



## 2024 Medicare Fee Schedule

*Revised 3/24/24*

Deductible: \$240

LOCALITY	CODE	PAR FEE	NON-PAR FEE	LIMITING CHARGE
01	98940	\$30.29	\$28.78	\$33.10
01	*98940	\$23.66	\$22.48	\$25.85
01	98941	\$43.44	\$41.27	\$47.46
01	*98941	\$36.41	\$34.59	\$39.78
01	98942	\$55.80	\$53.01	\$60.96
01	*98942	\$48.78	\$46.34	\$53.29
99	98940	\$29.20	\$27.74	\$31.90
99	*98940	\$22.94	\$21.79	\$25.06
99	98941	\$41.92	\$39.82	\$45.79
99	*98941	\$35.29	\$33.53	\$38.56
99	98942	\$53.90	\$51.21	\$58.89
99	*98942	\$47.28	\$44.92	\$51.66

\*Fee Schedule when services performed in a facility.

- LC (LIMITING CHARGE) APPLIES TO UNASSIGNED CLAIMS BY NON-PARTICIPATING PROVIDERS.
- 01 Region: BERGEN, ESSEX, HUDSON, HUNTERDON, MIDDLESEX, MORRIS, PASSAIC, SOMERSET, SUSSEX, UNION AND WARREN
- 99 Region: All other Counties