LOUISIANA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 NEW ORLEANS	98940	43.29	41.13	47.29
	98941	63.63	60.45	69.52
	98942	53.04	50.39	57.95
99 REST OF STATE	98940	42.02	39.92	45.91
	98941	61.72	58.63	67.43
	98942	52.38	49.76	57.23

2027 deductible $292.00

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