

CALIFORNIA

ChiroWise® 2025 Medicare Part B fee schedule (non-hospital) Revision: 2

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
18 Los Angeles/Long Beac	98940	29.24	27.78	31.94
	98941	42.31	40.19	46.22
	98942	54.59	51.86	59.64
52 San Francisco/Oakland	98940	32.40	30.78	35.40
	98941	46.71	44.37	51.03
	98942	60.10	57.10	65.66
05 San Francisco/Oakland	98940	32.40	30.78	35.40
	98941	46.70	44.37	51.02
	98942	60.09	57.09	65.65
09 San Jose/Sunnyvale/Sa	98940	32.75	31.11	35.78
	98941	47.21	44.85	51.58
	98942	60.75	57.71	66.37
51 Napa	98940	30.74	29.20	33.58
	98941	44.38	42.16	48.49
	98942	57.18	54.32	62.47
53 Vallejo	98940	30.73	29.19	33.57
	98941	44.37	42.15	48.47
	98942	57.16	54.30	62.45
54 Bakersfield	98940	27.72	26.33	30.28
	98941	40.19	38.18	43.91
	98942	51.95	49.35	56.76
55 Chico	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
56 Fresno	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
57 Hanford/Corcoran	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
58 Madera	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
59 Merced	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61

continued on next page

Page: 1

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Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
60 Modesto	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
61 Redding	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
62 Riverside/San Bernard	98940	27.75	26.36	30.32
	98941	40.19	38.18	43.91
	98942	51.93	49.33	56.73
63 Sacramento/Roseville/	98940	28.65	27.22	31.30
	98941	41.50	39.43	45.34
	98942	53.60	50.92	58.56
64 Salinas	98940	28.77	27.33	31.43
	98941	41.66	39.58	45.51
	98942	53.80	51.11	58.78
65 San Jose/Sunnyvale/Sa	98940	32.79	31.15	35.82
	98941	47.26	44.90	51.63
	98942	60.80	57.76	66.42
66 Santa Cruz/Watsonvill	98940	29.00	27.55	31.68
	98941	41.92	39.82	45.80
	98942	54.05	51.35	59.05
67 Santa Rosa/Petaluma	98940	29.41	27.94	32.13
	98941	42.50	40.38	46.43
	98942	54.79	52.05	59.86
68 Stockton	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
69 Visalia	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
70 Yuba City	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61
71 El Centro	98940	27.65	26.27	30.21
	98941	40.09	38.09	43.80
	98942	51.82	49.23	56.61

continued on next page

Page: 2

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Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
72 San Diego/Chula Vista	98940	28.96	27.51	31.64
	98941	41.90	39.81	45.78
	98942	54.07	51.37	59.07
73 San Luis Obispo/Paso	98940	28.08	26.68	30.68
	98941	40.68	38.65	44.44
	98942	52.54	49.91	57.40
74 Santa Maria/Santa Bar	98940	28.69	27.26	31.34
	98941	41.51	39.43	45.35
	98942	53.58	50.90	58.54
17 Oxnard/Thousand Oaks/	98940	28.87	27.43	31.54
	98941	41.76	39.67	45.62
	98942	53.88	51.19	58.86
75 Rest Of State	98940	27.64	26.26	30.20
	98941	40.08	38.08	43.79
	98942	51.82	49.23	56.61

2025 deductible \$257.00

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