VERMONT

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
50 STATEWIDE	98940	43.99	41.79	48.06
	98941	64.70	61.47	70.68
	98942	53.18	50.52	58.10

2027 deductible $292.00

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

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