NEW HAMPSHIRE

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
40 STATEWIDE	98940	45.56	43.28	49.77
	98941	67.05	63.70	73.25
	98942	54.35	51.63	59.38

2027 deductible $292.00

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

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