ALASKA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	59.06	56.11	64.52
	98941	86.38	82.06	94.37
	98942	79.48	75.51	86.83

2027 deductible $292.00

www.noridianmedicare.com Click this link to access your Medicare carrier

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