SOUTH CAROLINA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	42.90	40.76	46.87
	98941	63.05	59.90	68.88
	98942	52.73	50.09	57.61

2027 deductible $292.00

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

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