

OHIO

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.84	24.55	28.23
	98941	37.31	35.44	40.76
	98942	48.18	45.77	52.64

2024 deductible \$240.00

www.cgsmedicare.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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