NEBRASKA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	42.63	40.50	46.57
	98941	62.65	59.52	68.45
	98942	52.36	49.74	57.20

2027 deductible $292.00

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

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