

ARIZONA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	26.51	25.18	28.96
	98941	38.21	36.30	41.74
	98942	49.27	46.81	53.83

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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