1HNPR	3600		TRIPLE-S PR - MEDICARE CARRIER 09202							PAGE 1	<u>_</u>
0AREA SPEC		PTION		MEI	DICARE FEE SCHE	DULE EFFECTIVE	07/01/2016				
0 NOTE	PROCEDURE	MOD	PAR 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****	2
	 G9678		160.00	152.00	174.80	171.30	171.30		167.88		
0	** END OF REPORT **										
0 # - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.											
0	0 ** - LIMITING CHARGE REDUCED BASED ON THE EHR NEGATIVE ADJUSTMENT PROGRAM.										
0											
0 **** - LIMITING CHARGE REDUCED FOR EPS THAT ARE SUBJECT TO BOTH EHR AND PQRS											
	NEGATIVE ADJUSTMENT PROGRAMS.										
0	LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.										
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