GEORGIA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 ATLANTA	98940	45.62	43.34	49.84
	98941	67.12	63.76	73.33
	98942	54.88	52.14	59.96
99 REST OF STATE	98940	42.28	40.17	46.19
	98941	62.10	59.00	67.84
	98942	52.52	49.89	57.38

2027 deductible $292.00

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

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