

WISCONSIN

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 Statewide	98940	25.60	24.32	27.97
	98941	37.28	35.42	40.73
	98942	48.34	45.92	52.81

2025 deductible \$257.00

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

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