KANSAS

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE*	98940	42.15	40.04	46.05
	98941	61.91	58.81	67.64
	98942	52.28	49.67	57.12

KENTUCKY

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	42.02	39.92	45.91
	98941	61.73	58.64	67.44
	98942	52.07	49.47	56.89

2027 deductible $292.00

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

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