

ALABAMA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.21	23.95	27.54
	98941	36.53	34.70	39.91
	98942	47.28	44.92	51.65

2024 deductible \$240.00

www.palmettogba.com/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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