NEW YORK

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 MANHATTAN	98940	49.39	46.92	53.96
	98941	72.73	69.09	79.46
	98942	58.29	55.38	63.68
02 NYC SUBURBS/LONG ISLA	98940	49.75	47.26	54.35
	98941	73.28	69.62	80.06
	98942	58.38	55.46	63.78
03 POUGHKPSIE/N NYC SUBU	98940	47.53	45.15	51.93
	98941	69.94	66.44	76.41
	98942	56.96	54.11	62.23
04 QUEENS	98940	49.59	47.11	54.18
	98941	73.03	69.38	79.79
	98942	58.34	55.42	63.74
99 REST OF STATE	98940	43.67	41.49	47.71
	98941	64.18	60.97	70.12
	98942	53.70	51.02	58.67

2027 deductible $292.00

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