

# NEBRASKA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
00 STATEWIDE	98940	26.57	25.24	29.03
	98941	38.18	36.27	41.71
	98942	49.45	46.98	54.02

2026 deductible \$283.00

[www.wpsgha.com](http://www.wpsgha.com) Click this link to access your Medicare carrier

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