

KENTUCKY

ChiroWise® 2025 Medicare Part B fee schedule (non-hospital) Revision: 2

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	24.53	23.30	26.80
	98941	35.70	33.92	39.00
	98942	46.31	43.99	50.59

2025 deductible \$257.00

www.cgsmedicare.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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