WEST VIRGINIA

2027 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
16 STATEWIDE	98940	41.53	39.45	45.37
	98941	60.99	57.94	66.63
	98942	51.86	49.27	56.66

2027 deductible $292.00

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

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