1HNPR3600 TRIPLE-S VI - MEDICARE CARRIER 09202 PAGE 2 MEDICARE FEE SCHEDULE EFFECTIVE 01/01/2017

OAREA 50 DESCRIPTION SPEC 00

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****
	97161		82.73	78.59	90.38	87.66	88.57		85.92	
	97162		82.73	78.59	90.38	87.66	88.57		85.92	
	97163		82.73	78.59	90.38	87.66	88.57		85.92	
	97165		94.29	89.58	103.02	99.92	100.96		97.92	
	97166		94.29	89.58	103.02	99.92	100.96		97.92	
	97167		94.29	89.58	103.02	99.92	100.96		97.92	
	97168		62.63	59.50	68.43	66.38	67.06		65.06	
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	LIMI	TING (CHARGE APPLIES	TO UNASSIGNED	CLAIMS BY NON	-PARTICIPATING	PROVIDERS.			

ALL CURRENT PROCEDURAL TERMINOLOGY (CPT) CODES AND DESCRIPTORS ARE COPYRIGHTED 0 2016 BY THE AMERICAN MEDICAL ASSOCIATION.