

# NEW YORK

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 MANHATTAN	98940	28.61	27.18	31.26
	98941	41.11	39.05	44.91
	98942	53.25	50.59	58.18
02 NYC SUBURBS/LONG ISLA	98940	28.62	27.19	31.27
	98941	41.12	39.06	44.92
	98942	53.26	50.60	58.19
03 POUGHKPSIE/N NYC SUBU	98940	28.08	26.68	30.68
	98941	40.35	38.33	44.08
	98942	52.28	49.67	57.12
04 QUEENS	98940	28.61	27.18	31.26
	98941	41.11	39.05	44.91
	98942	53.26	50.60	58.19
99 REST OF STATE	98940	26.76	25.42	29.24
	98941	38.47	36.55	42.03
	98942	49.84	47.35	54.45

2026 deductible \$283.00

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

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