

INDIANA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.07	23.82	27.39
	98941	36.52	34.69	39.90
	98942	47.37	45.00	51.75

2025 deductible \$257.00

www.wpsgha.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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