

KANSAS

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE*	98940	26.58	25.25	29.04
	98941	38.20	36.29	41.73
	98942	49.48	47.01	54.06

2026 deductible \$283.00

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

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