



Wisconsin Chiropractic Association
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2026 Medicare Physician Fee Schedule

Posted as of January 8, 2026

PROCEDURE CODE	PARTICIPATING AMOUNT	NON-PARTICIPATING AMOUNT	LIMITING CHARGE*
98940	\$26.01	\$24.71	\$28.42
98941	\$37.55	\$35.67	\$41.02
98942	\$48.78	\$46.34	\$53.29

Reminder: The Protecting Medicare and American Farmers from Sequester Cuts Act impacts payments for all Medicare fee-for-service claims ended. As of 07/01/2022 sequestration payment adjustment reverted to the 2% rate for claims with dates of services 7/1/2022 and after. This 2% sequestration is in effect for 2026.

Note: The sequestration payment adjustment decrease will appear on the RA with a CARC 253, used to report the sequestration reduction. The code will appear as a CO 253 on the RA "Sequestration – reduction in federal payment" as the reason.

Participating "Par" Fee Allowance:

When you choose to participate with Medicare, the par fee allowance is the maximum amount you can charge a Medicare patient for the given service. If the deductible has not been met, the patient will pay you the full amount. If the deductible has been met, then Medicare should pay you 80% of this allowable, and you will collect 20% from the patient (or a secondary). Any difference between your normal full fee and the par fee allowance will be "written off." However, one advantage of participation is that you can still bill your regular fee to Medicare, alleviating the need for different amounts in a billing computer. Medicare automatically pays the par fee allowance, knowing you have agreed to accept this amount, and there is no penalty to you.

Limiting Charge:

This charge is the amount that non-participating providers are "limited" to charge for that service. The amount is 115% of the non-par fee allowance. This applies only to non-participating providers. You may never charge a Medicare patient more than this amount for any reimbursable Medicare service. If you send higher amounts into Medicare, they will appear on a Medicare Limiting Charge Exception Report (LCER). One exception to this rule: you are allowed to round up or down on these charges without penalty. You may not round below the allowed amount or higher than the limiting fee. You must be consistent with your fees to all Medicare Beneficiaries.

Non-Participating "Non-Par" Fee Allowance:

This is 95% of the par fee allowance, and since you choose not to participate with Medicare, this is the fee Medicare will use to calculate reimbursement. If you do not accept assignment on the claim, Medicare will reimburse the patient 80% of the non-par fee allowance. If a non-participating provider accepts assignment, must accept the non-par fee allowance as payment in full.