

MONTANA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Statewide	98940	25.97	24.67	28.37
	98941	37.64	35.76	41.12
	98942	48.66	46.23	53.16

2025 deductible \$257.00

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

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