

OREGON

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
01 PORTLAND	98940	27.31	25.94	29.84
	98941	39.25	37.29	42.88
	98942	50.84	48.30	55.54
99 REST OF STATE	98940	26.72	25.38	29.19
	98941	38.39	36.47	41.94
	98942	49.73	47.24	54.33

2026 deductible \$283.00

www.noridianmedicare.com Click this link to access your Medicare carrier

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