

TEXAS

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

Area	CPT Code	PAR	NON PAR	LIMITING CHARGE
31 Austin	98940	26.99	25.64	29.49
	98941	39.12	37.16	42.74
	98942	50.57	48.04	55.25
20 Beaumont	98940	25.19	23.93	27.52
	98941	36.66	34.83	40.05
	98942	47.54	45.16	51.94
09 Brazoria	98940	26.73	25.39	29.20
	98941	38.84	36.90	42.43
	98942	50.29	47.78	54.94
11 Dallas	98940	26.73	25.39	29.20
	98941	38.81	36.87	42.40
	98942	50.25	47.74	54.90
28 Fort Worth	98940	26.63	25.30	29.09
	98941	38.68	36.75	42.26
	98942	50.09	47.59	54.72
15 Galveston	98940	26.69	25.36	29.16
	98941	38.77	36.83	42.36
	98942	50.20	47.69	54.84
18 Houston	98940	26.90	25.56	29.39
	98941	38.99	37.04	42.60
	98942	50.43	47.91	55.09
99 Rest Of State	98940	25.67	24.39	28.04
	98941	37.31	35.44	40.76
	98942	48.34	45.92	52.81

2025 deductible \$257.00

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