RHODE ISLAND

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	45.65	43.37	49.87
	98941	67.16	63.80	73.37
	98942	55.15	52.39	60.25

2027 deductible $292.00

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

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