

OREGON

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 Portland	98940	27.78	26.39	30.35
	98941	40.26	38.25	43.98
	98942	52.02	49.42	56.83
99 Rest Of State	98940	25.92	24.62	28.32
	98941	37.66	35.78	41.14
	98942	48.76	46.32	53.27

2025 deductible \$257.00

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