

Star Care Contracted Insurance Payor Rates

Procedure Code Description	Rev Code / CPT/HCPC S Code	Gross Charge	Discount Cash Charge	Maximum Standard Facility Charge	Minimum Standard Facility Charge	Medicaid Managed Care Plans		Commercial Plan			Veteran Plans		United Healthcare (Optum)			Team Choice (Insurance)				
						MCO - Superior	MCO - Wellpoint (Formerly Amerigroup)**	MCO - FirstCare (Baylor Scott & White)	Aetna	BCBS	Cigna (Evernorth is subsidiary of Cigna)	Humana Behavioral Health Network	Provider Partners Health Plans***	TriCare (TriWest / TriEast)***	Commerci al	Medicare	Medicaid	UMC Employee	UMC Physicians	TTUHSC Resident
Psychiatric Hospital Bed Day	124	\$ 1,500.00	\$ 770.00	\$ 1,500.00	\$ 770.00	\$ 610.00	\$ 988.40	\$ 640.13	\$ 900.00	\$ 700.00	\$ 1,025.00	\$ 885.00	\$ 876.53	\$ 747.63	\$ 800.00	\$ 747.63	\$ 742.00	\$ 800.00	\$ 900.00	\$ 900.00
Initial Hospital Inpatient Evaluation & Management - Low Level of Medical Decision Making	99221	\$ 147.15	\$ 59.92	\$ 147.15	\$ 59.92	\$ 59.92	\$ 62.92	\$ 59.92	\$ 121.84	\$ 65.06				\$ 79.57	\$ 79.57	\$ 79.57	\$ 59.92			
Initial Hospital Inpatient Evaluation & Management - Moderate Level of Medical Decision Making	99222	\$ 198.15	\$ 95.05	\$ 198.15	\$ 95.05	\$ 95.05	\$ 99.80	\$ 95.05	\$ 192.93	\$ 101.82				\$ 125.50	\$ 125.50	\$ 125.50	\$ 95.05			
Initial Hospital Inpatient Evaluation & Management - High Level of Medical Decision Making	99223	\$ 292.85	\$ 120.14	\$ 292.85	\$ 120.14	\$ 120.14	\$ 126.15	\$ 120.14	\$ 257.39	\$ 135.68				\$ 167.23	\$ 167.23	\$ 167.23	\$ 120.14			
Subsequent Hospital Inpatient Evaluation & Management - Low Level of Medical Decision Making	99231	\$ 56.82	\$ 31.68	\$ 56.82	\$ 31.68	\$ 31.68	\$ 33.26	\$ 31.68	\$ 72.72	\$ 38.88				\$ 47.23	\$ 47.23	\$ 47.23	\$ 31.68			
Subsequent Hospital Inpatient Evaluation & Management - Moderate Level of Medical Decision Making	99232	\$ 106.36	\$ 45.48	\$ 106.36	\$ 45.48	\$ 45.48	\$ 47.75	\$ 45.48	\$ 117.44	\$ 61.89				\$ 76.34	\$ 76.34	\$ 76.34	\$ 45.48			
Subsequent Hospital Inpatient Evaluation & Management - High Level of Medical Decision Making	99233	\$ 151.53	\$ 61.17	\$ 151.53	\$ 61.17	\$ 61.17	\$ 64.23	\$ 61.17	\$ 175.58	\$ 93.10				\$ 113.86	\$ 113.86	\$ 113.86	\$ 61.17			
Hospital Inpatient Discharge Day Management - 30 minutes or less	99238	\$ 75.00	\$ 54.58	\$ 75.00	\$ 54.58	\$ 54.58	\$ 57.31	\$ 54.58	\$ 120.10	\$ 63.22				\$ 78.28	\$ 78.28	\$ 78.28	\$ 54.58			
Hospital Inpatient Discharge Day Management - more than 30 minutes	99239	\$ 107.00	\$ 72.15	\$ 107.00	\$ 72.15	\$ 72.15	\$ 75.76	\$ 72.15	\$ 169.97	\$ 89.66				\$ 110.63	\$ 110.63	\$ 110.63	\$ 72.15			

* Per Diem * Per Diem * Per Diem * Per Diem

**All other Insurance companies will have a single case agreement which determines what they will pay for IP services at the time of admission.

***This amount is payable to the provider less deductible/copy/coinsurance, any payments by CMS directly to the hospital, and any sequestrian amounts.

***Acute Psychiatric Inpatient & Chemical Dependency Services: reimbursed at the lesser of 90% of TRICARE/CHAMPUS Maximum Allowable or 70% of billed charges

*** Inpatient services are reimbursed at the lesser of eligible charges or 115% of Medicare rates. Professional services are reimbursed at 105% of Medicaid rates.

UNDERSTANDING YOUR PAYMENT:

Hospitals bill "gross charges" that are the same for all patients. The hospital will then work with payers and patients to discount these "gross charges" based on different types of coverage and eligibility. The table above will help you understand the "estimated payment" for your visit.