

# MASSACHUSETTS

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 METROPOLITAN BOSTON	98940	28.00	26.60	30.59
	98941	40.23	38.22	43.95
	98942	52.11	49.50	56.93
99 REST OF STATE	98940	27.29	25.93	29.81
	98941	39.23	37.27	42.86
	98942	50.82	48.28	55.52

2026 deductible \$283.00

[www.ngsmedicare.com](http://www.ngsmedicare.com) Click this link to access your Medicare carrier

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