

2018 Hospital Emergency Room 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	APC Code	Contract Base Rate	Effective Date	End Date
99281	5021	\$68.66	4/1/18	
99282	5022	\$124.65	4/1/18	
99283	5023	\$219.10	4/1/18	
99284	5024	\$355.53	4/1/18	
99285	5025	\$520.85	4/1/18	
99291	5041	\$733.63	4/1/18	
99292		\$113.41	4/1/18	