TRIPLE-S PR - MEDICARE CARRIER 09202 PAGE 1 MEDICARE FEE SCHEDULE EFFECTIVE 10/01/2016

OAREA 20 DESCRIPTION SPEC 00

1HNPR3600

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****
	G9685		180.37	171.35	197.05	193.11	193.11		189.24	
	G9686		70.15	66.64	76.64	75.11	75.11		73.60	
0	** END OF REPORT **									
0	# - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.									
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.									
0	LIMITING CHARGE APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.									
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