# TEXAS

## 2027 Medicare Part B fee schedule (non-hospital)

| Area | CPT Code | PAR | NON PAR | LIMITING CHARGE |
|---|---|---|---|---|
| 31 AUSTIN | 98940 | 46.22 | 43.91 | 50.50 |
| | 98941 | 68.04 | 64.64 | 74.33 |
| | 98942 | 54.95 | 52.20 | 60.03 |
| 20 BEAUMONT | 98940 | 42.71 | 40.57 | 46.66 |
| | 98941 | 62.74 | 59.60 | 68.54 |
| | 98942 | 52.89 | 50.25 | 57.78 |
| 09 BRAZORIA | 98940 | 44.44 | 42.22 | 48.55 |
| | 98941 | 65.32 | 62.05 | 71.36 |
| | 98942 | 54.36 | 51.64 | 59.39 |
| 11 DALLAS | 98940 | 44.72 | 42.48 | 48.86 |
| | 98941 | 65.73 | 62.44 | 71.81 |
| | 98942 | 54.65 | 51.92 | 59.71 |
| 28 FORT WORTH | 98940 | 44.54 | 42.31 | 48.66 |
| | 98941 | 65.46 | 62.19 | 71.52 |
| | 98942 | 54.61 | 51.88 | 59.66 |
| 15 GALVESTON | 98940 | 44.60 | 42.37 | 48.73 |
| | 98941 | 65.57 | 62.29 | 71.64 |
| | 98942 | 54.41 | 51.69 | 59.44 |
| 18 HOUSTON | 98940 | 44.56 | 42.33 | 48.68 |
| | 98941 | 65.51 | 62.23 | 71.57 |
| | 98942 | 54.40 | 51.68 | 59.43 |
| 99 REST OF STATE | 98940 | 43.47 | 41.30 | 47.49 |
| | 98941 | 63.89 | 60.70 | 69.80 |
| | 98942 | 53.26 | 50.60 | 58.19 |

2027 deductible $292.00

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