

WYOMING

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
21 Statewide	98940	26.05	24.75	28.46
	98941	37.81	35.92	41.31
	98942	48.92	46.47	53.45

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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