



2025 Medicare Fee Schedule

**subject to change*

Deductible: \$257

LOCALITY	CODE	PAR FEE	NON-PAR FEE	LIMITING CHARGE
01	98940	\$29.43	\$27.96	\$32.15
01	*98940	\$23.37	\$22.20	\$25.53
01	98941	\$42.59	\$40.96	\$46.53
01	*98941	\$35.76	\$33.97	\$39.07
01	98942	\$54.98	\$52.23	\$60.06
01	*98942	\$48.16	\$45.75	\$52.61
99	98940	\$28.27	\$26.95	\$30.99
99	*98940	\$22.65	\$21.52	\$24.75
99	98941	\$41.09	\$39.04	\$44.90
99	*98941	\$34.65	\$32.92	\$37.86
99	98942	\$53.09	\$50.44	\$58.01
99	*98942	\$46.65	\$44.32	\$50.97

*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