

### 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	
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	
A4349	\$2.34	5/1/20	
A4351	\$2.11	5/1/20	
A4352	\$7.43	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
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	
A4434	\$4.37	5/1/20	
A4435	\$6.70	5/1/20	
A4436	\$23.46	1/1/22	

### 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
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	
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	
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	

### 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
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	
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	

### 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
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	
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	

### 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
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	
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	
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	

### 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
C1603	\$0.00	1/1/24	
C1604	\$0.00	1/1/24	
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	
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	
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	

### 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
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	
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	



### 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
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	
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	
E0720	\$239.42	5/1/20	
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	
E0738	\$51,795.00	4/1/24	
E0739	\$51,795.00	4/1/24	
E0740	\$60.75	5/1/20	
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	
E0776	\$141.37	5/1/20	
E0779	\$19.20	5/1/20	
E0780	\$12.05	5/1/20	
E0781	\$277.02	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
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	
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	

### 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
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	
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	
E1805	\$124.77	5/1/20	
E1806	\$123.06	5/1/20	
E1810	\$125.14	5/1/20	
E1811	\$155.81	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
E1812	\$99.90	5/1/20	
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	
E1825	\$124.77	5/1/20	
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	
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	

### 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
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	
E2506	\$2,687.06	5/1/20	
E2508	\$4,155.09	5/1/20	
E2510	\$7,862.96	5/1/20	
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	
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	

### 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
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	
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	

### 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
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
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	
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	

### 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
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	
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	
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	



### 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
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	
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	
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	
S1091	\$11.41	4/1/21	
S4988	\$271.34	4/1/24	
S9002	\$347.70	4/1/24	
S9432	\$3.39	10/1/21	

### 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
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	