

GEORGIA

ChiroWise® 2026 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 ATLANTA	98940	26.94	25.59	29.43
	98941	38.73	36.79	42.31
	98942	50.17	47.66	54.81
99 REST OF STATE	98940	26.61	25.28	29.07
	98941	38.24	36.33	41.78
	98942	49.54	47.06	54.12

2026 deductible \$283.00

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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