

NEW HAMPSHIRE

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
40 Statewide	98940	27.21	25.85	29.73
	98941	39.12	37.16	42.74
	98942	50.35	47.83	55.01

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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