1HNPR3600 TRIPLE-S VI - MEDICARE CARRIER 09202 PAGE 2 MEDICARE FEE SCHEDULE EFFECTIVE 04/01/2016

OAREA 50 DESCRIPTION SPEC 00

0 NOTE	PROCEDURE M	PAR OD AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE	EHR LIMITING CHARGE**	PQRS LIMITING CHARGE***	EHR/2014 eRx LIMITING CHARGE**	EHR + PQRS LIMITING CHARGE****	EHR/2014 eRx + PQRS LIMITING CHARGE****
	G9481	18.97	18.02	20.72	20.31	20.31		19.91	
	G9482	36.15	34.34	39.49	38.70	38.70		37.93	
	G9483	56.19	53.38	61.39	60.16	60.16		58.95	
	G9484	94.85	90.11	103.63	101.56	101.56		99.52	
	G9485	123.84	117.65	135.30	132.60	132.60		129.94	
	G9486	18.61	17.68	20.33	19.93	19.93		19.53	
	G9487	37.23	35.37	40.68	39.86	39.86		39.07	
	G9488	57.27	54.41	62.57	61.32	61.32		60.09	
	G9489	80.90	76.86	88.39	86.62	86.62		84.88	
	G9490	43.61	41.43	47.64	46.69	46.69		45.76	
0	** END OF REPORT **								
0	# - THESE	AMOUNTS APPLY WHE	N SERVICE IS P	ERFORMED IN A	FACILITY SETTI	NG.			
0	** - LIMITING CHARGE REDUCED BASED ON THE EHR NEGATIVE ADJUSTMENT PROGRAM.								
0	*** - LIMITING CHARGE REDUCED BASED ON THE PQRS NEGATIVE ADJUSTMENT PROGRAM.								
0	**** - LIMITING CHARGE REDUCED FOR EPS THAT ARE SUBJECT TO BOTH EHR AND PQRS								
	NEGATIVE ADJUSTMENT PROGRAMS.								

NEGATIVE ADJUSTMENT PROGRAMS.

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

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