MASSACHUSETTS

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 METROPOLITAN BOSTON	98940	49.36	46.89	53.93
	98941	72.74	69.10	79.47
	98942	57.29	54.43	62.59
99 REST OF STATE	98940	46.02	43.72	50.28
	98941	67.72	64.33	73.98
	98942	55.28	52.52	60.39

2027 deductible $292.00

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

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