

UTAH

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
09 Statewide	98940	25.18	23.92	27.51
	98941	36.58	34.75	39.96
	98942	47.37	45.00	51.75

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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