ALABAMA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	41.98	39.88	45.86
	98941	61.63	58.55	67.33
	98942	52.58	49.95	57.44

2027 deductible $292.00

www.palmettogba.com/medicare Click this link to access your Medicare carrier

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