HAWAII/GUAM

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	46.98	44.63	51.33
	98941	69.22	65.76	75.62
	98942	54.75	52.01	59.81

2027 deductible $292.00

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

CPT codes only © Copyright American Medical Association, 2027. All rights reserved.
© Copyright Dr Donald M Hodges, 2027. All rights reserved.