IOWA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	42.42	40.30	46.34
	98941	62.32	59.20	68.08
	98942	52.35	49.73	57.19

2027 deductible $292.00

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

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