

TENNESSEE

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
35 Statewide	98940	25.51	24.23	27.87
	98941	36.92	35.07	40.34
	98942	47.75	45.36	52.17

2024 deductible \$240.00

www.palmettogba.com/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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