

1HNPR3600

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

PAGE

2

0AREA 50 DESCRIPTION
SPEC 00

0	NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
		G0105	53	170.73	162.19	186.52
	#	G0105	53	96.52	91.69	105.44
		G0121	53	171.08	162.53	186.91
	#	G0121	53	96.87	92.03	105.83
		G2001		55.69	52.91	60.85
		G2002		79.90	75.91	87.30
		G2003		131.23	124.67	143.37
		G2004		186.21	176.90	203.44
		G2005		226.71	215.37	247.68
		G2006		55.70	52.92	60.86
		G2007		85.70	81.42	93.63
		G2008		131.29	124.73	143.44
		G2009		182.97	173.82	199.89
		G2013		226.71	215.37	247.68
		44388	53	157.71	149.82	172.29
	#	44388	53	82.04	77.94	89.63
		45378	53	171.08	162.53	186.91
	#	45378	53	96.87	92.03	105.83

** 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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