NEVADA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	44.27	42.06	48.37
	98941	65.13	61.87	71.15
	98942	53.29	50.63	58.22

2027 deductible $292.00

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

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