ARKANSAS

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
13 STATEWIDE	98940	40.86	38.82	44.64
	98941	59.99	56.99	65.54
	98942	51.13	48.57	55.86

2027 deductible $292.00

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