MONTANA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	43.97	41.77	48.04
	98941	64.69	61.46	70.67
	98942	52.78	50.14	57.66

2027 deductible $292.00

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

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