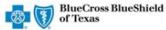


BlueCross BlueShield of Texas

2009 Home Health DME HMO Solutions and Blue Options Base Compensation Schedule

D			
Procedure Code	Contract Base Rate	Effective Date	End Date
0001A	\$16.94	12/11/20	4/17/23
0001A	\$40.00	3/15/21	4/17/23
0002A	\$28.39	12/11/20	4/17/23
0002A	\$40.00	3/15/21	4/17/23
0002A	\$40.00	8/12/21	4/17/23
0003A	\$40.00	9/22/21	4/17/23
0011A	\$16.94	12/18/20	4/17/23
0011A	\$40.00	3/15/21	4/17/23
0012A	\$28.39	12/18/20	4/17/23
0012A	\$40.00	3/15/21	4/17/23
0013A	\$40.00	8/12/21	4/17/23
0031A	\$28.39	2/27/21	5/31/23
0031A	\$40.00	3/15/21	5/31/23
0034A	\$40.00	10/20/21	5/31/23
0041A	\$40.00	7/13/22	
0042A	\$40.00	7/13/22	
0044A	\$40.00	10/19/22	
0051A	\$40.00	10/29/21	4/17/23
0052A	\$40.00	10/29/21	4/17/23
0053A	\$40.00	10/29/21	4/17/23
0054A	\$40.00	10/29/21	4/17/23
0054A 0064A		10/29/21	4/17/23
0064A 0071A	\$40.00 \$40.00	10/20/21	
	,		4/17/23
0072A	\$40.00	10/29/21	4/17/23
0073A	\$40.00	1/3/22	4/17/23
0074A	\$40.00	5/17/22	4/17/23
0081A	\$40.00	6/17/22	4/17/23
0082A	\$40.00	6/17/22	4/17/23
0083A	\$40.00	6/17/22	4/17/23
0091A	\$40.00	6/17/22	4/17/23
0092A	\$40.00	6/17/22	4/17/23
0093A	\$40.00	6/17/22	4/17/23
0094A	\$40.00	3/29/22	4/17/23
0111A	\$40.00	6/17/22	4/17/23
0112A	\$40.00	6/17/22	4/17/23
0113A	\$40.00	6/17/22	4/17/23
0121A	\$40.00	4/18/23	
0124A	\$40.00	8/31/22	
0134A	\$40.00	8/31/22	
0104/X	\$40.00	4/18/23	
0141A	\$40.00	4/18/23	
0142A	\$40.00	10/12/22	
0144A 0151A	\$40.00	4/18/23	
0154A	\$40.00	10/12/22	
0164A	\$40.00	12/8/22	
0171A	\$40.00	4/18/23	
0172A	\$40.00	4/18/23	
0173A	\$40.00	12/8/22	
0174A	\$40.00	3/14/23	
0202U	\$100.00	5/20/20	12/14/20
0202U	\$416.78	12/15/20	
0223U	\$100.00	6/25/20	12/14/20
0223U	\$416.78	12/15/20	
0224U	\$42.13	4/1/21	
0224U	\$100.00	6/25/20	3/31/21
0225U	\$100.00	8/10/20	12/14/20
0225U	\$416.78	12/15/20	
0226U	\$42.28	4/1/21	
0226U	\$51.31	8/10/20	3/31/21
0240U	\$142.63	12/15/20	
02400	\$142.63	12/15/20	
86328	\$45.23	5/19/20	12/31/21
86328	\$45.23	1/1/22	12/31/21
86408	\$45.20	8/10/20	
			10/14/00
86409	\$100.00	8/10/20	12/14/20
86409	\$105.33	12/15/20	
86413	\$42.13	9/8/20	
86769	\$42.13	5/19/20	
87426	\$45.23	4/1/21	
87426	\$51.31	6/25/20	3/31/21
87428	\$30.94	6/15/22	
87428	\$73.49	2/1/21	6/14/22
87593	\$35.09	7/26/22	
87635	\$51.31	5/19/20	
87636	\$142.63	12/15/20	



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Procedure	Contract		
Code 87637	Base Rate \$142.63	Effective Date 12/15/20	End Date
87811	\$41.38	12/15/20	
87913	\$257.45	2/21/22	
90480	\$40.00	9/11/23	
90611	\$0.00	7/26/22	
90622 91300	\$0.00	7/26/22	4/17/22
91300	\$0.00 \$0.00	12/11/20	4/17/23
91303	\$0.00	2/27/21	5/31/23
91304	\$0.00	7/13/22	
91305	\$0.00	10/29/21	4/17/23
91306	\$0.00	10/20/21	4/17/23
91307	\$0.00	10/29/21	4/17/23
91308 91309	\$0.00 \$0.00	6/17/22 3/29/22	4/17/23 4/17/23
91311	\$0.00	6/17/22	4/17/23
91312	\$0.00	8/31/22	
91313	\$0.00	8/31/22	
91314	\$0.00	10/12/22	
91315	\$0.00	10/12/22	
91316	\$0.00	12/8/22	
91317 91318	\$0.00 \$65.36	12/8/22 9/11/23	
91318	\$65.36	9/11/23	
91320	\$131.10	9/11/23	
91321	\$145.92	9/11/23	
91322	\$145.92	9/11/23	
A4212	\$5.28		
A4213 A4215	\$0.48 \$0.12		
A4215 A4216	\$0.12		
A4217	\$1.97		
A4244	\$60.00	10/1/10	
A4245	\$1.43		
A4246	\$60.00	10/1/10	
A4247	\$60.00	10/1/10	
A4248 A4310	\$0.01 \$4.82		
A4311	\$9.46		
A4312	\$13.26		
A4313	\$13.62		
A4314	\$18.59		
A4315	\$18.89		
A4316 A4320	\$20.87 \$3.33		
A4321	\$60.00	10/1/10	
A4322	\$2.07		
A4326	\$7.93		
A4327	\$32.80		
A4328	\$6.52		
A4330 A4331	\$5.21 \$2.34		
A4331 A4332	\$2.34		
A4333	\$1.62		
A4334	\$3.63		
A4335	\$8.74		
A4338	\$9.01		
A4340 A4341	\$23.34 \$324.50	4/1/23	
A4341 A4342	\$819.36	4/1/23	
A4344	\$10.01		
A4346	\$12.24		
A4349	\$1.48		
A4351	\$1.33		
A4352 A4353	\$4.70 \$5.14		
A4353 A4354	\$5.14		
A4355	\$6.55		
A4356	\$28.50		
A4357	\$6.06		
A4358	\$4.14		
A4361	\$13.50		
A4362 A4363	\$2.36 \$1.49		
A4303 A4364	\$1.49		
	ψ1.00		



2009 Home Health DME HMO Solutions and Blue Options Base Compensation Schedule

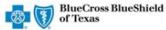
Procedure Code	Contract Base Rate	Effective Date	End Date
A4366 A4367	\$0.96 \$5.01		
A4367 A4368	\$5.01 \$0.19		
A4369	\$1.78		
A4371	\$2.68		
A4372	\$3.07		
A4373	\$4.61		
A4375	\$12.63		
A4376	\$34.97		
A4377 A4378	\$3.15 \$22.60		
A4379	\$11.04		
A4380	\$27.44		
A4381	\$3.39		
A4382	\$18.10		
A4383	\$20.72		
A4384	\$7.07		
A4385	\$3.75		
A4387 A4388	\$2.91 \$3.21		
A4389	\$4.57		
A4390	\$7.06		
A4391	\$5.19		
A4392	\$6.01		
A4393	\$6.64		
A4394	\$1.90		
A4395	\$0.04		
A4396 A4397	\$29.75		12/21/21
A4397 A4398	\$3.52 \$8.82		12/31/21
A4399	\$7.66		
A4400	\$35.92		
A4402	\$1.18		
A4404	\$1.24		
A4405	\$2.50		
A4406	\$4.22		
A4407 A4408	\$6.44 \$7.25		
A4409	\$4.57		
A4410	\$6.64		
A4411	\$3.75		
A4412	\$1.99		
A4413	\$4.05		
A4414 A4415	\$3.63		
A4415 A4416	\$4.41 \$2.02		
A4417	\$2.74		
A4418	\$1.33		
A4419	\$1.28		
A4420	\$4.09		
A4421	\$60.00	10/1/10	
A4422	\$0.09		
A4423 A4424	\$1.37 \$3.49		
A4424 A4425	\$3.49		
A4426	\$2.01		
A4427	\$2.04		
A4428	\$4.79		
A4429	\$6.06		
A4430	\$6.27		
A4431 A4432	\$4.57 \$2.64		
A4432 A4433	\$2.64		
A4434	\$2.77		
A4450	\$0.00	1/1/20	
A4455	\$0.90		
A4456	\$60.00	10/1/10	
A4458	\$4.89		
A4461 A4463	\$2.07		
A4463 A4481	\$8.39 \$0.23		
A4623	\$3.52		
A4625	\$4.37		
A4626	\$1.71		
A4649	\$60.00	10/1/10	



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2009 Home Health DME HMO Solutions and Blue Options Base Compensation Schedule

Procedure Code	Contract Base Rate	Effective Date	End Date
A4657	\$3.64	Ellective Date	End Date
A4928	\$0.00	1/1/20	
A4930	\$0.60		
A4932 A5051	\$4.20 \$1.52		
A5052	\$1.09		
A5053	\$1.20		
A5054	\$1.32		
A5055	\$1.02		
A5061 A5062	\$2.59 \$1.53		
A5063	\$1.99		
A5071	\$4.42		
A5072	\$2.52		
A5073	\$2.34		
A5081 A5082	\$2.07 \$8.74		
A5083	\$0.40		
A5093	\$1.44		
A5102	\$16.48		
A5105	\$29.96		
A5112 A5113	\$21.63 \$2.94		
A5114	\$6.57		
A5120	\$0.18		
A5121	\$5.24		
A5122	\$8.03		
A5126 A5131	\$0.97 \$11.66		
A6010	\$19.51		
A6011	\$1.67		
A6021	\$15.45		
A6022	\$15.45		
A6023 A6024	\$139.87 \$4.55		
A6154	\$10.24		
A6196	\$5.40		
A6197	\$12.08		
A6198 A6199	\$14.56 \$3.89		
A6203	\$2.46		
A6204	\$4.58		
A6205	\$5.82		
A6206 A6207	\$2.42 \$5.40		
A6208	\$5.82		
A6209	\$5.50		
A6210	\$14.64		
A6211	\$21.59		
A6212 A6213	\$7.13 \$9.46		
A6214	\$7.56		
A6215	\$8.74		
A6219	\$0.70		
A6220 A6221	\$1.90 \$2.18		
A6222	\$1.57		
A6223	\$1.78		
A6224	\$2.65		
A6228	\$1.82		
A6229 A6230	\$2.65 \$2.18		
A6231	\$3.42		
A6232	\$5.05		
A6233	\$14.11		
A6234 A6235	\$4.81 \$12.36		
A6235 A6236	\$12.36		
A6237	\$5.82		
A6238	\$16.75		
A6239	\$18.90		
A6240 A6241	\$9.00 \$1.89		
A6241	\$4.46		
A6243	\$9.05		



2009 Home Health DME HMO Solutions and Blue Options Base Compensation Schedule

Procedure Code A6244 A6245 A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255 A6256	Contract Base Rate \$28.87 \$5.34 \$7.29 \$17.48 \$11.94 \$11.46	Effective Date	End Date
A6244 A6245 A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255	\$28.87 \$5.34 \$7.29 \$17.48 \$11.94	Effective Date	End Date
A6245 A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255	\$5.34 \$7.29 \$17.48 \$11.94		
A6246 A6247 A6248 A6251 A6252 A6253 A6254 A6255	\$7.29 \$17.48 \$11.94		
A6247 A6248 A6251 A6252 A6253 A6253 A6254 A6255	\$17.48 \$11.94		
A6248 A6251 A6252 A6253 A6254 A6255	\$11.94		
A6248 A6251 A6252 A6253 A6254 A6255	\$11.94		
A6251 A6252 A6253 A6254 A6255			
A6252 A6253 A6254 A6255	\$1.46		
A6253 A6254 A6255			
A6254 A6255	\$2.39		
A6255	\$4.66		
A6255	\$0.89		
	\$2.23		
A0200			
	\$3.64		
A6257	\$1.13		
A6258	\$3.16		
A6259	\$8.04		
A6261	\$2.18		
A6262	\$1.09		
A6266	\$1.41		
A6402	\$0.09		
A6403	\$0.32		
A6404	\$0.73		
A6407	\$1.38		
A6410			
	\$0.29		
A6412	\$0.17		
A6413	\$60.00	10/1/10	
A6441	\$0.49		
A6442	\$0.13		
A6443	\$0.21		
	\$0.21		
A6444			
A6445	\$0.24		
A6446	\$0.30		
A6447	\$0.49		
A6448	\$0.85		
A6449	\$1.29		
A6450	\$6.51		
A6451	\$6.51		
A6452	\$4.35		
A6453	\$0.45		
A6454	\$0.57		
A6455	\$1.02		
A6456	\$0.94		
A6457	\$0.72		
A6590	\$354.00	4/1/23	
A6591	\$84.58	4/1/23	
A7040	\$25.63		
A7041	\$48.15		
A7045	\$10.57		
A7501	\$66.17		
A7502	\$31.45		
A7503	\$7.14		
A7504	\$0.42		
A7505	\$2.95		
A7506	\$0.21		
A7507	\$1.57		
A7508	\$1.81		
A7509	\$0.89		
A7520	\$29.91		
A7521	\$29.64		
A7522	\$28.45		
A7523	\$6.31		
A7524	\$48.76		
A7527	\$2.26		
A9286	\$0.00	1/1/20	
B4148	\$9.13	10/1/23	
C9507	\$750.50	12/28/21	
C9803	\$23.46	3/1/20	
E0677	\$76.85	4/1/23	
E0953	\$95.62	1/1/18	
E0954	\$55.56	1/1/18	
E1012	\$56.99	1/1/16	
G2023	\$23.46	3/1/20	5/11/23
G2024	\$25.46	3/1/20	5/11/23
K0553	\$248.38	7/1/17	12/31/22
K0554	\$261.29	7/1/17	12/31/22
	\$35.50		, 0 1/22
M0201 M0220	\$35.50	6/8/21 12/8/21	



BlueCross BlueShield of Texas

2009 Home Health DME HMO Solutions and Blue Options Base Compensation Schedule

Procedure	Contract		
Code	Base Rate	Effective Date	End Date
M0221	\$250.50	12/8/21	
M0222	\$350.50	2/11/22	
M0223	\$550.50	2/11/22	
M0239	\$309.60	11/9/20	4/16/21
M0240	\$450.00	7/30/21	
M0241	\$750.00	7/30/21	
M0243	\$309.60	11/21/20	5/5/21
M0243	\$450.00	5/6/21	
M0244	\$750.00	5/6/21	
M0245	\$309.60	2/9/21	5/5/21
M0245	\$450.00	5/6/21	
M0246	\$750.00	5/6/21	
M0247	\$450.00	5/26/21	
M0248	\$750.00	5/26/21	
M0249	\$450.00	6/24/21	
M0250	\$450.00	6/24/21	
U0001	\$35.92	3/12/20	
U0002	\$51.31	5/19/20	
U0003	\$100.00	4/14/20	5/11/23
U0004	\$100.00	4/14/20	5/11/23
U0005	\$0.00	1/1/21	5/11/23
v2526	\$0.00	10/1/23	