NEW MEXICO

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
05 STATEWIDE	98940	42.97	40.82	46.94
	98941	63.13	59.97	68.97
	98942	53.09	50.44	58.00

2027 deductible $292.00

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