

WEST VIRGINIA

ChiroWise® 2025 Medicare Part B fee schedule (non-hospital) Revision: 2

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
16 Statewide	98940	24.49	23.27	26.76
	98941	35.60	33.82	38.89
	98942	46.16	43.85	50.43

2025 deductible \$257.00

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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