

MAINE

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
03 Southern Maine	98940	26.24	24.93	28.67
	98941	38.08	36.18	41.60
	98942	49.27	46.81	53.83
99 Rest Of State	98940	24.88	23.64	27.18
	98941	36.21	34.40	39.56
	98942	46.95	44.60	51.29

2025 deductible \$257.00

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