TENNESSEE

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
35 STATEWIDE	98940	42.52	40.39	46.45
	98941	62.49	59.37	68.27
	98942	52.38	49.76	57.23

2027 deductible $292.00

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

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