

NORTH DAKOTA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Statewide	98940	26.06	24.76	28.47
	98941	37.86	35.97	41.36
	98942	49.00	46.55	53.53

2025 deductible \$257.00

www.noridianmedicare.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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