TRIPLE-S VI - MEDICARE CARRIER 09202 PAGE 2 MEDICARE FEE SCHEDULE EFFECTIVE 10/01/2016

OAREA 50 DESCRIPTION SPEC 00 1

2015 BY THE AMERICAN MEDICAL ASSOCIATION.

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		201.82	191.73	220.49	216.09	216.09		211.76	
	G9686		78.24	74.33	85.48	83.77	83.77		82.09	
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.									
0	ALL CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND DESCRIPTORS ARE COPYRIGHTED									