ARIZONA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	43.67	41.49	47.71
	98941	64.20	60.99	70.14
	98942	53.31	50.64	58.24

2027 deductible $292.00

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

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