

MINNESOTA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	26.91	25.56	29.40
	98941	38.79	36.85	42.38
	98942	49.99	47.49	54.61

2024 deductible \$240.00

www.ngsmedicare.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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