

COLUMN:

1	2	3	4
CODE	MODIFIER	DESCRIPTION	FEE
T1015		CLINIC VISIT/ENCOUNTER ALL INCLUSIVE	235.51
T1015	TF	CLINIC VISIT/ENCOUNTER ALL INCLUSIVE	101.72
T1015	TG	CLINIC VISIT/ENCOUNTER ALL INCLUSIVE	107.52

Listed below are some aids we hope will help you understand this fee schedule. If, after reading the information below, you need further clarification of an item, please call Unisys Provider Relations at 1-800-473-2783.

COLUMN 1. CODE: The medical billing procedure code.

COLUMN 2. MODIFIER: The modifier used with the procedure code, where applicable.

TF INTERMEDIATE LEVEL OF CARE
TG COMPLEX/HIGH TECH LEVEL OF CARE

COLUMN 3. DESCRIPTION: A short description of the medical billing procedure code.

COLUMN 4. FEE: The listed fee refers to the maximum allowable payment for one unit of service.