FLORIDA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
03 FORT LAUDERDALE	98940	44.92	42.67	49.08
	98941	66.11	62.80	72.23
	98942	53.76	51.07	58.73
04 MIAMI	98940	45.51	43.23	49.72
	98941	67.00	63.65	73.20
	98942	54.04	51.34	59.04
99 REST OF STATE	98940	43.68	41.50	47.72
	98941	64.23	61.02	70.17
	98942	53.10	50.45	58.01

2027 deductible $292.00

https://medicare.fcso.com Click this link to access your Medicare carrier

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