

NEVADA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	26.69	25.36	29.16
	98941	38.35	36.43	41.90
	98942	49.67	47.19	54.26

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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