1HNPR3600	TRIPLE-S VI - MEDICARE CARRIER 09202	PAGE	2
	MEDICARE FEE SCHEDULE EFFECTIVE 03/01/2020		

0AREA 50 DESCRIPTION SPEC 00

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0			PAR	NON-PAR	LIMITING	
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	
	99441		46.39	44.07	50.68	
#	99441		26.38	25.06	28.82	
	99442		76.42	72.60	83.49	
#	99442		52.41	49.79	57.26	
	99443		110.81	105.27	121.06	
#	99443		80.61	76.58	88.07	
0					** END	OF REPORT **

- 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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