

WISCONSIN

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	26.14	24.83	28.56
	98941	37.77	35.88	41.26
	98942	48.78	46.34	53.29

2024 deductible \$240.00

www.ngsmedicare.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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