

1HNPR3600

TRIPLE-S PR - MEDICARE CARRIER 09202
MEDICARE FEE SCHEDULE EFFECTIVE 01/21/2020

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0AREA 20 DESCRIPTION
SPEC 00

0	NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
		20560		26.81	25.47	29.29
	#	20560		16.98	16.13	18.55
		20561		39.84	37.85	43.53
	#	20561		25.65	24.37	28.03
		97810		37.99	36.09	41.50
	#	97810		31.80	30.21	34.74
		97811		28.92	27.47	31.59
	#	97811		26.74	25.40	29.21
		97813		42.34	40.22	46.25
	#	97813		34.34	32.62	37.51
		97814		34.73	32.99	37.94
	#	97814		29.27	27.81	31.98

** END OF REPORT **

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

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

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