

HAWAII/GUAM

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Statewide	98940	28.42	27.00	31.05
	98941	40.74	38.70	44.51
	98942	52.31	49.69	57.15

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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