

0AREA 03 DESCRIPTION
 0 SPEC 00

0	NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
		20560		27.69	26.31	30.26
	#	20560		17.88	16.99	19.54
		20561		41.32	39.25	45.14
	#	20561		27.16	25.80	29.67
		97810		39.47	37.50	43.13
	#	97810		33.30	31.64	36.39
		97811		30.42	28.90	33.24
	#	97811		28.24	26.83	30.85
		97813		43.82	41.63	47.87
	#	97813		35.83	34.04	39.15
		97814		36.22	34.41	39.57
	#	97814		30.77	29.23	33.61

** END OF REPORT **

0 # - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.
 0 LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.
 0 ALL CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND DESCRIPTORS ARE COPYRIGHTED 2019 BY THE AMERICAN MEDICAL ASSOCIATION.

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FLORIDA - MEDICARE CARRIER 09102
MEDICARE FEE SCHEDULE EFFECTIVE 01/21/2020

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OAREA 04 DESCRIPTION
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NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	20560		28.80	27.36	31.46
#	20560		18.80	17.86	20.54
	20561		43.12	40.96	47.10
#	20561		28.68	27.25	31.34
	97810		41.15	39.09	44.95
#	97810		34.86	33.12	38.09
	97811		31.99	30.39	34.95
#	97811		29.77	28.28	32.52
	97813		45.55	43.27	49.76
#	97813		37.40	35.53	40.86
	97814		37.87	35.98	41.38
#	97814		32.31	30.69	35.29

0 ** END OF REPORT **
0 # - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.
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0AREA 99 UNKNOWN
 SPEC 00

NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
	20560		26.38	25.06	28.82
#	20560		17.16	16.30	18.75
	20561		39.30	37.34	42.94
#	20561		25.99	24.69	28.39
	97810		37.83	35.94	41.33
#	97810		32.03	30.43	34.99
	97811		29.10	27.65	31.80
#	97811		27.05	25.70	29.56
	97813		42.02	39.92	45.91
#	97813		34.51	32.78	37.70
	97814		34.66	32.93	37.87
#	97814		29.54	28.06	32.27

** END OF REPORT **

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