

IOWA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	26.59	25.26	29.05
	98941	38.21	36.30	41.74
	98942	49.49	47.02	54.07

2026 deductible \$283.00

www.wpsgha.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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