

MISSOURI

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
02 Metropolitan Kansas C	98940	25.68	24.40	28.06
	98941	37.31	35.44	40.76
	98942	48.33	45.91	52.80
01 Metropolitan St. Loui	98940	25.71	24.42	28.09
	98941	37.34	35.47	40.79
	98942	48.36	45.94	52.83
99 Rest Of State	98940	24.26	23.05	26.50
	98941	35.33	33.56	38.60
	98942	45.84	43.55	50.08
99 Rest Of State	98940	24.26	23.05	26.50
	98941	35.33	33.56	38.60
	98942	45.84	43.55	50.08

2025 deductible \$257.00

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

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