WYOMING

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
21 STATEWIDE	98940	44.36	42.14	48.46
	98941	65.26	62.00	71.30
	98942	53.53	50.85	58.48

2027 deductible $292.00

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

CPT codes only © Copyright American Medical Association, 2027. All rights reserved.
© Copyright Dr Donald M Hodges, 2027. All rights reserved.