

KENTUCKY

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	26.53	25.20	28.98
	98941	38.13	36.22	41.66
	98942	49.38	46.91	53.95

2026 deductible \$283.00

www.cgsmedicare.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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