MEDICARE FEE SCHEDULE EFFECTIVE 01/01/2019

0AREA 20 DESCRIPTION
SPEC 00
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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****
	G2001		56.32	53.50	61.53					
	G2002		81.20	77.14	88.71					
	G2003		132.44	125.82	144.69					
	G2004		185.54	176.26	202.70					
	G2005		225.62	214.34	246.49					
	G2006		56.32	53.50	61.53					
	G2007		85.55	81.27	93.46					
	G2008		131.41	124.84	143.57					
	G2009		182.30	173.19	199.17					
	G2013		225.62	214.34	246.49					
	G2014		78.39	74.47	85.64					
	G2015		110.17	104.66	120.36					
	G9987		46.03	43.73	50.29					

0 ** END OF REPORT **

0 # - THESE AMOUNTS APPLY WHEN SERVICE IS PERFORMED IN A FACILITY SETTING.

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

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