OREGON

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 PORTLAND	98940	47.45	45.08	51.84
	98941	69.89	66.40	76.35
	98942	55.82	53.03	60.98
99 REST OF STATE	98940	44.45	42.23	48.56
	98941	65.39	62.12	71.44
	98942	53.51	50.83	58.46

2027 deductible $292.00

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

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