NEW JERSEY

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 NORTHERN NJ	98940	49.14	46.68	53.69
	98941	72.35	68.73	79.04
	98942	58.14	55.23	63.52
99 REST OF STATE	98940	47.25	44.89	51.62
	98941	69.52	66.04	75.95
	98942	56.63	53.80	61.87

2027 deductible $292.00

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