

NEW HAMPSHIRE

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
40 Statewide	98940	26.77	25.43	29.25
	98941	38.82	36.88	42.41
	98942	50.19	47.68	54.83

2025 deductible \$257.00

www.ngsmedicare.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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