MISSISSIPPI

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	41.06	39.01	44.86
	98941	60.30	57.29	65.88
	98942	51.19	48.63	55.93

2027 deductible $292.00

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