MAINE

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
03 SOUTHERN MAINE	98940	43.74	41.55	47.79
	98941	64.31	61.09	70.26
	98942	53.24	50.58	58.16
99 REST OF STATE	98940	42.61	40.48	46.55
	98941	62.63	59.50	68.42
	98942	52.40	49.78	57.25

2027 deductible $292.00

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