

**2008 Chiropractor Fee Schedule**  
**REVISED 01/08/2008**  
**Effective 01/01/2008**  
**MISSOURI Eastern**  
**LOCALITY 01**

<b>NOTE</b>	<b>PROCEDURE CODE</b>	<b>PAR AMOUNT</b>	<b>NONPAR AMOUNT</b>	<b>LIMITING CHARGE</b>
	98940	23.52	22.34	25.69
*	98940	19.93	18.93	21.77
	98941	32.51	30.88	35.51
*	98941	28.20	26.79	30.81
	98942	42.66	40.53	46.61
*	98942	38.35	36.43	41.89

\*These fees apply when service is performed in a facility setting.  
Limiting Charge applies to unassigned claims by non-participating providers.  
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