

VERMONT

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
50 STATEWIDE	98940	26.67	25.34	29.14
	98941	38.32	36.40	41.86
	98942	49.63	47.15	54.22

2026 deductible \$283.00

www.ngsmedicare.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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