COLORADO

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	46.60	44.27	50.91
	98941	68.59	65.16	74.93
	98942	55.47	52.70	60.60

2027 deductible $292.00

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