CONNECTICUT

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	46.40	44.08	50.69
	98941	68.28	64.87	74.60
	98942	55.51	52.73	60.64

2027 deductible $292.00

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

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