

INDIANA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.79	24.50	28.18
	98941	37.29	35.43	40.74
	98942	48.20	45.79	52.66

2024 deductible \$240.00

www.wpsgha.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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