

UTAH

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
09 Statewide	98940	26.06	24.76	28.47
	98941	37.61	35.73	41.09
	98942	48.54	46.11	53.03

2024 deductible \$240.00

www.noridianmedicare.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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