

KANSAS

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	24.79	23.55	27.08
	98941	36.11	34.30	39.45
	98942	46.84	44.50	51.17

2025 deductible \$257.00

www.wpsgha.com Click this link to access your Medicare carrier

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