	10/01/2026	
0679U	$1,743.95	10/01/2026	
0680U	$0.00	10/01/2026	
0681U	$0.00	10/01/2026	
0682U	$2,030.00	10/01/2026	
0683U	$2,030.00	10/01/2026	
0684U	$0.00	10/01/2026	
0685U	$0.00	10/01/2026	
0686U	$3,873.00	10/01/2026	
0687U	$233.07	10/01/2026	
0688U	$416.78	10/01/2026	
0689U	$416.78	10/01/2026	
0690U	$640.73	10/01/2026	
0691U	$1,824.88	10/01/2026	
0692U	$390.75	10/01/2026	
0693U	$1,495.00	10/01/2026	
0694U	$43.43	10/01/2026	
0695U	$150.00	10/01/2026	
0696U	$3,500.00	10/01/2026	
0697U	$5,475.20	10/01/2026	
0698U	$114.20	10/01/2026	
1063T	$706.25	10/01/2026	
1064T	$706.25	10/01/2026	
1085T	$877.34	10/01/2026	
1097T	$3,750.00	10/01/2026	
1102T	$8.81	10/01/2026	
1103T	$8.81	10/01/2026	
1105T	$135.93	10/01/2026	
1106T	$706.25	10/01/2026	
1107T	$706.25	10/01/2026	

Other Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
1060T	$91.79	10/01/2026	
1061T	$37.29	10/01/2026	
1069T	$456.40	10/01/2026	
1104T	$135.93	10/01/2026	
1070T	$38.16	10/01/2026	
1071T	$6.44	10/01/2026	
1100T	$33.55	10/01/2026	
1101T	$33.55	10/01/2026	

G0685	$135.93	10/01/2026	

2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

Drug (CPT/HCPCS) Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
A9613	$638.58	10/01/2026	
C9311	$997.82	10/01/2026	
C9312	$46.71	10/01/2026	
C9313	$475.48	10/01/2026	
J0643	$0.06	10/01/2026	
J0644	$2.93	10/01/2026	
J0871	$0.60	10/01/2026	
J1757	$34.94	10/01/2026	
J1818	$289.03	10/01/2026	
J1946	$5.99	10/01/2026	
J1947	$12.85	10/01/2026	
J1957	$0.01	10/01/2026	
J1958	$0.04	10/01/2026	
J3268	$0.53	10/01/2026	
J3406	$699,451.20	10/01/2026	
J7524	$0.01	10/01/2026	
J7526	$0.22	10/01/2026	
J7529	$0.04	10/01/2026	
J7530	$0.13	10/01/2026	
J7531	$1.39	10/01/2026	
J9066	$25.61	10/01/2026	
J9186	$4.72	10/01/2026	
J9187	$0.11	10/01/2026	
J9191	$16.52	10/01/2026	
J9192	$0.05	10/01/2026	
J9362	$46.59	10/01/2026	
Q5172	$0.72	10/01/2026	
Q5173	$27.95	10/01/2026	
J0014	$2.03	10/01/2026	

Durable Medical Equipment Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
A2046	$127.14	10/01/2026	
A2047	$127.14	10/01/2026	
A2048	$160.30	10/01/2026	
A2049	$127.14	10/01/2026	
A2050	$160.30	10/01/2026	
A4228	$141.40	10/01/2026	
A6614	$167.99	10/01/2026	
E2403	$1,352.58	10/01/2026	
L1330	$0.46	10/01/2026	
L8697	$156.62	10/01/2026	
Q4207	$127.14	10/01/2026	
Q4223	$127.14	10/01/2026	
Q4243	$127.14	10/01/2026	

2026 Reimbursement Changes/Updates

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

APC Grouped Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
C8014	$5,477.93	7/1/2026	

Non Grouped Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1027T	$3,638.19	7/1/2026	
1037T	$3,638.19	7/1/2026	
1038T	$3,638.19	7/1/2026	
1040T	$3,638.19	7/1/2026	
1042T	$3,638.19	7/1/2026	
1044T	$3,638.19	7/1/2026	
1045T	$3,638.19	7/1/2026	
1046T	$3,638.19	7/1/2026	
1047T	$3,638.19	7/1/2026	
1048T	$3,638.19	7/1/2026	
1049T	$3,638.19	7/1/2026	
1050T	$3,638.19	7/1/2026	
1051T	$3,638.19	7/1/2026	
G0577	$3,638.19	7/1/2026	

High Tech Radiology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1039T	$850.50	7/1/2026	

Low Tech Radiology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1043T	$950.50	7/1/2026	

Lab/Pathology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
1028T	$91.79	7/1/2026	
1029T	$91.79	7/1/2026	
1041T	$135.93	7/1/2026	
1052T	$37.29	7/1/2026	
1053T	$37.29	7/1/2026	
0631U	$3,030.00	7/1/2026	
0632U	$759.05	7/1/2026	
0633U	$1,456.88	7/1/2026	
0634U	$274.83	7/1/2026	
0635U	$3,675.00	7/1/2026	
0636U	$12.39	7/1/2026	
0637U	$12.39	7/1/2026	
0638U	$10.18	7/1/2026	
0639U	$10.18	7/1/2026	
0640U	$2,435.00	7/1/2026	
0641U	$3,878.45	7/1/2026	
0642U	$3,878.45	7/1/2026	
0643U	$2,919.60	7/1/2026	
0644U	$3,878.45	7/1/2026	
0645U	$2,007.25	7/1/2026	

0646U	$3,878.45	7/1/2026	
0647U	$3,878.45	7/1/2026	
0648U	$2,919.60	7/1/2026	
0649U	$760.00	7/1/2026	
0650U	$742.27	7/1/2026	
0651U	$1,743.95	7/1/2026	
0652U	$742.27	7/1/2026	
0653U	$950.00	7/1/2026	
0654U	$2,842.53	7/1/2026	
0655U	$2,842.53	7/1/2026	
0656U	$2,842.53	7/1/2026	
0657U	$5,475.20	7/1/2026	
0658U	$5,475.20	7/1/2026	
0659U	$5,475.20	7/1/2026	
87638	$35.09	5/15/2026	

Other Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
1026T	$7.12	7/1/2026	
1030T	$131.46	7/1/2026	
1031T	$18.95	7/1/2026	
1032T	$131.46	7/1/2026	
1033T	$18.95	7/1/2026	
1034T	$131.46	7/1/2026	
1035T	$18.95	7/1/2026	
1036T	$128.90	7/1/2026	
G0574	$0.00	7/1/2026	
G0575	$0.00	7/1/2026	
G0669	$92.50	7/1/2026	
G0670	$92.50	7/1/2026	
G0671	$92.50	7/1/2026	
G0672	$92.50	7/1/2026	
G0673	$92.50	7/1/2026	
G0674	$92.50	7/1/2026	
G0675	$92.50	7/1/2026	
G0676	$0.00	7/1/2026	
G0677	$0.00	7/1/2026	
G0678	$0.00	7/1/2026	
M0231	$450.50	7/1/2026	
M0232	$450.50	7/1/2026	

2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

Drug (CPT/HCPCS) Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
90616	$0.00	7/1/2026	
90639	$0.00	7/1/2026	
A9574	$0.39	7/1/2026	
C9310	$2.58	7/1/2026	
J0528	$0.61	7/1/2026	
J1289	$100.27	7/1/2026	
J1577	$28.95	7/1/2026	
J2361	$262.08	7/1/2026	
J2374	$74.59	7/1/2026	
J2789	$79,128.00	7/1/2026	
J3386	Requires Review	7/1/2026	
J3405	Requires Review	7/1/2026	
J7176	$1.11	7/1/2026	

J9053	$40.36	7/1/2026	
J9062	$45.36	7/1/2026	
J9232	$0.57	7/1/2026	
Q0234	$7.04	7/1/2026	
Q5164	$4.27	7/1/2026	
Q5165	$27.95	7/1/2026	
Q5166	$29.03	7/1/2026	
Q5167	$5.38	7/1/2026	
Q5168	$271.49	7/1/2026	
Q5169	$512.16	7/1/2026	
Q5170	$342.39	7/1/2026	
Q5171	$27.95	7/1/2026	

Durable Medical Equipment Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
C1609	$0.00	7/1/2026	

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

Other Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
G0681	$1,829.23	4/1/2026	4/1/2026
G0681	$1,829.23	1/1/2026	
G0682	$26.09	4/1/2026	4/1/2026
G0682	$26.09	1/1/2026	
G0683	$3,660.97	4/1/2026	4/1/2026
G0683	$3,660.97	1/1/2026	
G0684	$88.11	4/1/2026	4/1/2026
G0684	$88.11	1/1/2026	

Lab/Pathology Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
86153	$25.92	1/1/2025	1/31/2025
86153	$33.21	2/1/2026	

2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

APC Grouped Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
C8007	$31,526.06	1/1/2026	
C8008	$11,384.04	1/1/2026	
C8009	$3,490.14	1/1/2026	
C8011	$31,526.06	1/1/2026	
C8012	$11,384.04	1/1/2026	
C8013	$3,490.14	1/1/2026	
C8010	$12,500.50	4/1/2026	

Cardiac Cath/PTCA Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
C8010	$12,500.50	4/1/2026	

2026 Reimbursement Changes/Updates

Low Tech Radiology Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
G0680	$15.50	4/1/2026	

Lab/Pathology Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
0614U	$2,842.53	4/1/2026	
0615U	$17.21	4/1/2026	
0616U	$53.60	4/1/2026	
0617U	$53.60	4/1/2026	
0618U	$53.60	4/1/2026	
0619U	$53.60	4/1/2026	
0620U	$53.60	4/1/2026	
0621U	$53.60	4/1/2026	
0622U	$53.60	4/1/2026	
0623U	$53.60	4/1/2026	
0624U	$53.60	4/1/2026	
0625U	$53.60	4/1/2026	
0626U	$53.60	4/1/2026	
0627U	$53.60	4/1/2026	
0628U	$950.00	4/1/2026	
0629U	$42.84	4/1/2026	
0630U	$3,159.42	4/1/2026	

Other Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
G0681	$1,829.23	4/1/2026	
G0682	$26.09	4/1/2026	
G0683	$3,660.97	4/1/2026	
G0684	$88.11	4/1/2026	
M0233	$450.50	4/1/2026	
M0234	$450.50	4/1/2026	

2015, 2016, 2018, 2020 & 2025 Hospital OP Base Compensation Schedules

Durable Medical Equipment Base Compensation Schedule Update			
Procedure Code	**Contract Base Rate**	**Effective Date**	**End Date**
A2040	$127.14	4/1/2026	
A2041	$127.14	4/1/2026	
A2042	$127.14	4/1/2026	
A2043	$127.14	4/1/2026	
A2044	$440.61	4/1/2026	
A2045	$127.14	4/1/2026	
A4318	$9.08	4/1/2026	
A6548	$20.86	4/1/2026	
A8005	$1,922.29	4/1/2026	
A8006	$1,922.29	4/1/2026	
C1743	$0.00	4/1/2026	
Q4418	$127.14	4/1/2026	
Q4419	$127.14	4/1/2026	
Q4421	$127.14	4/1/2026	
Q4422	$127.14	4/1/2026	
Q4423	$127.14	4/1/2026	
Q4424	$127.14	4/1/2026	
Q4425	$127.14	4/1/2026	
Q4426	$127.14	4/1/2026	

Q4427	$127.14	4/1/2026	
Q4428	$127.14	4/1/2026	
Q4429	$127.14	4/1/2026	
Q4435	$127.14	4/1/2026	
Q4436	$127.14	4/1/2026	
Q4437	$127.14	4/1/2026	
Q4438	$127.14	4/1/2026	
Q4439	$127.14	4/1/2026	
Q4440	$127.14	4/1/2026	

Drug (CPT/HCPCS) Base Compensation Schedule Update

Procedure Code	Contract Base Rate	Effective Date	End Date
C9309	Requires Review	4/1/2026	
C9818	$0.33	4/1/2026	
J0463	$0.01	4/1/2026	
J1098	$0.69	4/1/2026	
J1164	$0.20	4/1/2026	
J1553	$27.08	4/1/2026	
J3404	$115,920.00	4/1/2026	
J8502	$2.17	4/1/2026	
J9003	$102.48	4/1/2026	
J9183	$81,362.40	4/1/2026	
J9277	$35.77	4/1/2026	
J9278	$5.84	4/1/2026	
J9601	$110.77	4/1/2026	
Q0238	$6.22	4/1/2026	
Q5161	$25.20	4/1/2026	
Q5162	$17.63	4/1/2026	