

PENNSYLVANIA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Metropolitan Philadel	98940	27.88	26.49	30.46
	98941	40.05	38.05	43.75
	98942	51.54	48.96	56.31
99 Rest Of State	98940	25.99	24.69	28.39
	98941	37.51	35.63	40.98
	98942	48.43	46.01	52.91

2024 deductible \$240.00

www.novitas-solutions.com Click this link to access your Medicare carrier

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