

CALIFORNIA

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
18 LOS ANGELES-LONG BEAC	98940	28.00	26.60	30.59
	98941	40.23	38.22	43.95
	98942	52.11	49.50	56.93
52 SAN FRANCISCO-OAKLAND	98940	29.51	28.03	32.24
	98941	42.38	40.26	46.30
	98942	54.87	52.13	59.95
05 SAN FRANCISCO-OAKLAND	98940	29.51	28.03	32.24
	98941	42.38	40.26	46.30
	98942	54.87	52.13	59.95
09 SAN JOSE-SUNNYVALE-SA	98940	29.92	28.42	32.69
	98941	42.96	40.81	46.93
	98942	55.63	52.85	60.78
51 NAPA	98940	28.63	27.20	31.28
	98941	41.12	39.06	44.92
	98942	53.25	50.59	58.18
53 VALLEJO	98940	28.63	27.20	31.28
	98941	41.12	39.06	44.92
	98942	53.25	50.59	58.18
54 BAKERSFIELD	98940	27.39	26.02	29.92
	98941	39.36	37.39	43.00
	98942	51.00	48.45	55.72
55 CHICO	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
56 FRESNO	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
57 HANFORD-CORCORAN	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
58 MADERA	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
59 MERCED	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61

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Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
60 MODESTO	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
61 REDDING	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
62 RIVERSIDE-SAN BERNARD	98940	27.36	25.99	29.89
	98941	39.32	37.35	42.96
	98942	50.94	48.39	55.65
63 SACRAMENTO-ROSEVILLE-	98940	27.86	26.47	30.44
	98941	40.03	38.03	43.73
	98942	51.86	49.27	56.66
64 SALINAS	98940	27.73	26.34	30.30
	98941	39.84	37.85	43.53
	98942	51.61	49.03	56.38
65 SAN JOSE-SUNNYVALE-SA	98940	29.92	28.42	32.69
	98941	42.96	40.81	46.93
	98942	55.63	52.85	60.78
66 SANTA CRUZ-WATSONVILL	98940	27.48	26.11	30.02
	98941	39.48	37.51	43.13
	98942	51.13	48.57	55.86
67 SANTA ROSA-PETALUMA	98940	27.73	26.34	30.30
	98941	39.83	37.84	43.51
	98942	51.58	49.00	56.35
68 STOCKTON	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
69 VISALIA	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
70 YUBA CITY	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61
71 EL CENTRO	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61

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Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
72 SAN DIEGO-CHULA VISTA	98940	27.72	26.33	30.28
	98941	39.82	37.83	43.50
	98942	51.57	48.99	56.34
73 SAN LUIS OBISPO-PASO	98940	27.35	25.98	29.88
	98941	39.30	37.34	42.94
	98942	50.91	48.36	55.62
74 SANTA MARIA-SANTA BAR	98940	27.65	26.27	30.21
	98941	39.73	37.74	43.41
	98942	51.46	48.89	56.22
17 OXNARD-THOUSAND OAKS-	98940	27.66	26.28	30.22
	98941	39.73	37.74	43.41
	98942	51.47	48.90	56.23
75 REST OF STATE*	98940	27.34	25.97	29.87
	98941	39.28	37.32	42.91
	98942	50.90	48.36	55.61

2026 deductible \$283.00

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