

ALASKA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Statewide	98940	34.75	33.01	37.96
	98941	51.08	48.53	55.80
	98942	66.70	63.37	72.87

2025 deductible \$257.00

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