MISSOURI

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
02 METROPOLITAN KANSAS C	98940	42.99	40.84	46.97
	98941	63.17	60.01	69.01
	98942	53.01	50.36	57.91
01 METROPOLITAN ST. LOUI	98940	43.34	41.17	47.35
	98941	63.70	60.52	69.59
	98942	53.01	50.36	57.91
99 REST OF STATE*	98940	41.08	39.03	44.88
	98941	60.33	57.31	65.91
	98942	51.32	48.75	56.07
99 REST OF STATE*	98940	41.08	39.03	44.88
	98941	60.33	57.31	65.91
	98942	51.32	48.75	56.07

2027 deductible $292.00

www.wpsgha.com Click this link to access your Medicare carrier

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