OHIO

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	42.76	40.62	46.72
	98941	62.82	59.68	68.63
	98942	52.99	50.34	57.89

2027 deductible $292.00

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

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