UTAH

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
09 STATEWIDE	98940	43.10	40.95	47.09
	98941	63.36	60.19	69.22
	98942	52.69	50.06	57.56

2027 deductible $292.00

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

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