

Blue Cross and Blue Shield of Texas 2009 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 - HCSC Confidential and Proprietary. If additional fees are needed please see our Web site www.bcbstx.com.

Procedure Code	APC Code	Contract Base Rate	Effective Date	End Date
99281	0609	\$52.66		
99282	0613	\$86.14		
99283	0614	\$136.70		
99284	0615	\$217.91		
99285	0616	\$323.90		
99291	0617	\$485.39		
99292		\$106.04		

