

HAWAII/GUAM

ChiroWise® 2026 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 STATEWIDE	98940	26.87	25.53	29.36
	98941	38.60	36.67	42.17
	98942	50.00	47.50	54.63

2026 deductible \$283.00

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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