

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A2001	\$214.56	1/1/22	
A2002	\$9.47	1/1/22	
A2004	\$9.47	1/1/22	
A2005	\$1.44	1/1/22	
A2006	\$80.93	1/1/22	
A2007	\$9.47	1/1/22	
A2008	\$13.31	1/1/22	
A2009	\$28.71	1/1/22	
A2010	\$9.47	1/1/22	
A2011	\$218.79	4/1/22	
A2012	\$0.56	4/1/22	
A2013	\$9.47	4/1/22	
A2014	\$1.45	10/1/22	
A2015	\$9.47	10/1/22	
A2016	\$28.71	10/1/22	
A2017	\$13.31	10/1/22	
A2018	\$13.31	10/1/22	
A2019	\$57.31	4/1/23	
A2020	\$14.94	4/1/23	
A2021	\$9.47	4/1/23	
A2022	\$214.56	10/1/23	
A2023	\$214.56	10/1/23	
A2024	\$9.47	10/1/23	
A2025	\$160.30	10/1/23	
A2026	\$7.58	4/1/24	
A2027	\$160.30	10/1/24	
A2028	\$766.48	10/1/24	
A2029	\$160.30	10/1/24	
A4100	\$182.60	4/1/22	
A4216	\$0.44	5/1/20	
A4217	\$3.64	5/1/20	
A4221	\$23.45	5/1/20	
A4222	\$45.65	5/1/20	
A4224	\$23.45	5/1/20	
A4225	\$2.90	5/1/20	
A4226	\$1.57	5/1/20	
A4233	\$0.51	5/1/20	
A4234	\$2.36	5/1/20	
A4235	\$1.00	5/1/20	
A4236	\$1.16	5/1/20	
A4238	\$141.29	4/1/22	
A4239	\$296.72	1/1/23	
A4253	\$8.32	5/1/20	
A4255	\$4.54	5/1/20	
A4256	\$3.38	5/1/20	
A4257	\$14.82	5/1/20	
A4258	\$2.12	5/1/20	
A4259	\$1.42	5/1/20	
A4265	\$3.96	5/1/20	
A4271	\$65.25	4/1/24	
A4287	\$0.50	1/1/24	
A4310	\$7.62	5/1/20	
A4311	\$14.95	5/1/20	
A4312	\$20.96	5/1/20	
A4313	\$21.52	5/1/20	
A4314	\$29.37	5/1/20	
A4315	\$29.87	5/1/20	
A4316	\$32.99	5/1/20	
A4320	\$5.28	5/1/20	
A4322	\$3.27	5/1/20	
A4326	\$12.53	5/1/20	
A4327	\$51.82	5/1/20	
A4328	\$10.31	5/1/20	
A4330	\$8.23	5/1/20	
A4331	\$3.69	5/1/20	
A4332	\$0.13	5/1/20	
A4333	\$2.57	5/1/20	
A4334	\$5.72	5/1/20	
A4336	\$1.67	5/1/20	
A4338	\$14.25	5/1/20	
A4340	\$36.89	5/1/20	
A4341	\$324.50	4/1/23	
A4342	\$819.36	4/1/23	
A4344	\$15.81	5/1/20	
A4346	\$19.34	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A4349	\$2.34	5/1/20	
A4351	\$2.11	5/1/20	
A4352	\$7.43	5/1/20	
A4353	\$8.12	5/1/20	
A4354	\$13.71	5/1/20	
A4355	\$10.36	5/1/20	
A4356	\$45.05	5/1/20	
A4357	\$9.59	5/1/20	
A4358	\$6.55	5/1/20	
A4360	\$0.48	5/1/20	
A4361	\$21.34	5/1/20	
A4362	\$3.72	5/1/20	
A4363	\$2.75	5/1/20	
A4364	\$3.14	5/1/20	
A4366	\$1.50	5/1/20	
A4367	\$7.91	5/1/20	
A4368	\$0.29	5/1/20	
A4369	\$2.82	5/1/20	
A4371	\$4.23	5/1/20	
A4372	\$4.87	5/1/20	
A4373	\$7.28	5/1/20	
A4375	\$19.95	5/1/20	
A4376	\$55.28	5/1/20	
A4377	\$4.98	5/1/20	
A4378	\$35.72	5/1/20	
A4379	\$17.45	5/1/20	
A4380	\$43.37	5/1/20	
A4381	\$5.38	5/1/20	
A4382	\$28.60	5/1/20	
A4383	\$32.75	5/1/20	
A4384	\$11.17	5/1/20	
A4385	\$5.92	5/1/20	
A4387	\$2.61	5/1/20	
A4388	\$5.07	5/1/20	
A4389	\$7.22	5/1/20	
A4390	\$11.16	5/1/20	
A4391	\$8.21	5/1/20	
A4392	\$9.49	5/1/20	
A4393	\$10.50	5/1/20	
A4394	\$3.01	5/1/20	
A4395	\$0.05	5/1/20	
A4396	\$47.03	5/1/20	
A4397	\$5.56	5/1/20	12/31/21
A4398	\$13.94	5/1/20	
A4399	\$12.11	5/1/20	
A4400	\$56.78	5/1/20	
A4402	\$1.86	5/1/20	
A4404	\$1.95	5/1/20	
A4405	\$3.97	5/1/20	
A4406	\$6.65	5/1/20	
A4407	\$10.18	5/1/20	
A4408	\$11.47	5/1/20	
A4409	\$7.22	5/1/20	
A4410	\$10.50	5/1/20	
A4411	\$5.92	5/1/20	
A4412	\$3.14	5/1/20	
A4413	\$6.40	5/1/20	
A4414	\$5.72	5/1/20	
A4415	\$6.96	5/1/20	
A4416	\$3.20	5/1/20	
A4417	\$4.33	5/1/20	
A4418	\$2.11	5/1/20	
A4419	\$2.01	5/1/20	
A4422	\$0.13	5/1/20	
A4423	\$2.16	5/1/20	
A4424	\$5.53	5/1/20	
A4425	\$4.16	5/1/20	
A4426	\$3.17	5/1/20	
A4427	\$3.23	5/1/20	
A4428	\$7.57	5/1/20	
A4429	\$9.58	5/1/20	
A4430	\$9.89	5/1/20	
A4431	\$7.22	5/1/20	
A4432	\$4.17	5/1/20	
A4433	\$3.89	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A4434	\$4.37	5/1/20	
A4435	\$6.70	5/1/20	
A4436	\$23.46	1/1/22	
A4437	\$23.46	1/1/22	
A4450	\$0.12	5/1/20	
A4452	\$0.45	5/1/20	
A4453	\$240.50	10/1/21	
A4455	\$1.41	5/1/20	
A4456	\$0.28	5/1/20	
A4457	\$1.50	1/1/24	
A4461	\$3.83	5/1/20	
A4463	\$15.46	5/1/20	
A4468	\$6,732.40	1/1/24	
A4481	\$0.42	5/1/20	
A4540	\$242.01	1/1/24	
A4541	\$39.32	1/1/24	
A4542	\$504.41	1/1/24	
A4543	\$3,026.50	10/1/24	
A4544	\$6.07	10/1/24	
A4545	\$36.90	10/1/24	
A4556	\$14.11	5/1/20	
A4557	\$17.83	5/1/20	
A4558	\$5.39	5/1/20	
A4559	\$0.11	5/1/20	
A4560	\$492.90	4/1/23	
A4563	\$70.59	5/1/20	
A4564	\$15.36	4/1/24	
A4565	\$8.94	5/1/20	
A4593	\$22.07	4/1/24	
A4594	\$589.90	4/1/24	
A4595	\$22.30	5/1/20	
A4596	\$795.00	10/1/22	
A4602	\$4.33	5/1/20	
A4604	\$55.44	5/1/20	
A4605	\$19.05	5/1/20	
A4608	\$58.23	5/1/20	
A4614	\$27.63	5/1/20	
A4615	\$0.85	5/1/20	
A4616	\$0.07	5/1/20	
A4617	\$3.60	5/1/20	
A4618	\$8.78	5/1/20	
A4619	\$2.10	5/1/20	
A4620	\$0.70	5/1/20	
A4623	\$6.49	5/1/20	
A4624	\$3.06	5/1/20	
A4625	\$8.04	5/1/20	
A4626	\$3.15	5/1/20	
A4628	\$4.25	5/1/20	
A4629	\$5.40	5/1/20	
A4630	\$7.25	5/1/20	
A4633	\$47.67	5/1/20	
A4635	\$5.05	5/1/20	
A4636	\$3.60	5/1/20	
A4637	\$1.94	5/1/20	
A4639	\$33.37	5/1/20	
A4640	\$60.01	5/1/20	
A5051	\$2.40	5/1/20	
A5052	\$1.73	5/1/20	
A5053	\$1.90	5/1/20	
A5054	\$2.09	5/1/20	
A5055	\$1.62	5/1/20	
A5056	\$5.43	5/1/20	
A5057	\$11.16	5/1/20	
A5061	\$4.10	5/1/20	
A5062	\$2.42	5/1/20	
A5063	\$3.14	5/1/20	
A5071	\$6.98	5/1/20	
A5072	\$4.00	5/1/20	
A5073	\$3.69	5/1/20	
A5081	\$3.27	5/1/20	
A5082	\$13.82	5/1/20	
A5083	\$0.75	5/1/20	
A5093	\$2.27	5/1/20	
A5102	\$26.03	5/1/20	
A5105	\$47.37	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A5112	\$34.19	5/1/20	
A5113	\$4.66	5/1/20	
A5114	\$10.40	5/1/20	
A5120	\$0.28	5/1/20	
A5121	\$8.29	5/1/20	
A5122	\$12.68	5/1/20	
A5126	\$1.52	5/1/20	
A5131	\$18.41	5/1/20	
A5200	\$13.12	5/1/20	
A5500	\$73.87	5/1/20	
A5501	\$221.57	5/1/20	
A5503	\$35.53	5/1/20	
A5504	\$35.53	5/1/20	
A5505	\$35.53	5/1/20	
A5506	\$35.53	5/1/20	
A5507	\$35.53	5/1/20	
A5512	\$30.13	5/1/20	
A5513	\$44.96	5/1/20	
A5514	\$44.96	5/1/20	
A6010	\$35.98	5/1/20	
A6011	\$2.65	5/1/20	
A6021	\$24.42	5/1/20	
A6022	\$24.42	5/1/20	
A6023	\$221.09	5/1/20	
A6024	\$7.19	5/1/20	
A6154	\$16.19	5/1/20	
A6196	\$8.55	5/1/20	
A6197	\$19.10	5/1/20	
A6199	\$6.14	5/1/20	
A6203	\$3.91	5/1/20	
A6204	\$7.23	5/1/20	
A6207	\$8.53	5/1/20	
A6209	\$8.68	5/1/20	
A6210	\$23.15	5/1/20	
A6211	\$34.12	5/1/20	
A6212	\$11.28	5/1/20	
A6214	\$11.96	5/1/20	
A6216	\$0.05	5/1/20	
A6219	\$1.11	5/1/20	
A6220	\$3.01	5/1/20	
A6222	\$2.48	5/1/20	
A6223	\$2.82	5/1/20	
A6224	\$4.19	5/1/20	
A6229	\$4.19	5/1/20	
A6231	\$5.43	5/1/20	
A6232	\$7.97	5/1/20	
A6233	\$22.28	5/1/20	
A6234	\$7.60	5/1/20	
A6235	\$19.54	5/1/20	
A6236	\$31.66	5/1/20	
A6237	\$9.19	5/1/20	
A6238	\$26.49	5/1/20	
A6240	\$14.23	5/1/20	
A6241	\$2.99	5/1/20	
A6242	\$7.04	5/1/20	
A6243	\$14.32	5/1/20	
A6244	\$45.64	5/1/20	
A6245	\$8.45	5/1/20	
A6246	\$11.54	5/1/20	
A6247	\$27.63	5/1/20	
A6248	\$18.88	5/1/20	
A6251	\$2.31	5/1/20	
A6252	\$3.78	5/1/20	
A6253	\$7.36	5/1/20	
A6254	\$1.39	5/1/20	
A6255	\$3.53	5/1/20	
A6257	\$1.79	5/1/20	
A6258	\$5.00	5/1/20	
A6259	\$12.70	5/1/20	
A6266	\$2.23	5/1/20	
A6402	\$0.13	5/1/20	
A6403	\$0.49	5/1/20	
A6407	\$2.18	5/1/20	
A6410	\$0.44	5/1/20	
A6441	\$0.80	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A6442	\$0.18	5/1/20	
A6443	\$0.32	5/1/20	
A6444	\$0.65	5/1/20	
A6445	\$0.37	5/1/20	
A6446	\$0.46	5/1/20	
A6447	\$0.80	5/1/20	
A6448	\$1.34	5/1/20	
A6449	\$2.04	5/1/20	
A6450	\$2.04	5/1/20	
A6451	\$2.04	5/1/20	
A6452	\$6.86	5/1/20	
A6453	\$0.73	5/1/20	
A6454	\$0.91	5/1/20	
A6455	\$1.62	5/1/20	
A6456	\$1.47	5/1/20	
A6457	\$1.32	5/1/20	
A6460	\$1.44	5/1/20	
A6461	\$2.36	5/1/20	
A6520	\$119.54	1/1/24	
A6521	\$474.33	1/1/24	
A6522	\$290.47	1/1/24	
A6523	\$689.17	1/1/24	
A6524	\$362.39	1/1/24	
A6525	\$731.60	1/1/24	
A6526	\$655.18	1/1/24	
A6527	\$1,204.80	1/1/24	
A6528	\$630.00	1/1/24	
A6529	\$995.50	1/1/24	
A6531	\$50.26	5/1/20	
A6532	\$70.82	5/1/20	
A6545	\$98.96	5/1/20	
A6550	\$27.47	5/1/20	
A6552	\$54.81	1/1/24	
A6553	\$214.01	1/1/24	
A6554	\$75.36	1/1/24	
A6555	\$214.01	1/1/24	
A6556	\$293.29	1/1/24	
A6557	\$293.29	1/1/24	
A6558	\$302.67	1/1/24	
A6559	\$7.50	1/1/24	
A6560	\$40.50	1/1/24	
A6561	\$79.51	1/1/24	
A6562	\$959.88	1/1/24	
A6563	\$959.88	1/1/24	
A6564	\$1,034.00	1/1/24	
A6565	\$165.86	1/1/24	
A6566	\$240.83	1/1/24	
A6567	\$756.68	1/1/24	
A6568	\$157.17	1/1/24	
A6569	\$895.00	1/1/24	
A6570	\$107.09	1/1/24	
A6571	\$643.63	1/1/24	
A6572	\$99.37	1/1/24	
A6573	\$235.80	1/1/24	
A6574	\$300.61	1/1/24	
A6575	\$97.42	1/1/24	
A6576	\$184.50	1/1/24	
A6577	\$152.70	1/1/24	
A6578	\$75.20	1/1/24	
A6579	\$296.14	1/1/24	
A6580	\$293.96	1/1/24	
A6581	\$69.00	1/1/24	
A6582	\$46.02	1/1/24	
A6583	\$151.38	1/1/24	
A6584	\$98.96	1/1/24	
A6585	\$179.24	1/1/24	
A6586	\$528.06	1/1/24	
A6587	\$69.17	1/1/24	
A6588	\$230.54	1/1/24	
A6589	\$91.01	1/1/24	
A6590	\$354.00	4/1/23	
A6591	\$84.58	4/1/23	
A6593	\$0.00	1/1/24	
A6594	\$33.14	1/1/24	
A6595	\$32.59	1/1/24	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A6596	\$0.17	1/1/24	
A6597	\$1.47	1/1/24	
A6598	\$0.71	1/1/24	
A6599	\$1.61	1/1/24	
A6600	\$2.90	1/1/24	
A6601	\$3.26	1/1/24	
A6602	\$4.76	1/1/24	
A6603	\$2.23	1/1/24	
A6604	\$1.30	1/1/24	
A6605	\$1.49	1/1/24	
A6606	\$4.42	1/1/24	
A6607	\$1.18	1/1/24	
A6608	\$4.92	1/1/24	
A6609	\$0.00	1/1/24	
A6610	\$214.01	1/1/24	
A7000	\$9.75	5/1/20	
A7001	\$32.67	5/1/20	
A7002	\$3.78	5/1/20	
A7003	\$2.34	5/1/20	
A7004	\$1.58	5/1/20	
A7005	\$21.70	5/1/20	
A7006	\$9.44	5/1/20	
A7007	\$4.16	5/1/20	
A7008	\$10.85	5/1/20	
A7009	\$45.35	5/1/20	
A7010	\$20.04	5/1/20	
A7012	\$3.63	5/1/20	
A7013	\$0.71	5/1/20	
A7014	\$4.30	5/1/20	
A7015	\$1.78	5/1/20	
A7016	\$7.58	5/1/20	
A7017	\$141.31	5/1/20	
A7018	\$0.37	5/1/20	
A7020	\$16.20	5/1/20	
A7021	\$128.16	10/1/24	
A7023	\$6.38	1/1/24	
A7025	\$50.54	5/1/20	
A7026	\$33.39	5/1/20	
A7027	\$170.16	5/1/20	
A7028	\$47.30	5/1/20	
A7029	\$20.24	5/1/20	
A7030	\$143.64	5/1/20	
A7031	\$53.63	5/1/20	
A7032	\$30.75	5/1/20	
A7033	\$22.79	5/1/20	
A7034	\$89.67	5/1/20	
A7035	\$27.54	5/1/20	
A7036	\$13.57	5/1/20	
A7037	\$25.79	5/1/20	
A7038	\$3.73	5/1/20	
A7039	\$9.87	5/1/20	
A7044	\$106.30	5/1/20	
A7045	\$16.40	5/1/20	
A7046	\$17.11	5/1/20	
A7047	\$140.46	5/1/20	
A7049	\$88.66	4/1/23	
A7501	\$122.01	5/1/20	
A7502	\$58.00	5/1/20	
A7503	\$13.18	5/1/20	
A7504	\$0.80	5/1/20	
A7505	\$5.45	5/1/20	
A7506	\$0.38	5/1/20	
A7507	\$2.89	5/1/20	
A7508	\$3.33	5/1/20	
A7509	\$1.64	5/1/20	
A7520	\$55.16	5/1/20	
A7521	\$54.65	5/1/20	
A7522	\$52.47	5/1/20	
A7524	\$89.93	5/1/20	
A7525	\$2.40	5/1/20	
A7526	\$3.94	5/1/20	
A7527	\$4.16	5/1/20	
A8000	\$178.17	5/1/20	
A8001	\$178.17	5/1/20	
A9286	\$0.00	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
A9293	\$34.52	4/1/24	
B4105	\$52.79	5/1/20	
B4148	\$9.13	10/1/23	
C1052	\$11.99	1/1/21	
C1600	\$0.00	1/1/24	
C1601	\$20.24	1/1/24	
C1602	\$0.00	1/1/24	
C1603	\$0.00	1/1/24	
C1604	\$0.00	1/1/24	
C1605	\$276.32	7/1/24	
C1606	\$20.24	7/1/24	
C1735	\$0.00	1/1/25	
C1736	\$0.00	1/1/25	
C1737	\$0.00	1/1/25	
C1738	\$20.24	1/1/25	
C1739	\$0.00	1/1/25	
C1747	\$20.24	1/1/23	
C1748	\$20.24	5/1/20	
C1761	\$0.00	7/1/21	
C1823	\$0.00	5/1/20	
C1825	\$0.00	1/1/21	
C1826	\$6,187.13	1/1/23	
C1827	\$6,187.13	1/1/23	
C1831	\$0.00	10/1/21	
C1832	\$3.19	1/1/22	
C1833	\$525.00	1/1/22	
C1834	\$0.00	10/1/22	3/31/23
C1849	\$182.60	5/1/20	12/31/22
C1890	\$0.00	5/1/20	
C8000	\$0.00	10/1/24	
C8002	\$6,250.50	1/1/25	
C9610	\$0.00	1/1/25	
C9804	\$0.00	1/1/25	
C9806	\$0.00	1/1/25	
C9807	\$0.00	1/1/25	
C9808	\$0.98	1/1/25	
C9809	\$0.98	1/1/25	
E0100	\$22.76	5/1/20	
E0105	\$55.45	5/1/20	
E0110	\$82.91	5/1/20	
E0111	\$52.58	5/1/20	
E0112	\$42.99	5/1/20	
E0113	\$21.27	5/1/20	
E0114	\$47.84	5/1/20	
E0116	\$27.40	5/1/20	
E0117	\$22.38	5/1/20	
E0130	\$57.31	5/1/20	
E0135	\$66.65	5/1/20	
E0140	\$33.25	5/1/20	
E0141	\$78.86	5/1/20	
E0143	\$83.69	5/1/20	
E0144	\$29.58	5/1/20	
E0147	\$508.78	5/1/20	
E0148	\$108.41	5/1/20	
E0149	\$17.53	5/1/20	
E0152	\$55.64	4/1/24	
E0153	\$80.62	5/1/20	
E0154	\$61.83	5/1/20	
E0155	\$27.11	5/1/20	
E0156	\$19.77	5/1/20	
E0157	\$65.23	5/1/20	
E0158	\$27.23	5/1/20	
E0159	\$16.89	5/1/20	
E0160	\$31.97	5/1/20	
E0161	\$25.89	5/1/20	
E0162	\$143.88	5/1/20	
E0163	\$92.66	5/1/20	
E0165	\$17.43	5/1/20	
E0167	\$12.81	5/1/20	
E0168	\$151.09	5/1/20	
E0170	\$181.82	5/1/20	
E0171	\$33.40	5/1/20	
E0175	\$76.95	5/1/20	
E0181	\$23.56	5/1/20	
E0182	\$24.21	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E0183	\$12.81	10/1/22	
E0184	\$183.32	5/1/20	
E0185	\$277.63	5/1/20	
E0186	\$21.93	5/1/20	
E0187	\$25.01	5/1/20	
E0188	\$26.10	5/1/20	
E0189	\$57.15	5/1/20	
E0191	\$10.87	5/1/20	
E0193	\$828.53	5/1/20	
E0194	\$3,445.41	5/1/20	
E0196	\$36.04	5/1/20	
E0197	\$24.93	5/1/20	
E0198	\$21.88	5/1/20	
E0199	\$34.64	5/1/20	
E0200	\$92.10	5/1/20	
E0202	\$72.74	5/1/20	
E0205	\$225.45	5/1/20	
E0210	\$32.24	5/1/20	
E0215	\$82.30	5/1/20	
E0217	\$576.77	5/1/20	
E0225	\$451.51	5/1/20	
E0235	\$20.04	5/1/20	
E0236	\$51.40	5/1/20	
E0239	\$522.58	5/1/20	
E0249	\$115.72	5/1/20	
E0250	\$81.89	5/1/20	
E0251	\$68.06	5/1/20	
E0255	\$92.01	5/1/20	
E0256	\$73.95	5/1/20	
E0260	\$103.55	5/1/20	
E0261	\$101.75	5/1/20	
E0265	\$173.07	5/1/20	
E0266	\$152.43	5/1/20	
E0271	\$170.08	5/1/20	
E0272	\$168.66	5/1/20	
E0275	\$16.46	5/1/20	
E0276	\$14.23	5/1/20	
E0277	\$456.54	5/1/20	
E0280	\$36.12	5/1/20	
E0290	\$68.32	5/1/20	
E0291	\$51.24	5/1/20	
E0292	\$74.68	5/1/20	
E0293	\$66.27	5/1/20	
E0294	\$98.62	5/1/20	
E0295	\$96.94	5/1/20	
E0296	\$139.16	5/1/20	
E0297	\$120.68	5/1/20	
E0300	\$269.02	5/1/20	
E0301	\$222.75	5/1/20	
E0302	\$613.20	5/1/20	
E0303	\$240.60	5/1/20	
E0304	\$647.86	5/1/20	
E0305	\$14.74	5/1/20	
E0310	\$151.95	5/1/20	
E0316	\$193.22	5/1/20	
E0325	\$10.82	5/1/20	
E0326	\$11.39	5/1/20	
E0371	\$326.76	5/1/20	
E0372	\$374.36	5/1/20	
E0373	\$411.98	5/1/20	
E0424	\$136.77	5/1/20	
E0431	\$68.39	5/1/20	
E0433	\$68.39	5/1/20	
E0434	\$68.39	5/1/20	
E0439	\$136.77	5/1/20	
E0441	\$65.18	5/1/20	
E0442	\$65.18	5/1/20	
E0443	\$62.58	5/1/20	
E0444	\$62.58	5/1/20	
E0447	\$93.88	5/1/20	
E0462	\$338.54	5/1/20	
E0465	\$1,108.91	5/1/20	
E0466	\$1,108.91	5/1/20	
E0467	\$1,303.73	5/1/20	
E0468	\$1,400.19	4/1/24	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E0469	\$1,500.63	10/1/24	
E0470	\$187.59	5/1/20	
E0471	\$420.15	5/1/20	
E0472	\$493.12	5/1/20	
E0480	\$51.06	5/1/20	
E0482	\$499.59	5/1/20	
E0483	\$1,235.09	5/1/20	
E0484	\$42.91	5/1/20	
E0490	\$119.05	10/1/23	
E0491	\$98.32	10/1/23	
E0492	\$731.80	1/1/24	
E0493	\$731.80	1/1/24	
E0500	\$127.51	5/1/20	
E0530	\$35.54	1/1/24	
E0550	\$58.24	5/1/20	
E0560	\$171.73	5/1/20	
E0561	\$93.15	5/1/20	
E0562	\$226.43	5/1/20	
E0565	\$58.35	5/1/20	
E0570	\$12.49	5/1/20	
E0572	\$37.77	5/1/20	
E0574	\$46.77	5/1/20	
E0575	\$119.41	5/1/20	
E0580	\$133.35	5/1/20	
E0585	\$35.80	5/1/20	
E0600	\$53.19	5/1/20	
E0601	\$73.99	5/1/20	
E0602	\$34.29	5/1/20	
E0605	\$30.69	5/1/20	
E0606	\$23.39	5/1/20	
E0607	\$77.62	5/1/20	
E0610	\$276.32	5/1/20	
E0615	\$556.24	5/1/20	
E0617	\$392.18	5/1/20	
E0618	\$276.86	5/1/20	
E0620	\$101.57	5/1/20	
E0621	\$101.10	5/1/20	
E0627	\$334.43	5/1/20	
E0629	\$332.82	5/1/20	
E0630	\$91.05	5/1/20	
E0635	\$134.68	5/1/20	
E0636	\$1,148.00	5/1/20	
E0639	\$129.60	5/1/20	
E0640	\$129.60	5/1/20	
E0650	\$812.01	5/1/20	
E0651	\$1,066.96	5/1/20	
E0652	\$6,158.92	5/1/20	
E0655	\$121.46	5/1/20	
E0656	\$67.14	5/1/20	
E0657	\$63.06	5/1/20	
E0660	\$185.60	5/1/20	
E0665	\$159.16	5/1/20	
E0666	\$160.43	5/1/20	
E0667	\$376.14	5/1/20	
E0668	\$513.35	5/1/20	
E0669	\$202.22	5/1/20	
E0670	\$1,460.37	5/1/20	
E0671	\$482.53	5/1/20	
E0672	\$374.91	5/1/20	
E0673	\$311.54	5/1/20	
E0675	\$446.74	5/1/20	
E0677	\$76.85	4/1/23	
E0678	\$44.18	1/1/24	
E0679	\$23.75	1/1/24	
E0680	\$723.36	1/1/24	
E0681	\$125.31	1/1/24	
E0682	\$60.29	1/1/24	
E0683	\$78.06	10/1/24	
E0691	\$1,043.92	5/1/20	
E0692	\$1,310.89	5/1/20	
E0693	\$1,615.95	5/1/20	
E0694	\$5,143.43	5/1/20	
E0705	\$54.44	5/1/20	
E0711	\$7.50	4/1/23	
E0715	\$403.01	10/1/24	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E0716	\$403.01	10/1/24	
E0720	\$239.42	5/1/20	
E0721	\$286.30	10/1/24	
E0730	\$244.44	5/1/20	
E0731	\$221.52	5/1/20	
E0732	\$47.72	1/1/24	
E0733	\$47.72	1/1/24	
E0734	\$429.24	1/1/24	
E0735	\$47.72	1/1/24	
E0736	\$403.01	4/1/24	
E0737	\$403.01	10/1/24	
E0738	\$51,795.00	4/1/24	
E0739	\$51,795.00	4/1/24	
E0740	\$60.75	5/1/20	
E0743	\$231.88	10/1/24	
E0744	\$90.42	5/1/20	
E0745	\$104.00	5/1/20	
E0747	\$4,549.46	5/1/20	
E0748	\$4,520.00	5/1/20	
E0749	\$330.36	5/1/20	
E0760	\$3,756.03	5/1/20	
E0762	\$108.58	5/1/20	
E0764	\$1,285.66	5/1/20	
E0765	\$97.74	5/1/20	
E0766	\$13,356.47	5/1/20	
E0767	\$76,444.20	10/1/24	
E0776	\$141.37	5/1/20	
E0779	\$19.20	5/1/20	
E0780	\$12.05	5/1/20	
E0781	\$277.02	5/1/20	
E0782	\$4,449.61	5/1/20	
E0783	\$9,445.96	5/1/20	
E0784	\$464.59	5/1/20	
E0785	\$548.94	5/1/20	
E0786	\$8,942.63	5/1/20	
E0787	\$4,588.70	5/1/20	
E0791	\$329.99	5/1/20	
E0840	\$72.35	5/1/20	
E0849	\$59.87	5/1/20	
E0850	\$122.04	5/1/20	
E0855	\$57.43	5/1/20	
E0856	\$17.88	5/1/20	
E0860	\$38.05	5/1/20	
E0870	\$135.13	5/1/20	
E0880	\$129.26	5/1/20	
E0890	\$139.87	5/1/20	
E0900	\$137.01	5/1/20	
E0910	\$16.02	5/1/20	
E0911	\$47.76	5/1/20	
E0912	\$101.57	5/1/20	
E0920	\$53.62	5/1/20	
E0930	\$53.06	5/1/20	
E0935	\$26.43	5/1/20	
E0940	\$28.81	5/1/20	
E0941	\$50.42	5/1/20	
E0942	\$23.05	5/1/20	
E0944	\$45.30	5/1/20	
E0945	\$43.77	5/1/20	
E0946	\$58.42	5/1/20	
E0947	\$598.87	5/1/20	
E0948	\$579.24	5/1/20	
E0950	\$104.09	5/1/20	
E0951	\$16.16	5/1/20	
E0952	\$17.83	5/1/20	
E0953	\$98.70	5/1/20	
E0954	\$59.49	5/1/20	
E0955	\$20.25	5/1/20	
E0956	\$98.70	5/1/20	
E0957	\$142.58	5/1/20	
E0958	\$46.34	5/1/20	
E0959	\$50.24	5/1/20	
E0960	\$91.10	5/1/20	
E0961	\$32.75	5/1/20	
E0966	\$82.91	5/1/20	
E0967	\$76.27	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E0968	\$20.82	5/1/20	
E0969	\$165.58	5/1/20	
E0971	\$50.40	5/1/20	
E0973	\$97.86	5/1/20	
E0974	\$91.09	5/1/20	
E0978	\$41.50	5/1/20	
E0980	\$35.97	5/1/20	
E0981	\$42.94	5/1/20	
E0982	\$52.03	5/1/20	
E0983	\$290.36	5/1/20	
E0984	\$221.95	5/1/20	
E0985	\$23.59	5/1/20	
E0986	\$565.11	5/1/20	
E0988	\$334.38	5/1/20	
E0990	\$112.40	5/1/20	
E0992	\$93.98	5/1/20	
E0994	\$17.41	5/1/20	
E0995	\$27.69	5/1/20	
E1002	\$413.85	5/1/20	
E1003	\$465.52	5/1/20	
E1004	\$513.92	5/1/20	
E1005	\$559.20	5/1/20	
E1006	\$687.20	5/1/20	
E1007	\$892.02	5/1/20	
E1008	\$902.96	5/1/20	
E1010	\$120.34	5/1/20	
E1012	\$114.53	5/1/20	
E1014	\$42.44	5/1/20	
E1015	\$133.26	5/1/20	
E1016	\$134.18	5/1/20	
E1020	\$24.36	5/1/20	
E1028	\$20.67	5/1/20	
E1029	\$39.58	5/1/20	
E1030	\$124.58	5/1/20	
E1031	\$52.19	5/1/20	
E1035	\$671.13	5/1/20	
E1036	\$957.56	5/1/20	
E1037	\$120.27	5/1/20	
E1038	\$18.30	5/1/20	
E1039	\$37.46	5/1/20	
E1050	\$116.20	5/1/20	
E1060	\$146.45	5/1/20	
E1070	\$124.49	5/1/20	
E1083	\$77.76	5/1/20	
E1084	\$113.97	5/1/20	
E1087	\$147.00	5/1/20	
E1088	\$175.16	5/1/20	
E1092	\$149.30	5/1/20	
E1093	\$128.40	5/1/20	
E1100	\$120.59	5/1/20	
E1110	\$118.09	5/1/20	
E1150	\$94.77	5/1/20	
E1160	\$72.62	5/1/20	
E1161	\$274.87	5/1/20	
E1170	\$103.77	5/1/20	
E1171	\$93.11	5/1/20	
E1172	\$113.82	5/1/20	
E1180	\$117.72	5/1/20	
E1190	\$136.01	5/1/20	
E1195	\$145.94	5/1/20	
E1200	\$101.08	5/1/20	
E1221	\$55.20	5/1/20	
E1222	\$75.28	5/1/20	
E1223	\$85.99	5/1/20	
E1224	\$94.27	5/1/20	
E1225	\$44.63	5/1/20	
E1226	\$538.82	5/1/20	
E1227	\$274.03	5/1/20	
E1228	\$32.56	5/1/20	
E1230	\$2,425.75	5/1/20	
E1232	\$248.45	5/1/20	
E1233	\$257.41	5/1/20	
E1234	\$224.10	5/1/20	
E1235	\$215.80	5/1/20	
E1236	\$190.38	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E1237	\$192.04	5/1/20	
E1238	\$190.38	5/1/20	
E1240	\$119.69	5/1/20	
E1270	\$91.71	5/1/20	
E1280	\$152.49	5/1/20	
E1295	\$141.11	5/1/20	
E1296	\$485.49	5/1/20	
E1297	\$103.30	5/1/20	
E1298	\$418.36	5/1/20	
E1301	\$200.00	1/1/24	
E1310	\$2,494.73	5/1/20	
E1353	\$32.90	5/1/20	
E1355	\$24.79	5/1/20	
E1372	\$161.73	5/1/20	
E1390	\$136.77	5/1/20	
E1391	\$136.77	5/1/20	
E1392	\$68.39	5/1/20	
E1405	\$172.83	5/1/20	
E1406	\$149.52	5/1/20	
E1629	\$28.42	1/1/22	
E1700	\$34.06	5/1/20	
E1701	\$11.75	5/1/20	
E1702	\$22.28	5/1/20	
E1800	\$123.42	5/1/20	
E1801	\$149.88	5/1/20	
E1802	\$379.67	5/1/20	
E1803	\$148.44	1/1/25	
E1804	\$148.44	1/1/25	
E1805	\$124.77	5/1/20	
E1806	\$123.06	5/1/20	
E1807	\$150.06	1/1/25	
E1808	\$150.06	1/1/25	
E1810	\$125.14	5/1/20	
E1811	\$155.81	5/1/20	
E1812	\$99.90	5/1/20	
E1813	\$150.49	1/1/25	
E1814	\$150.49	1/1/25	
E1815	\$125.14	5/1/20	
E1816	\$158.28	5/1/20	
E1818	\$161.58	5/1/20	
E1820	\$94.97	5/1/20	
E1821	\$122.26	5/1/20	
E1822	\$150.49	1/1/25	
E1823	\$150.49	1/1/25	
E1825	\$124.77	5/1/20	
E1826	\$150.06	1/1/25	
E1827	\$150.06	1/1/25	
E1828	\$150.06	1/1/25	
E1829	\$150.06	1/1/25	
E1830	\$124.77	5/1/20	
E1831	\$73.82	5/1/20	
E1840	\$444.62	5/1/20	
E1841	\$526.26	5/1/20	
E1905	\$0.00	4/1/23	
E2000	\$60.21	5/1/20	
E2001	\$62.47	1/1/24	
E2100	\$635.13	5/1/20	
E2101	\$219.05	5/1/20	
E2102	\$346.21	4/1/22	
E2103	\$312.09	1/1/23	
E2104	\$52.20	4/1/24	
E2120	\$329.38	5/1/20	
E2201	\$433.46	5/1/20	
E2202	\$550.63	5/1/20	
E2203	\$556.54	5/1/20	
E2204	\$944.97	5/1/20	
E2205	\$37.95	5/1/20	
E2206	\$47.25	5/1/20	
E2207	\$50.36	5/1/20	
E2208	\$118.94	5/1/20	
E2209	\$107.30	5/1/20	
E2210	\$6.55	5/1/20	
E2211	\$40.40	5/1/20	
E2212	\$6.82	5/1/20	
E2213	\$35.34	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E2214	\$35.55	5/1/20	
E2215	\$11.15	5/1/20	
E2216	\$46.70	5/1/20	
E2217	\$41.32	5/1/20	
E2218	\$46.70	5/1/20	
E2219	\$41.32	5/1/20	
E2220	\$28.18	5/1/20	
E2221	\$29.68	5/1/20	
E2222	\$24.48	5/1/20	
E2224	\$96.83	5/1/20	
E2225	\$20.21	5/1/20	
E2226	\$44.07	5/1/20	
E2227	\$208.95	5/1/20	
E2228	\$108.75	5/1/20	
E2231	\$178.53	5/1/20	
E2298	\$200.03	4/1/24	
E2310	\$120.29	5/1/20	
E2311	\$243.17	5/1/20	
E2312	\$287.33	5/1/20	
E2313	\$35.80	5/1/20	
E2321	\$259.21	5/1/20	
E2322	\$274.48	5/1/20	
E2323	\$73.10	5/1/20	
E2324	\$46.95	5/1/20	
E2325	\$142.83	5/1/20	
E2326	\$37.14	5/1/20	
E2327	\$397.40	5/1/20	
E2328	\$526.40	5/1/20	
E2329	\$188.84	5/1/20	
E2330	\$364.24	5/1/20	
E2340	\$416.32	5/1/20	
E2341	\$624.53	5/1/20	
E2342	\$520.45	5/1/20	
E2343	\$832.73	5/1/20	
E2351	\$748.82	5/1/20	
E2359	\$194.50	5/1/20	
E2360	\$125.45	5/1/20	
E2361	\$140.15	5/1/20	
E2362	\$106.86	5/1/20	
E2363	\$186.25	5/1/20	
E2364	\$125.45	5/1/20	
E2365	\$112.31	5/1/20	
E2366	\$263.96	5/1/20	
E2367	\$438.47	5/1/20	
E2368	\$51.72	5/1/20	
E2369	\$46.11	5/1/20	
E2370	\$80.40	5/1/20	
E2371	\$160.15	5/1/20	
E2373	\$121.18	5/1/20	
E2374	\$55.16	5/1/20	
E2375	\$85.74	5/1/20	
E2376	\$137.85	5/1/20	
E2377	\$50.45	5/1/20	
E2378	\$59.45	5/1/20	
E2381	\$76.27	5/1/20	
E2382	\$20.80	5/1/20	
E2383	\$153.96	5/1/20	
E2384	\$81.02	5/1/20	
E2385	\$49.74	5/1/20	
E2386	\$150.69	5/1/20	
E2387	\$65.02	5/1/20	
E2388	\$52.25	5/1/20	
E2389	\$28.78	5/1/20	
E2390	\$44.79	5/1/20	
E2391	\$21.00	5/1/20	
E2392	\$53.94	5/1/20	
E2394	\$76.87	5/1/20	
E2395	\$54.62	5/1/20	
E2396	\$60.05	5/1/20	
E2397	\$481.11	5/1/20	
E2398	\$196.95	5/1/20	
E2402	\$1,216.56	5/1/20	
E2500	\$454.29	5/1/20	
E2502	\$1,389.19	5/1/20	
E2504	\$1,832.55	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
E2506	\$2,687.06	5/1/20	
E2508	\$4,155.09	5/1/20	
E2510	\$7,862.96	5/1/20	
E2513	\$4,299.75	10/1/24	
E2601	\$61.24	5/1/20	
E2602	\$119.55	5/1/20	
E2603	\$151.77	5/1/20	
E2604	\$188.66	5/1/20	
E2605	\$269.53	5/1/20	
E2606	\$420.48	5/1/20	
E2607	\$290.23	5/1/20	
E2608	\$348.54	5/1/20	
E2611	\$312.76	5/1/20	
E2612	\$423.09	5/1/20	
E2613	\$393.56	5/1/20	
E2614	\$550.61	5/1/20	
E2615	\$452.90	5/1/20	
E2616	\$609.38	5/1/20	
E2619	\$53.50	5/1/20	
E2620	\$548.40	5/1/20	
E2621	\$575.51	5/1/20	
E2622	\$342.59	5/1/20	
E2623	\$434.63	5/1/20	
E2624	\$346.72	5/1/20	
E2625	\$434.17	5/1/20	
E2626	\$670.50	5/1/20	
E2627	\$1,151.43	5/1/20	
E2628	\$764.70	5/1/20	
E2629	\$1,024.83	5/1/20	
E2630	\$767.61	5/1/20	
E2631	\$307.07	5/1/20	
E2632	\$195.24	5/1/20	
E2633	\$165.61	5/1/20	
E3000	\$234.41	1/1/24	
E3200	\$1,406.50	10/1/24	
G0552	\$43.43	1/1/25	
K0001	\$43.39	5/1/20	
K0002	\$69.01	5/1/20	
K0003	\$70.70	5/1/20	
K0004	\$100.61	5/1/20	
K0005	\$2,147.80	5/1/20	
K0006	\$106.97	5/1/20	
K0007	\$151.60	5/1/20	
K0009	\$83.03	5/1/20	
K0010	\$420.66	5/1/20	
K0011	\$660.73	5/1/20	
K0012	\$377.48	5/1/20	
K0015	\$18.19	5/1/20	
K0017	\$52.42	5/1/20	
K0018	\$29.45	5/1/20	
K0019	\$16.37	5/1/20	
K0020	\$49.43	5/1/20	
K0037	\$49.36	5/1/20	
K0038	\$25.52	5/1/20	
K0039	\$55.74	5/1/20	
K0040	\$74.78	5/1/20	
K0041	\$54.03	5/1/20	
K0042	\$36.48	5/1/20	
K0043	\$20.64	5/1/20	
K0044	\$17.78	5/1/20	
K0045	\$59.48	5/1/20	
K0046	\$20.71	5/1/20	
K0047	\$77.19	5/1/20	
K0050	\$34.22	5/1/20	
K0051	\$54.76	5/1/20	
K0052	\$92.58	5/1/20	
K0053	\$102.75	5/1/20	
K0056	\$110.49	5/1/20	
K0065	\$51.63	5/1/20	
K0069	\$116.10	5/1/20	
K0070	\$21.29	5/1/20	
K0071	\$126.92	5/1/20	
K0072	\$76.41	5/1/20	
K0073	\$38.88	5/1/20	
K0077	\$68.38	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
K0098	\$27.84	5/1/20	
K0105	\$115.51	5/1/20	
K0195	\$21.11	5/1/20	
K0455	\$307.70	5/1/20	
K0552	\$2.90	5/1/20	
K0553	\$259.20	5/1/20	12/31/22
K0554	\$272.63	5/1/20	12/31/22
K0601	\$1.27	5/1/20	
K0602	\$7.22	5/1/20	
K0603	\$0.65	5/1/20	
K0604	\$6.94	5/1/20	
K0605	\$16.63	5/1/20	
K0606	\$2,925.60	5/1/20	
K0607	\$25.05	5/1/20	
K0608	\$156.35	5/1/20	
K0609	\$1,039.72	5/1/20	
K0730	\$200.28	5/1/20	
K0733	\$32.37	5/1/20	
K0738	\$68.39	5/1/20	
K0800	\$1,095.72	5/1/20	
K0801	\$1,863.65	5/1/20	
K0802	\$2,273.85	5/1/20	
K0806	\$1,476.74	5/1/20	
K0807	\$2,263.24	5/1/20	
K0808	\$3,500.22	5/1/20	
K0813	\$322.28	5/1/20	
K0814	\$377.86	5/1/20	
K0815	\$425.10	5/1/20	
K0816	\$402.23	5/1/20	
K0820	\$338.47	5/1/20	
K0821	\$398.00	5/1/20	
K0822	\$461.09	5/1/20	
K0823	\$451.89	5/1/20	
K0824	\$594.42	5/1/20	
K0825	\$546.73	5/1/20	
K0826	\$861.51	5/1/20	
K0827	\$741.69	5/1/20	
K0828	\$1,002.97	5/1/20	
K0829	\$947.06	5/1/20	
K0835	\$482.96	5/1/20	
K0836	\$500.88	5/1/20	
K0837	\$592.31	5/1/20	
K0838	\$527.99	5/1/20	
K0839	\$774.54	5/1/20	
K0840	\$1,179.58	5/1/20	
K0841	\$525.21	5/1/20	
K0842	\$524.92	5/1/20	
K0843	\$628.61	5/1/20	
K0848	\$793.71	5/1/20	
K0849	\$763.09	5/1/20	
K0850	\$920.65	5/1/20	
K0851	\$885.22	5/1/20	
K0852	\$1,063.76	5/1/20	
K0853	\$1,092.76	5/1/20	
K0854	\$1,447.66	5/1/20	
K0855	\$1,367.53	5/1/20	
K0856	\$851.94	5/1/20	
K0857	\$869.02	5/1/20	
K0858	\$1,057.02	5/1/20	
K0859	\$1,008.07	5/1/20	
K0860	\$1,510.09	5/1/20	
K0861	\$853.30	5/1/20	
K0862	\$1,057.02	5/1/20	
K0863	\$1,510.09	5/1/20	
K0864	\$1,797.01	5/1/20	
K1001	\$731.80	5/1/20	12/31/23
K1002	\$0.00	5/1/20	12/31/23
K1003	\$200.00	5/1/20	12/31/23
K1004	\$591.90	5/1/20	
K1005	\$0.00	5/1/20	12/31/23
K1006	\$0.00	10/1/20	12/31/23
K1007	\$77,000.00	10/1/20	
K1009	\$346.21	10/1/20	12/31/23
K1010	\$20.11	10/1/20	3/31/21
K1011	\$12.00	10/1/20	3/31/21

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
K1012	\$12.00	10/1/20	3/31/21
K1013	\$1.50	4/1/21	12/31/23
K1014	\$1,536.20	4/1/21	12/31/23
K1015	\$42.41	4/1/21	12/31/23
K1016	\$130.37	4/1/21	12/31/23
K1017	\$22.07	4/1/21	12/31/23
K1018	\$130.37	4/1/21	12/31/23
K1019	\$22.07	4/1/21	12/31/23
K1020	\$97.74	4/1/21	12/31/23
K1021	\$6,732.40	10/1/21	12/31/23
K1022	\$365.73	10/1/21	12/31/23
K1023	\$242.01	10/1/21	12/31/23
K1024	\$442.62	10/1/21	12/31/23
K1025	\$86.76	10/1/21	12/31/23
K1026	\$6.38	10/1/21	12/31/23
K1027	\$117.75	10/1/21	
K1028	\$731.80	4/1/22	12/31/23
K1029	\$731.80	4/1/22	12/31/23
K1030	\$948.85	4/1/22	
K1031	\$442.62	4/1/22	12/31/23
K1032	\$86.76	4/1/22	12/31/23
K1033	\$86.76	4/1/22	12/31/23
K1035	\$42.31	4/1/23	
K1036	\$591.90	10/1/23	
K1037	\$94.20	4/1/24	
L1320	\$0.46	4/1/24	
L2006	\$2,249.61	5/1/20	
L3161	\$42.41	1/1/24	
L8033	\$21.55	5/1/20	
L8608	\$0.00	5/1/20	
L8678	\$14.08	4/1/23	
L8698	\$0.00	5/1/20	
L8701	\$0.00	5/1/20	
L8702	\$0.00	5/1/20	
L8720	\$7,358.60	10/1/24	
L8721	\$28.59	10/1/24	
Q4001	\$50.84	5/1/20	
Q4002	\$192.09	5/1/20	
Q4003	\$36.50	5/1/20	
Q4004	\$126.38	5/1/20	
Q4005	\$13.46	5/1/20	
Q4006	\$30.33	5/1/20	
Q4007	\$6.73	5/1/20	
Q4008	\$15.16	5/1/20	
Q4009	\$8.99	5/1/20	
Q4010	\$20.22	5/1/20	
Q4011	\$4.48	5/1/20	
Q4012	\$10.13	5/1/20	
Q4013	\$16.36	5/1/20	
Q4014	\$27.58	5/1/20	
Q4015	\$8.19	5/1/20	
Q4016	\$13.79	5/1/20	
Q4017	\$9.45	5/1/20	
Q4018	\$15.07	5/1/20	
Q4019	\$4.74	5/1/20	
Q4020	\$7.56	5/1/20	
Q4021	\$7.00	5/1/20	
Q4022	\$12.62	5/1/20	
Q4023	\$3.52	5/1/20	
Q4024	\$6.33	5/1/20	
Q4025	\$39.23	5/1/20	
Q4026	\$122.53	5/1/20	
Q4027	\$19.64	5/1/20	
Q4028	\$61.31	5/1/20	
Q4029	\$30.02	5/1/20	
Q4030	\$79.00	5/1/20	
Q4031	\$14.99	5/1/20	
Q4032	\$39.50	5/1/20	
Q4033	\$28.00	5/1/20	
Q4034	\$69.61	5/1/20	
Q4035	\$13.99	5/1/20	
Q4036	\$34.83	5/1/20	
Q4037	\$17.06	5/1/20	
Q4038	\$42.77	5/1/20	
Q4039	\$8.56	5/1/20	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
Q4040	\$21.39	5/1/20	
Q4041	\$20.77	5/1/20	
Q4042	\$35.45	5/1/20	
Q4043	\$10.39	5/1/20	
Q4044	\$17.74	5/1/20	
Q4045	\$12.06	5/1/20	
Q4046	\$19.38	5/1/20	
Q4047	\$6.00	5/1/20	
Q4048	\$9.70	5/1/20	
Q4049	\$2.19	5/1/20	
Q4183	\$7.16	5/1/20	
Q4184	\$7.16	5/1/20	
Q4186	\$218.79	5/1/20	
Q4187	\$218.79	5/1/20	
Q4188	\$7.16	5/1/20	
Q4190	\$252.32	5/1/20	
Q4191	\$7.16	5/1/20	
Q4193	\$7.16	5/1/20	
Q4194	\$7.16	5/1/20	
Q4195	\$134.40	5/1/20	
Q4196	\$134.40	5/1/20	
Q4197	\$134.40	5/1/20	
Q4198	\$7.16	5/1/20	
Q4199	\$10.23	1/1/22	
Q4200	\$7.16	5/1/20	
Q4201	\$7.16	5/1/20	
Q4203	\$7.16	5/1/20	
Q4204	\$7.16	5/1/20	
Q4205	\$10.23	5/1/20	
Q4208	\$218.79	5/1/20	
Q4209	\$7.16	5/1/20	
Q4210	\$10.23	5/1/20	6/30/24
Q4211	\$10.23	5/1/20	
Q4214	\$218.79	5/1/20	
Q4216	\$218.79	5/1/20	
Q4217	\$10.23	5/1/20	
Q4218	\$218.79	5/1/20	
Q4219	\$7.16	5/1/20	
Q4220	\$92.48	5/1/20	
Q4221	\$10.23	5/1/20	
Q4222	\$10.23	5/1/20	
Q4224	\$7.16	4/1/22	
Q4225	\$7.16	4/1/22	
Q4226	\$10.23	5/1/20	
Q4227	\$7.16	7/1/20	
Q4228	\$7.16	7/1/20	9/30/21
Q4229	\$7.16	7/1/20	
Q4232	\$218.79	7/1/20	
Q4234	\$7.16	7/1/20	
Q4235	\$212.65	7/1/20	
Q4236	\$7.16	7/1/20	9/30/21
Q4236	\$7.16	1/1/23	
Q4237	\$218.79	7/1/20	
Q4238	\$92.48	7/1/20	
Q4239	\$7.16	7/1/20	
Q4247	\$7.16	7/1/20	
Q4248	\$7.16	7/1/20	
Q4249	\$7.16	10/1/20	
Q4250	\$212.65	10/1/20	
Q4251	\$7.16	10/1/21	
Q4252	\$7.16	10/1/21	
Q4253	\$7.16	10/1/21	
Q4254	\$218.79	10/1/20	
Q4255	\$10.23	10/1/20	
Q4256	\$92.48	4/1/22	
Q4257	\$92.48	4/1/22	
Q4258	\$92.48	4/1/22	
Q4259	\$7.16	7/1/22	
Q4260	\$7.16	7/1/22	
Q4261	\$7.16	7/1/22	
Q4262	\$7.16	1/1/23	
Q4263	\$7.16	1/1/23	
Q4264	\$7.16	1/1/23	
Q4265	\$7.16	4/1/23	
Q4266	\$7.16	4/1/23	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
Q4267	\$218.79	4/1/23	
Q4268	\$7.16	4/1/23	
Q4269	\$7.16	4/1/23	
Q4270	\$92.48	4/1/23	
Q4271	\$92.48	4/1/23	
Q4272	\$7.16	7/1/23	
Q4273	\$7.16	7/1/23	
Q4274	\$7.16	7/1/23	
Q4275	\$7.16	7/1/23	
Q4276	\$7.16	7/1/23	
Q4277	\$7.16	7/1/23	6/30/24
Q4278	\$7.16	7/1/23	
Q4279	\$7.16	1/1/24	
Q4280	\$7.16	7/1/23	
Q4281	\$7.16	7/1/23	
Q4282	\$7.16	7/1/23	
Q4283	\$7.16	7/1/23	
Q4284	\$7.16	7/1/23	
Q4285	\$218.79	10/1/23	
Q4286	\$92.48	10/1/23	
Q4287	\$7.16	1/1/24	
Q4288	\$7.16	1/1/24	
Q4289	\$7.16	1/1/24	
Q4290	\$10.23	1/1/24	
Q4291	\$7.16	1/1/24	
Q4292	\$7.16	1/1/24	
Q4293	\$7.16	1/1/24	
Q4294	\$7.16	1/1/24	
Q4295	\$7.16	1/1/24	
Q4296	\$9,899.90	1/1/24	
Q4297	\$9,899.90	1/1/24	
Q4298	\$9,899.90	1/1/24	
Q4299	\$9,899.90	1/1/24	
Q4300	\$7.16	1/1/24	
Q4301	\$7.16	1/1/24	
Q4302	\$7.16	1/1/24	
Q4303	\$7.16	1/1/24	
Q4304	\$214.56	1/1/24	
Q4305	\$9,899.90	4/1/24	
Q4306	\$9,899.90	4/1/24	
Q4307	\$9,899.90	4/1/24	
Q4308	\$9,899.90	4/1/24	
Q4309	\$9,899.90	4/1/24	
Q4311	\$7.16	7/1/24	
Q4312	\$7.16	7/1/24	
Q4313	\$9,899.90	7/1/24	
Q4314	\$9,899.90	7/1/24	
Q4315	\$10.23	7/1/24	
Q4316	\$5.73	7/1/24	
Q4317	\$7.16	7/1/24	
Q4318	\$7.16	7/1/24	
Q4319	\$750.00	7/1/24	
Q4320	\$900.00	7/1/24	
Q4321	\$7.16	7/1/24	
Q4322	\$9,899.90	7/1/24	
Q4323	\$7.16	7/1/24	
Q4324	\$5.73	7/1/24	
Q4325	\$5.73	7/1/24	
Q4326	\$1,575.00	7/1/24	
Q4327	\$7.16	7/1/24	
Q4328	\$7.16	7/1/24	
Q4329	\$7.16	7/1/24	
Q4330	\$92.48	7/1/24	
Q4331	\$1,706.25	7/1/24	
Q4332	\$1,706.25	7/1/24	
Q4333	\$756.00	7/1/24	
Q4334	\$5.73	10/1/24	
Q4335	\$5.73	10/1/24	
Q4336	\$201.86	10/1/24	
Q4337	\$7.16	10/1/24	
Q4338	\$7.16	10/1/24	
Q4339	\$1,575.00	10/1/24	
Q4340	\$1,575.00	10/1/24	
Q4341	\$7.16	10/1/24	
Q4342	\$7.16	10/1/24	

2020 Hospital Durable Medical Equipment 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	Contract Base Rate	Effective Date	End Date
Q4343	\$5.73	10/1/24	
Q4344	\$9,899.90	10/1/24	
Q4345	\$9,899.90	10/1/24	
Q4346	\$3,528.00	1/1/25	
Q4347	\$900.00	1/1/25	
Q4348	\$1,965.60	1/1/25	
Q4349	\$3,528.00	1/1/25	
Q4350	\$3,528.00	1/1/25	
Q4351	\$3,780.00	1/1/25	
Q4352	\$1,965.60	1/1/25	
Q4353	\$2,973.60	1/1/25	
S1091	\$11.41	4/1/21	
S4988	\$271.34	4/1/24	
S9002	\$347.70	4/1/24	
S9432	\$3.39	10/1/21	
T4545	\$12.00	5/1/20	
V2524	\$0.00	10/1/20	
V2525	\$233.03	4/1/22	
V2526	\$0.00	10/1/23	
V5171	\$0.00	5/1/20	
V5172	\$0.00	5/1/20	
V5181	\$0.00	5/1/20	
V5211	\$0.00	5/1/20	
V5212	\$0.00	5/1/20	
V5213	\$0.00	5/1/20	
V5214	\$0.00	5/1/20	
V5215	\$0.00	5/1/20	
V5221	\$0.00	5/1/20	