

Blue Cross and Blue Shield of Texas 2009 Cardiac Cath Lab 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
93501	0080	\$2,593.88		
93503	0103	\$1,038.87		
93505	0103	\$1,038.87		
93508	0080	\$2,593.88		
93510	0080	\$2,593.88		
93511	0080	\$2,593.88		
93514	0080	\$2,593.88		
93524	0080	\$2,593.88		
93526	0080	\$2,593.88		
93527	0080	\$2,593.88		
93528	0080	\$2,593.88		
93529	0080	\$2,593.88		
93530	0080	\$2,593.88		
93531	0080	\$2,593.88		
93532	0080	\$2,593.88		
93533	0080	\$2,593.88		
92973	0088	\$2,662.95		
92980	0104	\$5,638.16		
92981	0104	\$5,638.16		
92982	0083	\$3,194.51		
92984	0083	\$3,194.51		
92986	0083	\$3,194.51		
92987	0083	\$3,194.51		
92990	0083	\$3,194.51		
92992		\$3,771.19		
92993		\$50.94		
92995	0082	\$5,962.23		
92996	0082	\$5,962.23		
92997	0083	\$3,194.51		
92998	0083	\$3,194.51		
G0290	0656	\$7,669.08		
G0291	0656	\$7,669.08		

