INDIANA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	42.90	40.76	46.87
	98941	63.04	59.89	68.87
	98942	52.81	50.17	57.69

2027 deductible $292.00

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

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