

CONNECTICUT

ChiroWise® 2024 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	28.29	26.88	30.91
	98941	40.59	38.56	44.34
	98942	52.17	49.56	57.00

2024 deductible \$240.00

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

www.ChiroWise.com Click this link for highly specialized chiropractic insurance training

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