1HNPR3600	FLORIDA	- MEDICARE CARRIER	PAGE	1
	MEDICARE FEE	SCHEDULE EFFECTIVE		

0AREA 03 DESCRIPTION SPEC 00

DIEC	0.0					
0			PAR	NON-PAR	LIMITING	
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	
	99441		47.85	45.46	52.28	
#	99441		27.88	26.49	30.46	
	99442		78.77	74.83	86.05	
#	99442		54.81	52.07	59.88	
	99443		114.04	108.34	124.59	
#	99443		83.90	79.71	91.67	
0					** END	OF REPORT **
0	# - THES	SE AMOU	NTS APPLY WHEN	SERVICE IS PE	ERFORMED IN A	FACILITY SETTING.
0	LIMI	TING (CHARGE APPLIES	TO UNASSIGNED	CLAIMS BY NON	-PARTICIPATING PROVIDERS.
0	ALL	CURREN	T PROCEDURAL T	ERMINOLOGY (CE	T) CODES AND	DESCRIPTORS ARE COPYRIGHTED 2019 BY THE AMERICAN MEDICAL ASSOCIATION.
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MEDICARE FEE SCHEDULE EFFECTIVE 03/01/2020 0AREA 04 DESCRIPTION

SPEC	00					
0			PAR	NON-PAR	LIMITING	
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	
	99441		49.78	47.29	54.38	
#	99441		29.42	27.95	32.14	
	99442		81.76	77.67	89.32	
#	99442		57.32	54.45	62.62	
	99443		118.14	112.23	129.06	
#	99443		87.41	83.04	95.50	
0					** END	OF REPORT **
0	# TITEC	TO A MO	TIMES ADDLA MITER	CEDVICE TO I	DEDECRMED IN A	CACILITY CETTA

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- THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.

0 LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.

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	MEDICARE FEE	SCHEDULE EFFECTIVE 03/01/2020		

OAREA 99 UNKNOWN

0

SPEC	00					
0			PAR	NON-PAR	LIMITING	
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	
	99441		45.45	43.18	49.66	
#	99441		26.67	25.34	29.14	
	99442		75.23	71.47	82.19	
#	99442		52.69	50.06	57.57	
	99443		109.18	103.72	119.28	
#	99443		80.84	76.80	88.32	
0					** END	OF REPORT **
0	# - THES	SE AMO	JNTS APPLY WHEN	N SERVICE IS P	ERFORMED IN A E	FACILITY SETTING.
0	LIMI	TING	CHARGE APPLIES	TO UNASSIGNED	CLAIMS BY NON-	-PARTICIPATING PROVIDERS.

LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.
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