IDAHO

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	42.52	40.39	46.45
	98941	62.50	59.38	68.28
	98942	52.07	49.47	56.89

2027 deductible $292.00

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

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