MINNESOTA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	45.39	43.12	49.59
	98941	66.78	63.44	72.96
	98942	54.48	51.76	59.52

2027 deductible $292.00

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

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