

OREGON

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Portland	98940	28.12	26.71	30.72
	98941	40.39	38.37	44.13
	98942	51.93	49.33	56.73
99 Rest Of State	98940	26.57	25.24	29.03
	98941	38.31	36.39	41.85
	98942	49.40	46.93	53.97

2024 deductible \$240.00

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

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