CALIFORNIA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
18 LOS ANGELES-LONG BEAC	98940	48.98	46.53	53.51
	98941	72.17	68.56	78.85
	98942	57.15	54.29	62.44
52 SAN FRANCISCO-OAKLAND	98940	54.78	52.04	59.85
	98941	80.87	76.83	88.35
	98942	61.25	58.19	66.92
05 SAN FRANCISCO-OAKLAND	98940	54.78	52.04	59.85
	98941	80.87	76.83	88.35
	98942	61.25	58.19	66.92
09 SAN JOSE-SUNNYVALE-SA	98940	56.14	53.33	61.33
	98941	82.90	78.76	90.57
	98942	62.41	59.29	68.18
51 NAPA	98940	52.53	49.90	57.39
	98941	77.51	73.63	84.68
	98942	59.26	56.30	64.74
53 VALLEJO	98940	52.53	49.90	57.39
	98941	77.51	73.63	84.68
	98942	59.26	56.30	64.74
54 BAKERSFIELD	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
55 CHICO	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
56 FRESNO	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
57 HANFORD-CORCORAN	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
58 MADERA	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
59 MERCED	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05

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2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
60 MODESTO	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
61 REDDING	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
62 RIVERSIDE-SAN BERNARD	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
63 SACRAMENTO-ROSEVILLE-	98940	48.90	46.46	53.42
	98941	72.06	68.46	78.73
	98942	57.01	54.16	62.28
64 SALINAS	98940	48.30	45.89	52.77
	98941	71.15	67.59	77.73
	98942	56.42	53.60	61.64
65 SAN JOSE-SUNNYVALE-SA	98940	56.14	53.33	61.33
	98941	82.90	78.76	90.57
	98942	62.41	59.29	68.18
66 SANTA CRUZ-WATSONVILL	98940	49.54	47.06	54.12
	98941	73.05	69.40	79.81
	98942	56.70	53.87	61.94
67 SANTA ROSA-PETALUMA	98940	49.78	47.29	54.38
	98941	73.40	69.73	80.19
	98942	57.05	54.20	62.33
68 STOCKTON	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
69 VISALIA	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
70 YUBA CITY	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05
71 EL CENTRO	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05

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2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
72 SAN DIEGO-CHULA VISTA	98940	49.32	46.85	53.88
	98941	72.71	69.07	79.44
	98942	56.94	54.09	62.21
73 SAN LUIS OBISPO-PASO	98940	48.04	45.64	52.48
	98941	70.78	67.24	77.33
	98942	56.10	53.30	61.29
74 SANTA MARIA-SANTA BAR	98940	48.55	46.12	53.04
	98941	71.52	67.94	78.14
	98942	56.74	53.90	61.99
17 OXNARD-THOUSAND OAKS-	98940	48.90	46.46	53.42
	98941	72.07	68.47	78.74
	98942	56.70	53.87	61.94
75 REST OF STATE*	98940	47.17	44.81	51.53
	98941	69.46	65.99	75.89
	98942	55.88	53.09	61.05

2027 deductible $292.00

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