

SOUTH DAKOTA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
02 Statewide	98940	26.65	25.32	29.12
	98941	38.44	36.52	42.00
	98942	49.57	47.09	54.16

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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