VIRGINIA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	44.41	42.19	48.52
	98941	65.30	62.04	71.34
	98942	54.14	51.43	59.15

2027 deductible $292.00

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

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