99443

99443

## TRIPLE-S PR - MEDICARE CARRIER 09202 MEDICARE FEE SCHEDULE EFFECTIVE 03/01/2020

OAREA 20 DESCRIPTION SPEC 00 NON-PAR 0 PAR NOTE PROCEDURE MOD AMOUNT ---- ------46.39 26.38 99441 
 46.39
 44.07
 50.88

 26.38
 25.06
 28.82

 76.42
 72.60
 83.49

 52.41
 49.79
 57.26

 110.81
 105.27
 121.06

 80.61
 76.58
 88.07
# 99441 99442 # 99442

44.0750.6825.0628.8272.6083.4949.7957.26

LIMITING

CHARGE

\*\* END OF REPORT \*\*

# - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING. LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.

0 0 0

0

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