

NORTH CAROLINA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.89	24.60	28.28
	98941	37.41	35.54	40.87
	98942	48.33	45.91	52.80

2024 deductible \$240.00

www.palmettogba/medicare Click this link to access your Medicare carrier

www.ChiroWise.com Click this link for highly specialized chiropractic insurance training

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