NORTH DAKOTA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	44.15	41.94	48.23
	98941	64.95	61.70	70.96
	98942	53.13	50.47	58.04

2027 deductible $292.00

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

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