

ILLINOIS

ChiroWise® 2024 Medicare Part B fee schedule (non-hospital)

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
16 Chicago	98940	27.55	26.17	30.10
	98941	39.48	37.51	43.13
	98942	50.74	48.20	55.43
12 East St. Louis	98940	26.17	24.86	28.59
	98941	37.66	35.78	41.14
	98942	48.55	46.12	53.04
15 Suburban Chicago	98940	27.69	26.31	30.25
	98941	39.71	37.72	43.38
	98942	51.04	48.49	55.76
99 Rest Of State	98940	25.97	24.67	28.37
	98941	37.44	35.57	40.90
	98942	48.31	45.89	52.78

2024 deductible \$240.00

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