

NORTH CAROLINA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	26.70	25.37	29.17
	98941	38.37	36.45	41.92
	98942	49.71	47.22	54.31

2026 deductible \$283.00

www.palmettogba/medicare Click this link to access your Medicare carrier

www.ChiroWise.com Click this link for highly specialized chiropractic insurance training

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