

IDAHO

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.62	24.34	27.99
	98941	37.08	35.23	40.51
	98942	47.94	45.54	52.37

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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