WISCONSIN

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	43.68	41.50	47.72
	98941	64.21	61.00	70.15
	98942	53.49	50.82	58.44

2027 deductible $292.00

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

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