

SOUTH DAKOTA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
02 Statewide	98940	25.94	24.64	28.34
	98941	37.69	35.81	41.18
	98942	48.80	46.36	53.31

2025 deductible \$257.00

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

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