

WEST VIRGINIA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
16 Statewide	98940	25.38	24.11	27.73
	98941	36.67	34.84	40.06
	98942	47.39	45.02	51.77

2024 deductible \$240.00

www.palmettogba/medicare Click this link to access your Medicare carrier

www.ChiroWise.com Click this link for highly specialized chiropractic insurance training

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