

NORTH CAROLINA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.32	24.05	27.66
	98941	36.87	35.03	40.28
	98942	47.81	45.42	52.23

2025 deductible \$257.00

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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