NORTH CAROLINA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	43.25	41.09	47.25
	98941	63.56	60.38	69.44
	98942	53.20	50.54	58.12

2027 deductible $292.00

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

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