

2015 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	
A4100	\$182.60	4/1/22	
A4216	\$0.43	3/1/15	
A4217	\$3.48	3/1/15	
A4221	\$25.13	3/1/15	
A4222	\$49.89	3/1/15	
A4224	\$19.40	1/1/17	
A4225	\$2.60	1/1/17	
A4226	\$1.57	1/1/20	
A4233	\$0.77	3/1/15	
A4234	\$3.48	3/1/15	
A4235	\$2.24	3/1/15	
A4236	\$1.61	3/1/15	
A4238	\$141.29	4/1/22	
A4239	\$296.72	1/1/23	
A4253	\$33.06	3/1/15	
A4255	\$4.34	3/1/15	
A4256	\$10.94	3/1/15	
A4257	\$14.16	3/1/15	
A4258	\$17.27	3/1/15	
A4259	\$11.53	3/1/15	
A4265	\$3.78	3/1/15	
A4287	\$0.50	1/1/24	
A4310	\$7.28	3/1/15	
A4311	\$14.29	3/1/15	
A4312	\$20.02	3/1/15	
A4313	\$20.56	3/1/15	
A4314	\$28.06	3/1/15	
A4315	\$28.53	3/1/15	
A4316	\$31.52	3/1/15	
A4320	\$5.03	3/1/15	
A4322	\$3.13	3/1/15	
A4326	\$11.98	3/1/15	
A4327	\$49.51	3/1/15	
A4328	\$9.85	3/1/15	
A4330	\$7.87	3/1/15	
A4331	\$3.53	3/1/15	
A4332	\$0.13	3/1/15	
A4333	\$2.45	3/1/15	
A4334	\$5.46	3/1/15	
A4336	\$1.60	3/1/15	
A4338	\$13.61	3/1/15	
A4340	\$35.24	3/1/15	
A4341	\$324.50	4/1/23	
A4342	\$819.36	4/1/23	
A4344	\$15.10	3/1/15	
A4346	\$18.48	3/1/15	
A4349	\$2.24	3/1/15	
A4351	\$2.02	3/1/15	
A4352	\$7.09	3/1/15	
A4353	\$7.76	3/1/15	
A4354	\$13.10	3/1/15	

2015 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
A4355	\$9.90	3/1/15	
A4356	\$43.04	3/1/15	
A4357	\$9.15	3/1/15	
A4358	\$6.26	3/1/15	
A4360	\$0.46	3/1/15	
A4361	\$20.39	3/1/15	
A4362	\$3.56	3/1/15	
A4363	\$2.63	3/1/15	
A4364	\$3.00	3/1/15	
A4366	\$1.44	3/1/15	
A4367	\$7.56	3/1/15	
A4368	\$0.28	3/1/15	
A4369	\$2.69	3/1/15	
A4371	\$4.05	3/1/15	
A4372	\$4.66	3/1/15	
A4373	\$6.96	3/1/15	
A4375	\$19.07	3/1/15	
A4376	\$52.82	3/1/15	
A4377	\$4.77	3/1/15	
A4378	\$34.12	3/1/15	
A4379	\$16.67	3/1/15	
A4380	\$41.43	3/1/15	
A4381	\$5.13	3/1/15	
A4382	\$27.32	3/1/15	
A4383	\$31.29	3/1/15	
A4384	\$10.67	3/1/15	
A4385	\$5.66	3/1/15	
A4387	\$2.49	3/1/15	
A4388	\$4.85	3/1/15	
A4389	\$6.90	3/1/15	
A4390	\$10.66	3/1/15	
A4391	\$7.85	3/1/15	
A4392	\$9.08	3/1/15	
A4393	\$10.04	3/1/15	
A4394	\$2.87	3/1/15	
A4395	\$0.05	3/1/15	
A4396	\$44.93	3/1/15	
A4397	\$5.31	3/1/15	12/31/21
A4398	\$13.32	3/1/15	
A4399	\$11.57	3/1/15	
A4400	\$54.24	3/1/15	
A4402	\$1.78	3/1/15	
A4404	\$1.87	3/1/15	
A4405	\$3.79	3/1/15	
A4406	\$6.36	3/1/15	
A4407	\$9.72	3/1/15	
A4408	\$10.95	3/1/15	
A4409	\$6.90	3/1/15	
A4410	\$10.04	3/1/15	
A4411	\$5.66	3/1/15	
A4412	\$3.00	3/1/15	
A4413	\$6.11	3/1/15	
A4414	\$5.46	3/1/15	
A4415	\$6.65	3/1/15	
A4416	\$3.06	3/1/15	
A4417	\$4.13	3/1/15	
A4418	\$2.02	3/1/15	
A4419	\$1.93	3/1/15	
A4422	\$0.13	3/1/15	
A4423	\$2.07	3/1/15	
A4424	\$5.28	3/1/15	
A4425	\$3.98	3/1/15	
A4426	\$3.03	3/1/15	
A4427	\$3.09	3/1/15	
A4428	\$7.23	3/1/15	
A4429	\$9.16	3/1/15	
A4430	\$9.45	3/1/15	
A4431	\$6.90	3/1/15	
A4432	\$3.99	3/1/15	
A4433	\$3.71	3/1/15	
A4434	\$4.17	3/1/15	
A4435	\$6.41	3/1/15	
A4436	\$23.46	1/1/22	
A4437	\$23.46	1/1/22	
A4450	\$0.12	3/1/15	

2015 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
A4452	\$0.44	3/1/15	
A4453	\$240.50	10/1/21	
A4455	\$1.35	3/1/15	
A4456	\$0.27	3/1/15	
A4457	\$1.50	1/1/24	
A4461	\$3.65	3/1/15	
A4463	\$14.78	3/1/15	
A4468	\$6,732.40	1/1/24	
A4481	\$0.41	3/1/15	
A4540	\$242.01	1/1/24	
A4541	\$39.32	1/1/24	
A4542	\$504.41	1/1/24	
A4556	\$13.48	3/1/15	
A4557	\$23.43	3/1/15	
A4558	\$5.14	3/1/15	
A4559	\$0.11	3/1/15	
A4560	\$492.90	4/1/23	
A4563	\$128.34	1/1/19	
A4565	\$8.54	3/1/15	
A4595	\$31.98	3/1/15	
A4596	\$795.00	10/1/22	
A4604	\$63.90	3/1/15	
A4605	\$18.20	3/1/15	
A4608	\$55.63	3/1/15	
A4614	\$26.40	3/1/15	
A4615	\$0.80	3/1/15	
A4616	\$0.07	3/1/15	
A4617	\$3.44	3/1/15	
A4618	\$8.39	3/1/15	
A4619	\$2.06	3/1/15	
A4620	\$0.66	3/1/15	
A4623	\$6.20	3/1/15	
A4624	\$2.92	3/1/15	
A4625	\$7.69	3/1/15	
A4626	\$3.01	3/1/15	
A4628	\$4.07	3/1/15	
A4629	\$5.15	3/1/15	
A4630	\$6.93	3/1/15	
A4633	\$45.54	3/1/15	
A4635	\$4.83	3/1/15	
A4636	\$3.99	3/1/15	
A4637	\$2.09	3/1/15	
A4639	\$31.89	3/1/15	
A4640	\$59.74	3/1/15	
A5051	\$2.29	3/1/15	
A5052	\$1.65	3/1/15	
A5053	\$1.82	3/1/15	
A5054	\$2.00	3/1/15	
A5055	\$1.55	3/1/15	
A5056	\$5.18	3/1/15	
A5057	\$10.66	3/1/15	
A5061	\$3.92	3/1/15	
A5062	\$2.31	3/1/15	
A5063	\$3.00	3/1/15	
A5071	\$6.67	3/1/15	
A5072	\$3.82	3/1/15	
A5073	\$3.53	3/1/15	
A5081	\$3.12	3/1/15	
A5082	\$13.20	3/1/15	
A5083	\$0.71	3/1/15	
A5093	\$2.17	3/1/15	
A5102	\$24.88	3/1/15	
A5105	\$45.25	3/1/15	
A5112	\$32.66	3/1/15	
A5113	\$4.45	3/1/15	
A5114	\$9.94	3/1/15	
A5120	\$0.27	3/1/15	
A5121	\$7.92	3/1/15	
A5122	\$12.12	3/1/15	
A5126	\$1.46	3/1/15	
A5131	\$17.60	3/1/15	
A5200	\$12.53	3/1/15	
A5500	\$70.57	3/1/15	
A5501	\$211.68	3/1/15	
A5503	\$34.57	3/1/15	

2015 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
A5504	\$34.57	3/1/15	
A5505	\$34.57	3/1/15	
A5506	\$34.57	3/1/15	
A5507	\$34.57	3/1/15	
A5512	\$28.79	3/1/15	
A5513	\$42.96	3/1/15	
A5514	\$44.56	1/1/19	
A6010	\$34.38	3/1/15	
A6011	\$2.53	3/1/15	
A6021	\$23.33	3/1/15	
A6022	\$23.33	3/1/15	
A6023	\$211.23	3/1/15	
A6024	\$6.87	3/1/15	
A6154	\$15.47	3/1/15	
A6196	\$8.16	3/1/15	
A6197	\$18.24	3/1/15	
A6199	\$5.87	3/1/15	
A6203	\$3.73	3/1/15	
A6204	\$6.91	3/1/15	
A6207	\$8.14	3/1/15	
A6209	\$8.29	3/1/15	
A6210	\$22.12	3/1/15	
A6211	\$32.60	3/1/15	
A6212	\$10.77	3/1/15	
A6214	\$11.42	3/1/15	
A6216	\$0.05	3/1/15	
A6219	\$1.06	3/1/15	
A6220	\$2.87	3/1/15	
A6222	\$2.36	3/1/15	
A6223	\$2.69	3/1/15	
A6224	\$4.01	3/1/15	
A6229	\$4.01	3/1/15	
A6231	\$5.18	3/1/15	
A6232	\$7.62	3/1/15	
A6233	\$21.29	3/1/15	
A6234	\$7.26	3/1/15	
A6235	\$18.66	3/1/15	
A6236	\$30.25	3/1/15	
A6237	\$8.79	3/1/15	
A6238	\$25.30	3/1/15	
A6240	\$13.59	3/1/15	
A6241	\$2.85	3/1/15	
A6242	\$6.73	3/1/15	
A6243	\$13.67	3/1/15	
A6244	\$43.60	3/1/15	
A6245	\$8.06	3/1/15	
A6246	\$11.02	3/1/15	
A6247	\$26.40	3/1/15	
A6248	\$18.03	3/1/15	
A6251	\$2.21	3/1/15	
A6252	\$3.61	3/1/15	
A6253	\$7.03	3/1/15	
A6254	\$1.34	3/1/15	
A6255	\$3.37	3/1/15	
A6257	\$1.71	3/1/15	
A6258	\$4.79	3/1/15	
A6259	\$12.15	3/1/15	
A6266	\$2.14	3/1/15	
A6402	\$0.13	3/1/15	
A6403	\$0.47	3/1/15	
A6407	\$2.09	3/1/15	
A6410	\$0.43	3/1/15	
A6441	\$0.75	3/1/15	
A6442	\$0.18	3/1/15	
A6443	\$0.31	3/1/15	
A6444	\$0.62	3/1/15	
A6445	\$0.36	3/1/15	
A6446	\$0.45	3/1/15	
A6447	\$0.75	3/1/15	
A6448	\$1.29	3/1/15	
A6449	\$1.95	3/1/15	
A6452	\$6.56	3/1/15	
A6453	\$0.69	3/1/15	
A6454	\$0.86	3/1/15	
A6455	\$1.55	3/1/15	

2015 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
A6456	\$1.41	3/1/15	
A6457	\$1.27	3/1/15	
A6460	\$2.24	1/1/19	
A6461	\$3.67	1/1/19	
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	\$48.02	3/1/15	
A6532	\$67.66	3/1/15	
A6545	\$94.55	3/1/15	
A6550	\$26.25	3/1/15	
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	
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	

2015 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
A6610	\$214.01	1/1/24	
A7000	\$10.11	3/1/15	
A7001	\$31.20	3/1/15	
A7002	\$3.61	3/1/15	
A7003	\$2.89	3/1/15	
A7004	\$1.71	3/1/15	
A7005	\$29.09	3/1/15	
A7006	\$10.52	3/1/15	
A7007	\$4.63	3/1/15	
A7008	\$10.38	3/1/15	
A7009	\$43.33	3/1/15	
A7010	\$22.26	3/1/15	
A7012	\$4.00	3/1/15	
A7013	\$0.78	3/1/15	
A7014	\$4.82	3/1/15	
A7015	\$2.09	3/1/15	
A7016	\$7.24	3/1/15	
A7017	\$148.77	3/1/15	
A7018	\$0.36	3/1/15	
A7020	\$15.48	3/1/15	
A7023	\$6.38	1/1/24	
A7025	\$48.28	3/1/15	
A7026	\$31.91	3/1/15	
A7027	\$199.07	3/1/15	
A7028	\$55.00	3/1/15	
A7029	\$22.46	3/1/15	
A7030	\$180.47	3/1/15	
A7031	\$66.75	3/1/15	
A7032	\$38.77	3/1/15	
A7033	\$27.18	3/1/15	
A7034	\$112.53	3/1/15	
A7035	\$33.18	3/1/15	
A7036	\$14.79	3/1/15	
A7037	\$36.67	3/1/15	
A7038	\$4.91	3/1/15	
A7039	\$12.46	3/1/15	
A7044	\$115.67	3/1/15	
A7045	\$18.62	3/1/15	
A7046	\$18.66	3/1/15	
A7047	\$134.20	3/1/15	
A7049	\$88.66	4/1/23	
A7501	\$116.57	3/1/15	
A7502	\$55.41	3/1/15	
A7503	\$12.59	3/1/15	
A7504	\$0.75	3/1/15	
A7505	\$5.20	3/1/15	
A7506	\$0.37	3/1/15	
A7507	\$2.76	3/1/15	
A7508	\$3.18	3/1/15	
A7509	\$1.57	3/1/15	
A7520	\$52.70	3/1/15	
A7521	\$52.21	3/1/15	
A7522	\$50.13	3/1/15	
A7524	\$85.92	3/1/15	
A7525	\$2.29	3/1/15	
A7526	\$3.75	3/1/15	
A7527	\$3.98	3/1/15	
A8000	\$170.22	3/1/15	
A8001	\$170.22	3/1/15	
A9286	\$0.00	4/1/18	
B4105	\$52.79	1/1/19	
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	
C1747	\$20.24	1/1/23	
C1748	\$20.24	7/1/20	
C1761	\$0.00	7/1/21	
C1823	\$0.00	1/1/19	
C1825	\$0.00	1/1/21	
C1826	\$6,187.13	1/1/23	
C1827	\$6,187.13	1/1/23	

2015 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
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	7/1/20	12/31/22
C1890	\$0.00	1/1/19	
E0100	\$21.75	3/1/15	
E0105	\$52.98	3/1/15	
E0110	\$79.22	3/1/15	
E0111	\$50.24	3/1/15	
E0112	\$41.07	3/1/15	
E0113	\$20.33	3/1/15	
E0114	\$45.70	3/1/15	
E0116	\$26.18	3/1/15	
E0117	\$21.38	3/1/15	
E0130	\$62.44	3/1/15	
E0135	\$80.21	3/1/15	
E0140	\$345.08	3/1/15	
E0141	\$101.55	3/1/15	
E0143	\$110.79	3/1/15	
E0144	\$30.48	3/1/15	
E0147	\$549.90	3/1/15	
E0148	\$121.56	3/1/15	
E0149	\$213.53	3/1/15	
E0153	\$77.02	3/1/15	
E0154	\$67.46	3/1/15	
E0155	\$30.18	3/1/15	
E0156	\$21.50	3/1/15	
E0157	\$66.62	3/1/15	
E0158	\$29.66	3/1/15	
E0159	\$17.09	3/1/15	
E0160	\$31.19	3/1/15	
E0161	\$24.74	3/1/15	
E0162	\$137.47	3/1/15	
E0163	\$122.41	3/1/15	
E0165	\$20.62	3/1/15	
E0167	\$13.26	3/1/15	
E0168	\$167.52	3/1/15	
E0170	\$178.40	3/1/15	
E0171	\$32.10	3/1/15	
E0175	\$73.52	3/1/15	
E0181	\$28.92	3/1/15	
E0182	\$24.69	3/1/15	
E0183	\$12.81	10/1/22	
E0184	\$183.69	3/1/15	
E0185	\$355.02	3/1/15	
E0186	\$22.53	3/1/15	
E0187	\$25.76	3/1/15	
E0188	\$24.94	3/1/15	
E0189	\$57.68	3/1/15	
E0191	\$10.39	3/1/15	
E0193	\$864.30	3/1/15	
E0194	\$3,291.81	3/1/15	
E0196	\$36.06	3/1/15	
E0197	\$209.05	3/1/15	
E0198	\$20.91	3/1/15	
E0199	\$34.65	3/1/15	
E0200	\$88.00	3/1/15	
E0202	\$69.50	3/1/15	
E0205	\$215.40	3/1/15	
E0210	\$30.80	3/1/15	
E0215	\$78.63	3/1/15	
E0217	\$551.06	3/1/15	
E0225	\$431.38	3/1/15	
E0235	\$19.15	3/1/15	
E0236	\$49.11	3/1/15	
E0239	\$499.29	3/1/15	
E0249	\$110.56	3/1/15	
E0250	\$93.51	3/1/15	
E0251	\$70.87	3/1/15	
E0255	\$112.39	3/1/15	
E0256	\$79.74	3/1/15	
E0260	\$134.38	3/1/15	
E0261	\$131.01	3/1/15	
E0265	\$191.23	3/1/15	

2015 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
E0266	\$169.90	3/1/15	
E0271	\$196.94	3/1/15	
E0272	\$177.00	3/1/15	
E0275	\$17.00	3/1/15	
E0276	\$14.77	3/1/15	
E0277	\$672.98	3/1/15	
E0280	\$36.55	3/1/15	
E0290	\$71.50	3/1/15	
E0291	\$51.95	3/1/15	
E0292	\$80.39	3/1/15	
E0293	\$68.42	3/1/15	
E0294	\$124.99	3/1/15	
E0295	\$121.82	3/1/15	
E0296	\$157.08	3/1/15	
E0297	\$134.57	3/1/15	
E0300	\$271.55	3/1/15	
E0301	\$259.00	3/1/15	
E0302	\$684.43	3/1/15	
E0303	\$290.81	3/1/15	
E0304	\$737.28	3/1/15	
E0305	\$17.02	3/1/15	
E0310	\$174.51	3/1/15	
E0316	\$184.61	3/1/15	
E0325	\$11.23	3/1/15	
E0326	\$11.65	3/1/15	
E0371	\$425.21	3/1/15	
E0372	\$515.95	3/1/15	
E0373	\$587.84	3/1/15	
E0424	\$180.92	3/1/15	
E0431	\$30.42	3/1/15	
E0433	\$51.63	3/1/15	
E0434	\$30.42	3/1/15	
E0439	\$180.92	3/1/15	
E0441	\$77.45	3/1/15	
E0442	\$77.45	3/1/15	
E0443	\$77.45	3/1/15	
E0444	\$77.45	3/1/15	
E0447	\$92.54	1/1/19	
E0462	\$323.44	3/1/15	
E0465	\$322.15	1/1/16	
E0466	\$1,055.23	1/1/16	
E0467	\$1,292.10	1/1/19	
E0470	\$245.48	3/1/15	
E0471	\$522.19	3/1/15	
E0472	\$522.19	3/1/15	
E0480	\$48.78	3/1/15	
E0482	\$477.31	3/1/15	
E0483	\$1,180.02	3/1/15	
E0484	\$40.99	3/1/15	
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	\$121.83	3/1/15	
E0530	\$35.54	1/1/24	
E0550	\$55.64	3/1/15	
E0560	\$164.08	3/1/15	
E0561	\$102.36	3/1/15	
E0562	\$288.17	3/1/15	
E0565	\$67.72	3/1/15	
E0570	\$17.87	3/1/15	
E0572	\$42.27	3/1/15	
E0574	\$44.69	3/1/15	
E0575	\$114.08	3/1/15	
E0580	\$128.24	3/1/15	
E0585	\$38.92	3/1/15	
E0600	\$50.82	3/1/15	
E0601	\$98.33	3/1/15	
E0602	\$32.76	3/1/15	
E0605	\$29.34	3/1/15	
E0606	\$22.34	3/1/15	
E0607	\$74.16	3/1/15	
E0610	\$264.01	3/1/15	
E0615	\$531.45	3/1/15	
E0617	\$374.70	3/1/15	

2015 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
E0618	\$264.51	3/1/15	
E0620	\$97.04	3/1/15	
E0621	\$106.54	3/1/15	
E0627	\$367.08	3/1/15	
E0629	\$367.07	3/1/15	
E0630	\$113.08	3/1/15	
E0635	\$135.81	3/1/15	
E0636	\$1,170.51	3/1/15	
E0650	\$775.81	3/1/15	
E0651	\$1,019.39	3/1/15	
E0652	\$5,884.33	3/1/15	
E0655	\$116.04	3/1/15	
E0656	\$64.14	3/1/15	
E0657	\$60.25	3/1/15	
E0660	\$177.31	3/1/15	
E0665	\$152.06	3/1/15	
E0666	\$153.28	3/1/15	
E0667	\$359.37	3/1/15	
E0668	\$490.46	3/1/15	
E0669	\$193.20	3/1/15	
E0670	\$1,395.26	3/1/15	
E0671	\$461.02	3/1/15	
E0672	\$358.20	3/1/15	
E0673	\$297.65	3/1/15	
E0675	\$426.83	3/1/15	
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	
E0691	\$997.39	3/1/15	
E0692	\$1,252.45	3/1/15	
E0693	\$1,543.92	3/1/15	
E0694	\$4,914.12	3/1/15	
E0705	\$52.00	3/1/15	
E0711	\$7.50	4/1/23	
E0720	\$388.21	3/1/15	
E0730	\$397.09	3/1/15	
E0731	\$336.52	3/1/15	
E0732	\$47.72	1/1/24	
E0733	\$47.72	1/1/24	
E0734	\$429.24	1/1/24	
E0735	\$47.72	1/1/24	
E0740	\$58.05	3/1/15	
E0744	\$86.39	3/1/15	
E0745	\$99.36	3/1/15	
E0747	\$4,346.64	3/1/15	
E0748	\$4,318.48	3/1/15	
E0749	\$315.63	3/1/15	
E0760	\$3,588.58	3/1/15	
E0762	\$103.73	3/1/15	
E0764	\$1,228.34	3/1/15	
E0765	\$93.38	3/1/15	
E0776	\$135.07	3/1/15	
E0779	\$18.56	3/1/15	
E0780	\$11.51	3/1/15	
E0781	\$293.99	3/1/15	
E0782	\$4,251.23	3/1/15	
E0783	\$9,024.83	3/1/15	
E0784	\$463.39	3/1/15	
E0785	\$524.46	3/1/15	
E0786	\$8,543.95	3/1/15	
E0787	\$4,588.70	1/1/20	
E0791	\$350.97	3/1/15	
E0840	\$69.12	3/1/15	
E0849	\$57.21	3/1/15	
E0850	\$116.60	3/1/15	
E0855	\$54.87	3/1/15	
E0856	\$17.08	3/1/15	
E0860	\$36.35	3/1/15	
E0870	\$129.11	3/1/15	
E0880	\$123.50	3/1/15	
E0890	\$133.63	3/1/15	
E0900	\$130.91	3/1/15	

2015 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
E0910	\$19.13	3/1/15	
E0911	\$47.68	3/1/15	
E0912	\$109.52	3/1/15	
E0920	\$51.22	3/1/15	
E0930	\$50.70	3/1/15	
E0935	\$25.24	3/1/15	
E0940	\$33.26	3/1/15	
E0941	\$48.17	3/1/15	
E0942	\$22.03	3/1/15	
E0944	\$43.27	3/1/15	
E0945	\$41.82	3/1/15	
E0946	\$55.82	3/1/15	
E0947	\$572.17	3/1/15	
E0948	\$553.42	3/1/15	
E0950	\$115.39	3/1/15	
E0951	\$17.91	3/1/15	
E0952	\$18.69	3/1/15	
E0953	\$95.62	1/1/18	
E0954	\$55.56	1/1/18	
E0955	\$224.42	3/1/15	
E0956	\$109.43	3/1/15	
E0957	\$153.10	3/1/15	
E0958	\$44.28	3/1/15	
E0959	\$48.00	3/1/15	
E0960	\$100.98	3/1/15	
E0961	\$31.29	3/1/15	
E0966	\$79.22	3/1/15	
E0967	\$72.87	3/1/15	
E0968	\$19.89	3/1/15	
E0969	\$158.19	3/1/15	
E0971	\$48.15	3/1/15	
E0973	\$108.47	3/1/15	
E0974	\$87.03	3/1/15	
E0978	\$46.00	3/1/15	
E0980	\$34.37	3/1/15	
E0981	\$44.49	3/1/15	
E0982	\$57.21	3/1/15	
E0983	\$277.42	3/1/15	
E0984	\$212.05	3/1/15	
E0985	\$225.16	3/1/15	
E0986	\$539.92	3/1/15	
E0988	\$319.48	3/1/15	
E0990	\$124.59	3/1/15	
E0992	\$89.78	3/1/15	
E0994	\$16.63	3/1/15	
E0995	\$28.69	3/1/15	
E1002	\$449.88	3/1/15	
E1003	\$487.42	3/1/15	
E1004	\$540.44	3/1/15	
E1005	\$584.99	3/1/15	
E1006	\$716.53	3/1/15	
E1007	\$970.24	3/1/15	
E1008	\$970.32	3/1/15	
E1010	\$126.96	3/1/15	
E1012	\$94.99	1/1/16	
E1014	\$40.54	3/1/15	
E1015	\$127.32	3/1/15	
E1016	\$145.75	3/1/15	
E1020	\$270.17	3/1/15	
E1028	\$229.25	3/1/15	
E1029	\$41.02	3/1/15	
E1030	\$129.34	3/1/15	
E1031	\$56.07	3/1/15	
E1035	\$680.63	3/1/15	
E1036	\$954.17	3/1/15	
E1037	\$120.41	3/1/15	
E1038	\$20.01	3/1/15	
E1039	\$37.95	3/1/15	
E1050	\$111.02	3/1/15	
E1060	\$139.92	3/1/15	
E1070	\$118.95	3/1/15	
E1083	\$74.29	3/1/15	
E1084	\$108.89	3/1/15	
E1087	\$140.44	3/1/15	
E1088	\$167.35	3/1/15	

2015 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
E1092	\$142.65	3/1/15	
E1093	\$122.67	3/1/15	
E1100	\$115.21	3/1/15	
E1110	\$112.83	3/1/15	
E1150	\$90.54	3/1/15	
E1160	\$69.38	3/1/15	
E1161	\$262.62	3/1/15	
E1170	\$99.15	3/1/15	
E1171	\$88.97	3/1/15	
E1172	\$108.73	3/1/15	
E1180	\$112.48	3/1/15	
E1190	\$129.95	3/1/15	
E1195	\$139.44	3/1/15	
E1200	\$96.58	3/1/15	
E1221	\$52.74	3/1/15	
E1222	\$71.93	3/1/15	
E1223	\$82.15	3/1/15	
E1224	\$90.07	3/1/15	
E1225	\$42.64	3/1/15	
E1226	\$514.80	3/1/15	
E1227	\$261.81	3/1/15	
E1228	\$31.10	3/1/15	
E1230	\$2,317.60	3/1/15	
E1232	\$237.37	3/1/15	
E1233	\$245.93	3/1/15	
E1234	\$214.12	3/1/15	
E1235	\$206.18	3/1/15	
E1236	\$181.89	3/1/15	
E1237	\$183.48	3/1/15	
E1238	\$181.89	3/1/15	
E1240	\$114.35	3/1/15	
E1270	\$87.62	3/1/15	
E1280	\$145.68	3/1/15	
E1295	\$134.82	3/1/15	
E1296	\$463.85	3/1/15	
E1297	\$98.69	3/1/15	
E1298	\$399.70	3/1/15	
E1301	\$200.00	1/1/24	
E1310	\$2,383.50	3/1/15	
E1353	\$31.44	3/1/15	
E1355	\$23.68	3/1/15	
E1372	\$180.95	3/1/15	
E1390	\$180.92	3/1/15	
E1391	\$180.92	3/1/15	
E1392	\$51.63	3/1/15	
E1405	\$219.84	3/1/15	
E1406	\$198.79	3/1/15	
E1629	\$28.42	1/1/22	
E1700	\$32.54	3/1/15	
E1701	\$11.23	3/1/15	
E1702	\$21.29	3/1/15	
E1800	\$117.92	3/1/15	
E1801	\$143.19	3/1/15	
E1802	\$362.74	3/1/15	
E1805	\$119.20	3/1/15	
E1806	\$117.57	3/1/15	
E1810	\$119.56	3/1/15	
E1811	\$148.87	3/1/15	
E1812	\$95.44	3/1/15	
E1815	\$119.56	3/1/15	
E1816	\$151.22	3/1/15	
E1818	\$154.38	3/1/15	
E1820	\$90.73	3/1/15	
E1821	\$116.82	3/1/15	
E1825	\$119.20	3/1/15	
E1830	\$119.20	3/1/15	
E1831	\$70.53	3/1/15	
E1840	\$424.79	3/1/15	
E1841	\$502.79	3/1/15	
E1905	\$0.00	4/1/23	
E2000	\$57.53	3/1/15	
E2001	\$62.47	1/1/24	
E2100	\$606.82	3/1/15	
E2101	\$209.29	3/1/15	
E2102	\$346.21	4/1/22	

2015 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
E2103	\$312.09	1/1/23	
E2120	\$314.70	3/1/15	
E2201	\$414.13	3/1/15	
E2202	\$526.08	3/1/15	
E2203	\$531.73	3/1/15	
E2204	\$902.84	3/1/15	
E2205	\$36.26	3/1/15	
E2206	\$45.15	3/1/15	
E2207	\$48.11	3/1/15	
E2208	\$131.85	3/1/15	
E2209	\$118.95	3/1/15	
E2210	\$7.27	3/1/15	
E2211	\$38.60	3/1/15	
E2212	\$6.52	3/1/15	
E2213	\$33.75	3/1/15	
E2214	\$33.97	3/1/15	
E2215	\$10.65	3/1/15	
E2219	\$39.48	3/1/15	
E2220	\$26.92	3/1/15	
E2221	\$28.36	3/1/15	
E2222	\$23.38	3/1/15	
E2224	\$92.51	3/1/15	
E2225	\$19.32	3/1/15	
E2226	\$42.12	3/1/15	
E2227	\$199.64	3/1/15	
E2228	\$1,039.21	3/1/15	
E2231	\$170.57	3/1/15	
E2310	\$129.90	3/1/15	
E2311	\$262.99	3/1/15	
E2312	\$274.53	3/1/15	
E2313	\$34.20	3/1/15	
E2321	\$247.65	3/1/15	
E2322	\$262.24	3/1/15	
E2323	\$76.76	3/1/15	
E2324	\$48.63	3/1/15	
E2325	\$149.52	3/1/15	
E2326	\$38.55	3/1/15	
E2327	\$379.68	3/1/15	
E2328	\$550.01	3/1/15	
E2329	\$196.03	3/1/15	
E2330	\$379.82	3/1/15	
E2340	\$397.76	3/1/15	
E2341	\$596.69	3/1/15	
E2342	\$497.24	3/1/15	
E2343	\$795.59	3/1/15	
E2351	\$77.57	3/1/15	
E2359	\$185.83	3/1/15	
E2360	\$119.85	3/1/15	
E2361	\$154.80	3/1/15	
E2362	\$102.10	3/1/15	
E2363	\$206.44	3/1/15	
E2364	\$119.85	3/1/15	
E2365	\$124.49	3/1/15	
E2366	\$292.60	3/1/15	
E2367	\$465.15	3/1/15	
E2368	\$573.36	3/1/15	
E2369	\$499.42	3/1/15	
E2370	\$891.11	3/1/15	
E2371	\$167.31	3/1/15	
E2373	\$134.30	3/1/15	
E2374	\$59.27	3/1/15	
E2375	\$950.73	3/1/15	
E2376	\$148.98	3/1/15	
E2377	\$53.91	3/1/15	
E2378	\$56.80	3/1/15	
E2381	\$84.55	3/1/15	
E2382	\$23.05	3/1/15	
E2383	\$168.57	3/1/15	
E2384	\$89.83	3/1/15	
E2385	\$54.96	3/1/15	
E2386	\$167.06	3/1/15	
E2387	\$72.07	3/1/15	
E2388	\$55.94	3/1/15	
E2389	\$30.38	3/1/15	
E2390	\$47.50	3/1/15	

2015 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
E2391	\$22.77	3/1/15	
E2392	\$59.79	3/1/15	
E2394	\$85.19	3/1/15	
E2395	\$60.54	3/1/15	
E2396	\$62.75	3/1/15	
E2397	\$459.67	3/1/15	
E2398	\$196.95	1/1/20	
E2402	\$1,642.09	3/1/15	
E2500	\$43.41	3/1/15	
E2502	\$132.73	3/1/15	
E2504	\$175.11	3/1/15	
E2506	\$256.71	3/1/15	
E2508	\$396.98	3/1/15	
E2510	\$751.24	3/1/15	
E2601	\$67.89	3/1/15	
E2602	\$132.53	3/1/15	
E2603	\$168.26	3/1/15	
E2604	\$209.12	3/1/15	
E2605	\$298.77	3/1/15	
E2606	\$466.11	3/1/15	
E2607	\$321.72	3/1/15	
E2608	\$386.35	3/1/15	
E2611	\$346.68	3/1/15	
E2612	\$469.01	3/1/15	
E2613	\$436.26	3/1/15	
E2614	\$603.73	3/1/15	
E2615	\$502.07	3/1/15	
E2616	\$675.49	3/1/15	
E2619	\$56.97	3/1/15	
E2620	\$607.92	3/1/15	
E2621	\$637.96	3/1/15	
E2622	\$367.91	3/1/15	
E2623	\$468.16	3/1/15	
E2624	\$370.93	3/1/15	
E2625	\$469.58	3/1/15	
E2626	\$640.60	3/1/15	
E2627	\$1,100.09	3/1/15	
E2628	\$730.61	3/1/15	
E2629	\$979.14	3/1/15	
E2630	\$733.39	3/1/15	
E2631	\$293.37	3/1/15	
E2632	\$186.54	3/1/15	
E2633	\$158.22	3/1/15	
E3000	\$234.41	1/1/24	
K0001	\$59.12	3/1/15	
K0002	\$90.82	3/1/15	
K0003	\$99.45	3/1/15	
K0004	\$148.33	3/1/15	
K0005	\$2,052.04	3/1/15	
K0006	\$139.21	3/1/15	
K0007	\$198.12	3/1/15	
K0009	\$79.33	3/1/15	
K0010	\$401.90	3/1/15	
K0011	\$631.29	3/1/15	
K0012	\$360.65	3/1/15	
K0015	\$201.68	3/1/15	
K0017	\$56.74	3/1/15	
K0018	\$31.70	3/1/15	
K0019	\$18.15	3/1/15	
K0020	\$51.56	3/1/15	
K0037	\$53.45	3/1/15	
K0038	\$26.92	3/1/15	
K0039	\$59.79	3/1/15	
K0040	\$82.87	3/1/15	
K0041	\$58.73	3/1/15	
K0042	\$40.43	3/1/15	
K0043	\$21.68	3/1/15	
K0044	\$18.46	3/1/15	
K0045	\$62.85	3/1/15	
K0046	\$21.68	3/1/15	
K0047	\$84.89	3/1/15	
K0050	\$36.08	3/1/15	
K0051	\$58.38	3/1/15	
K0052	\$102.60	3/1/15	
K0053	\$113.22	3/1/15	

2015 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
K0056	\$105.56	3/1/15	
K0065	\$49.34	3/1/15	
K0069	\$110.92	3/1/15	
K0070	\$203.29	3/1/15	
K0071	\$121.26	3/1/15	
K0072	\$73.00	3/1/15	
K0073	\$37.14	3/1/15	
K0077	\$65.33	3/1/15	
K0098	\$29.31	3/1/15	
K0105	\$110.36	3/1/15	
K0195	\$23.39	3/1/15	
K0455	\$293.99	3/1/15	
K0552	\$2.90	3/1/15	
K0553	\$248.38	7/1/17	12/31/22
K0554	\$261.29	7/1/17	12/31/22
K0601	\$1.23	3/1/15	
K0602	\$7.05	3/1/15	
K0603	\$0.63	3/1/15	
K0604	\$6.75	3/1/15	
K0605	\$16.21	3/1/15	
K0606	\$2,795.16	3/1/15	
K0607	\$23.94	3/1/15	
K0608	\$149.39	3/1/15	
K0609	\$993.36	3/1/15	
K0730	\$191.36	3/1/15	
K0733	\$33.54	3/1/15	
K0738	\$51.63	3/1/15	
K0800	\$1,236.75	3/1/15	
K0801	\$1,993.91	3/1/15	
K0802	\$2,256.47	3/1/15	
K0806	\$1,496.13	3/1/15	
K0807	\$2,270.23	3/1/15	
K0808	\$3,512.51	3/1/15	
K0813	\$346.18	3/1/15	
K0814	\$443.14	3/1/15	
K0815	\$504.57	3/1/15	
K0816	\$483.23	3/1/15	
K0820	\$369.76	3/1/15	
K0821	\$474.65	3/1/15	
K0822	\$573.65	3/1/15	
K0823	\$577.42	3/1/15	
K0824	\$694.92	3/1/15	
K0825	\$636.20	3/1/15	
K0826	\$899.68	3/1/15	
K0827	\$764.98	3/1/15	
K0828	\$991.33	3/1/15	
K0829	\$910.34	3/1/15	
K0835	\$582.24	3/1/15	
K0836	\$603.81	3/1/15	
K0837	\$694.92	3/1/15	
K0838	\$621.67	3/1/15	
K0839	\$899.68	3/1/15	
K0840	\$1,362.98	3/1/15	
K0841	\$619.74	3/1/15	
K0842	\$619.74	3/1/15	
K0843	\$746.15	3/1/15	
K0848	\$758.31	3/1/15	
K0849	\$729.08	3/1/15	
K0850	\$879.62	3/1/15	
K0851	\$845.75	3/1/15	
K0852	\$1,016.34	3/1/15	
K0853	\$1,044.04	3/1/15	
K0854	\$1,383.12	3/1/15	
K0855	\$1,306.57	3/1/15	
K0856	\$813.97	3/1/15	
K0857	\$830.28	3/1/15	
K0858	\$1,009.90	3/1/15	
K0859	\$963.13	3/1/15	
K0860	\$1,442.76	3/1/15	
K0861	\$1,050.18	3/1/15	
K0862	\$1,009.90	3/1/15	
K0863	\$1,442.76	3/1/15	
K0864	\$1,716.90	3/1/15	
K1001	\$731.80	1/1/20	12/31/23
K1002	\$0.00	1/1/20	12/31/23

2015 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
K1003	\$200.00	1/1/20	12/31/23
K1004	\$591.90	1/1/20	
K1005	\$0.00	1/1/20	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
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	
L2006	\$2,249.61	1/1/20	
L3161	\$42.41	1/1/24	
L8033	\$21.55	1/1/20	
L8608	\$0.00	1/1/19	
L8678	\$14.08	4/1/23	
L8698	\$0.00	1/1/19	
L8701	\$0.00	1/1/19	
L8702	\$0.00	1/1/19	
Q4001	\$48.57	3/1/15	
Q4002	\$183.53	3/1/15	
Q4003	\$34.88	3/1/15	
Q4004	\$120.74	3/1/15	
Q4005	\$12.86	3/1/15	
Q4006	\$28.98	3/1/15	
Q4007	\$6.44	3/1/15	
Q4008	\$14.48	3/1/15	
Q4009	\$8.59	3/1/15	
Q4010	\$19.33	3/1/15	
Q4011	\$4.28	3/1/15	
Q4012	\$9.67	3/1/15	
Q4013	\$15.63	3/1/15	
Q4014	\$26.36	3/1/15	
Q4015	\$7.83	3/1/15	
Q4016	\$13.17	3/1/15	
Q4017	\$9.04	3/1/15	
Q4018	\$14.40	3/1/15	
Q4019	\$4.53	3/1/15	
Q4020	\$7.22	3/1/15	
Q4021	\$6.69	3/1/15	
Q4022	\$12.07	3/1/15	
Q4023	\$3.36	3/1/15	
Q4024	\$6.04	3/1/15	
Q4025	\$37.49	3/1/15	
Q4026	\$117.07	3/1/15	
Q4027	\$18.76	3/1/15	
Q4028	\$58.56	3/1/15	
Q4029	\$28.67	3/1/15	
Q4030	\$75.48	3/1/15	
Q4031	\$14.33	3/1/15	
Q4032	\$37.74	3/1/15	
Q4033	\$26.75	3/1/15	
Q4034	\$66.52	3/1/15	
Q4035	\$13.37	3/1/15	

2015 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
Q4036	\$33.27	3/1/15	
Q4037	\$16.31	3/1/15	
Q4038	\$40.87	3/1/15	
Q4039	\$8.17	3/1/15	
Q4040	\$20.43	3/1/15	
Q4041	\$19.84	3/1/15	
Q4042	\$33.87	3/1/15	
Q4043	\$9.93	3/1/15	
Q4044	\$16.94	3/1/15	
Q4045	\$11.52	3/1/15	
Q4046	\$18.52	3/1/15	
Q4047	\$5.74	3/1/15	
Q4048	\$9.27	3/1/15	
Q4049	\$2.10	3/1/15	
Q4155	\$0.00	7/1/18	
Q4183	\$7.16	1/1/19	
Q4184	\$7.16	1/1/19	
Q4186	\$218.79	1/1/19	
Q4187	\$218.79	1/1/19	
Q4188	\$7.16	1/1/19	
Q4190	\$252.12	1/1/19	
Q4191	\$7.16	1/1/19	
Q4193	\$7.16	1/1/19	
Q4194	\$7.16	1/1/19	
Q4195	\$134.40	1/1/19	
Q4196	\$134.40	1/1/19	
Q4197	\$134.40	1/1/19	
Q4198	\$7.16	1/1/19	
Q4199	\$10.23	1/1/22	
Q4200	\$7.16	1/1/19	
Q4201	\$7.16	1/1/19	
Q4203	\$7.16	1/1/19	
Q4204	\$7.16	1/1/19	
Q4205	\$10.23	10/1/19	
Q4208	\$218.79	10/1/19	
Q4209	\$7.16	10/1/19	
Q4210	\$10.23	10/1/19	
Q4211	\$10.23	10/1/19	
Q4214	\$218.79	10/1/19	
Q4216	\$218.79	10/1/19	
Q4217	\$10.23	10/1/19	
Q4218	\$218.79	10/1/19	
Q4219	\$7.16	10/1/19	
Q4220	\$92.48	10/1/19	
Q4221	\$10.23	10/1/19	
Q4222	\$10.23	10/1/19	
Q4224	\$7.16	4/1/22	
Q4225	\$7.16	4/1/22	
Q4226	\$10.23	10/1/19	
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	

2015 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
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	
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	
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	
S1091	\$11.41	4/1/21	
S9432	\$3.39	10/1/21	
T4545	\$12.00	1/1/19	
V2524	\$0.00	10/1/20	
V2525	\$233.03	4/1/22	
V2526	\$0.00	10/1/23	
V5171	\$0.00	1/1/19	
V5172	\$0.00	1/1/19	
V5181	\$0.00	1/1/19	
V5211	\$0.00	1/1/19	
V5212	\$0.00	1/1/19	
V5213	\$0.00	1/1/19	
V5214	\$0.00	1/1/19	
V5215	\$0.00	1/1/19	
V5221	\$0.00	1/1/19	