

1HNPR3600

TRIPLE-S PR - MEDICARE CARRIER 09202
MEDICARE FEE SCHEDULE EFFECTIVE 03/01/2020

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0AREA 20 DESCRIPTION
SPEC 00

0	NOTE	PROCEDURE	MOD	PAR AMOUNT	NON-PAR AMOUNT	LIMITING CHARGE
		98966		14.46	13.74	15.80
	#	98966		13.37	12.70	14.61
		98967		28.19	26.78	30.80
	#	98967		26.74	25.40	29.21
		98968		41.21	39.15	45.02
	#	98968		39.76	37.77	43.44
		99441		14.46	13.74	15.80
	#	99441		13.37	12.70	14.61
		99442		28.19	26.78	30.80
	#	99442		26.74	25.40	29.21
		99443		41.21	39.15	45.02
	#	99443		39.76	37.77	43.44

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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