1HNPR3600 FLORIDA - MEDICARE CARRIER 09102 PAGE 1
MEDICARE FEE SCHEDULE EFFECTIVE 07/01/2014

OAREA 03 DESCRIPTION SPEC 00

0			PAR	NON-PAR	LIMITING	eRX LIMITING	
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	CHARGE * * *	
	98940		29.07	27.62	31.76	31.13	
#	98940		23.11	21.95	25.24	24.74	
	98941		43.08	40.93	47.07	46.13	
#	98941		36.74	34.90	40.14	39.33	
	98942		55.40	52.63	60.52	59.32	
#	98942		49.06	46.61	53.60	52.53	
0			** 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 2013 BY THE AMERICAN MEDICAL ASSOCIATION.

0 *** - LIMITING CHARGE REDUCED BASED ON STATUS AS AN UNSUCCESSFUL E-PRESCRIBER.
PER THE ELECTRONIC PRESCRIBING (ERX) INCENTIVE PROGRAM.

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MEDICARE FEE SCHEDULE EFFECTIVE 07/01/2014

OAREA 04 DESCRIPTION

SPEC 00

0			PAR	NON-PAR	LIMITING	eRX LIMITING	
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	CHARGE * * *	
	98940		29.40	27.93	32.12	31.48	
#	98940		23.41	22.24	25.58	25.07	
	98941		43.99	41.79	48.06	47.09	
#	98941		37.64	35.76	41.12	40.30	
	98942		56.31	53.49	61.51	60.28	
#	98942		49.96	47.46	54.58	53.49	
0			** END OF REPORT **				

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

LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.
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MEDICARE FEE SCHEDULE EFFECTIVE 07/01/2014

OAREA 99 DESCRIPTION

SPEC 00

0

0

0110	0.0					
0			PAR	NON-PAR	LIMITING	eRX LIMITING
NOTE	PROCEDURE	MOD	AMOUNT	AMOUNT	CHARGE	CHARGE * * *
	98940		28.04	26.64	30.64	30.03
#	98940		22.52	21.39	24.60	24.10
	98941		41.48	39.41	45.32	44.41
#	98941		35.61	33.83	38.90	38.12
	98942		53.54	50.86	58.49	57.32
#	98942		47.67	45.29	52.08	51.04

0 ** END OF REPORT **
0 # - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.

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

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