

# ILLINOIS

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
16 CHICAGO	98940	27.04	25.69	29.54
	98941	38.87	36.93	42.47
	98942	50.36	47.84	55.02
12 EAST ST. LOUIS	98940	26.65	25.32	29.12
	98941	38.30	36.39	41.84
	98942	49.61	47.13	54.20
15 SUBURBAN CHICAGO	98940	27.05	25.70	29.55
	98941	38.88	36.94	42.48
	98942	50.37	47.85	55.03
99 REST OF STATE	98940	26.64	25.31	29.10
	98941	38.29	36.38	41.83
	98942	49.61	47.13	54.20

2026 deductible \$283.00

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

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