DELAWARE

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	44.51	42.28	48.63
	98941	65.44	62.17	71.49
	98942	54.30	51.59	59.32

2027 deductible $292.00

www.novitas-solutions.com Click this link to access your Medicare carrier

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