1HNPR3600 TRIPLE-S PR - MEDICARE CARRIER 09202 PAGE 1 MEDICARE FEE SCHEDULE EFFECTIVE 01/01/2018

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0 NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE	EHR LIMITING CHARGE**	PQRS LIMITING CHARGE***	EHR/2014 eRx LIMITING CHARGE**	EHR + PQRS LIMITING CHARGE***	EHR/2014 eRx + PQRS LIMITING CHARGE***
	G0460		197.88	187.99	216.19	209.70	211.86		205.51	
#	G0460		127.19	120.83	138.95	134.79	136.17		132.10	
	71045		22.42	21.30	24.50	23.76	24.00		23.29	
	71045	TC	13.04	12.39	14.25	13.82	13.96		13.55	
0				** END OF R	EPORT **					
0	# - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.									
0	** - LIMITING CHARGE REDUCED BASED ON THE EHR NEGATIVE ADJUSTMENT PROGRAM.									
0	*** - LIMITING CHARGE REDUCED BASED ON THE PQRS NEGATIVE ADJUSTMENT PROGRAM.									
0	**** - LIMITING CHARGE REDUCED FOR EPS THAT ARE SUBJECT TO BOTH EHR AND PQRS									
	NEGATIVE ADJUSTMENT PROGRAMS.									
0	LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.									
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