

MASSACHUSETTS

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Metropolitan Boston	98940	29.71	28.22	32.46
	98941	42.54	40.41	46.48
	98942	54.60	51.87	59.65
99 Rest Of State	98940	27.74	26.35	30.31
	98941	39.89	37.90	43.58
	98942	51.34	48.77	56.09

2024 deductible \$240.00

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

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