



GOVERNMENT OF GUAM
 DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
 DIPATTAMENTON SALUT PUPBLEKO YAN SETBISION SUSLAT



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 GOVERNOR OF GUAM

JOSHUA F. TENORIO
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 LT. GOVERNOR OF GUAM

PETERJOHN D. CAMACHO, MPH
 ACTING DIRECTOR

TERRY G. AGUON
 DEPUTY DIRECTOR

FEB 08 2024

Medicaid and MIP Provider

Re: 2024 Medicaid Fee Schedule

Dear Providers:

Hafa Adai! The Guam Medicaid Program continues to work toward providing the best health outcomes for recipients. Thus, the program acknowledges the January 2024 published fee schedules that are approved methodologies for the Medicare Physician Fee Schedule (MPFS) and the Ambulatory Surgical Center (ASC) Fee Schedule.

Please submit your claims based on the aforementioned fee schedule.

Your continuous support is appreciated. Should you have any questions, please contact Mr. Carlos B. Pangelinan, Bureau of Health Care Financing Administration (BHCFA) Chief Human Services Administrator at (671) 300-7343.

2/8/2024

PETERJOHN D. CAMACHO, MPH
 Acting Director

Disclaimer: Note that the absence or presence of a reimbursement code and its associated allowance on these pages does not guarantee Guam Medicaid & MIP coverage of the item or procedure. Please refer to the appropriate Guam Medicaid & MIP provider manual for coverage determination.

9 2/8/24

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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- These amounts apply when service is performed in a facility setting.

C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

Note	Procedure Code	Modifier	Par Amount
	G0011		\$26.95
#	G0011		\$22.43
	G0012		\$15.16
	G0013		\$25.27
#	G0013		\$8.71
	G0017		\$213.84
#	G0017		\$184.12
	G0018		\$105.60
#	G0018		\$92.06
	G0019		\$84.82
#	G0019		\$49.83
	G0022		\$52.43
#	G0022		\$34.75
	G0023		\$84.82
#	G0023		\$49.83
	G0024		\$52.43
#	G0024		\$34.75
	G0076		\$49.79
	G0077		\$73.81
	G0078		\$121.17
	G0079		\$158.76
	G0080		\$209.25
	G0081		\$48.71
	G0082		\$78.89
	G0083		\$124.00
	G0084		\$175.02
	G0085		\$209.25
	G0086		\$75.50
	G0087		\$105.53
	G0101		\$40.85
#	G0101		\$27.31
	G0102		\$25.27
#	G0102		\$8.71
	G0104		\$203.90

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#	G0104		\$57.17
	G0105		\$359.39
#	G0105		\$181.05
	G0105	53	\$179.51
#	G0105	53	\$90.72
	G0106		\$239.69
	G0106	TC	\$180.77
	G0106	26	\$58.91
	G0108		\$56.16
	G0109		\$16.27
	G0117		\$69.28
	G0118		\$46.38
	G0120		\$239.69
	G0120	TC	\$180.77
	G0120	26	\$58.91
	G0121		\$359.57
#	G0121		\$181.24
	G0121	53	\$179.69
#	G0121	53	\$90.90
	G0124		\$25.63
	G0127		\$26.07
#	G0127		\$7.26
	G0128		\$10.72
	G0130		\$39.93
	G0130	TC	\$29.15
	G0130	26	\$10.77
	G0136		\$20.37
#	G0136		\$9.09
	G0140		\$84.82
#	G0140		\$49.83
	G0141		\$25.63
	G0146		\$52.43
#	G0146		\$34.75
	G0166		\$115.11
	G0168		\$135.03

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#	G0168		\$13.89
	G0179		\$44.63
	G0180		\$56.34
	G0181		\$107.39
	G0182		\$107.20
	G0237		\$12.60
	G0238		\$11.47
	G0239		\$14.48
	G0245		\$67.93
#	G0245		\$39.33
	G0246		\$41.44
#	G0246		\$19.62
	G0247		\$92.36
#	G0247		\$21.25
	G0248		\$112.10
	G0249		\$73.92
	G0250		\$8.71
	G0268		\$54.36
#	G0268		\$32.54
	G0270		\$33.35
#	G0270		\$28.09
	G0271		\$17.40
#	G0271		\$15.89
	G0276		\$362.55
	G0277		\$205.03
	G0278		\$12.67
	G0279		\$49.92
	G0279	TC	\$21.82
	G0279	26	\$28.10
	G0281		\$12.10
	G0283		\$12.10
	G0288		\$47.55
	G0289		\$82.57
	G0296		\$28.11
#	G0296		\$25.10

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	G0316		\$32.00
#	G0316		\$30.11
	G0317		\$32.00
#	G0317		\$30.11
	G0318		\$31.05
#	G0318		\$29.55
	G0323		\$56.39
#	G0323		\$43.22
	G0329		\$11.55
	G0341		\$1,734.03
#	G0341		\$293.07
	G0342		\$736.60
	G0343		\$1,200.21
	G0372		\$8.76
	G0396		\$34.62
#	G0396		\$31.23
	G0397		\$66.59
#	G0397		\$63.21
	G0402		\$171.40
#	G0402		\$130.77
	G0403		\$14.96
	G0404		\$6.96
	G0405		\$8.01
	G0406		\$40.84
	G0407		\$71.42
	G0408		\$104.16
	G0409		\$26.52
	G0412		\$732.50
	G0413		\$1,069.71
	G0414		\$1,011.12
	G0415		\$1,361.91
	G0416		\$390.03
	G0416	TC	\$215.37
	G0416	26	\$174.66
	G0420		\$109.05

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	G0421		\$27.46
	G0422		\$133.17
	G0423		\$133.17
	G0425		\$90.63
	G0426		\$129.19
	G0427		\$183.09
	G0429		\$103.99
#	G0429		\$68.25
	G0438		\$171.03
	G0439		\$135.24
	G0442		\$20.37
#	G0442		\$9.09
	G0443		\$25.44
#	G0443		\$22.43
	G0444		\$20.37
#	G0444		\$9.09
	G0445		\$26.95
#	G0445		\$22.43
	G0446		\$25.82
#	G0446		\$22.81
	G0447		\$25.82
#	G0447		\$22.43
	G0451		\$12.98
	G0452		\$50.19
	G0452	TC	\$3.57
	G0452	26	\$46.62
	G0453		\$31.85
	G0454		\$8.71
	G0455		\$138.43
#	G0455		\$69.21
	G0459		\$41.81
	G0473		\$12.61
#	G0473		\$11.48
	G0500		\$63.65
#	G0500		\$5.33

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	G0506		\$65.33
#	G0506		\$43.89
	G0508		\$204.19
	G0509		\$187.01
	G0513		\$63.86
#	G0513		\$58.97
	G0514		\$64.24
#	G0514		\$59.34
	G0516		\$210.98
#	G0516		\$96.98
	G0517		\$233.88
#	G0517		\$110.47
	G0518		\$409.80
#	G0518		\$180.30
	G2001		\$49.79
	G2002		\$73.81
	G2003		\$121.17
	G2004		\$158.76
	G2005		\$209.25
	G2006		\$48.71
	G2007		\$78.89
	G2008		\$124.00
	G2009		\$175.02
	G2010		\$12.85
#	G2010		\$9.09
	G2011		\$16.62
	G2012		\$14.20
#	G2012		\$12.69
	G2013		\$209.25
	G2014		\$75.50
	G2015		\$105.53
	G2082		\$902.51
#	G2082		\$34.55
	G2083		\$1,278.74
#	G2083		\$34.55

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	G2086		\$471.58
#	G2086		\$399.72
	G2087		\$432.15
#	G2087		\$384.37
	G2088		\$61.25
#	G2088		\$37.93
	G2211		\$16.44
	G2212		\$32.56
#	G2212		\$31.05
	G2213		\$63.40
#	G2213		\$59.26
	G2214		\$59.99
#	G2214		\$38.17
	G2250		\$12.85
#	G2250		\$9.09
	G2251		\$14.20
#	G2251		\$12.69
	G2252		\$26.71
#	G2252		\$24.82
	G3002		\$84.11
#	G3002		\$73.95
	G3003		\$31.03
#	G3003		\$25.76
	G6001		\$199.76
	G6001	TC	\$167.61
	G6001	26	\$32.15
	G6002		\$82.55
	G6002	TC	\$61.89
	G6002	26	\$20.66
	G6003		\$173.63
	G6004		\$142.40
	G6005		\$142.78
	G6006		\$141.65
	G6007		\$259.41
	G6008		\$196.38

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	G6009		\$196.01
	G6010		\$194.50
	G6011		\$258.46
	G6012		\$258.84
	G6013		\$259.97
	G6014		\$258.09
	G6015		\$400.66
	G6016		\$399.74
	G9157		\$90.39
	G9187		\$52.35
	G9481		\$16.82
	G9482		\$31.92
	G9483		\$49.44
	G9484		\$83.98
	G9485		\$109.86
	G9486		\$16.82
	G9487		\$33.60
	G9488		\$51.69
	G9489		\$73.13
	G9490		\$52.35
	G9685		\$183.64
	G9868		\$26.20
	G9869		\$35.04
	G9870		\$43.88
	G9978		\$52.19
#	G9978		\$27.73
	G9979		\$75.56
#	G9979		\$46.97
	G9980		\$109.26
#	G9980		\$75.02
	G9981		\$166.00
#	G9981		\$126.49
	G9982		\$214.83
#	G9982		\$168.93
	G9983		\$52.19

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#	G9983		\$27.73
	G9984		\$83.64
#	G9984		\$54.67
	G9985		\$119.03
#	G9985		\$82.92
	G9986		\$163.43
#	G9986		\$120.91
	G9987		\$52.35
	P3001		\$25.63
	Q0035		\$18.73
	Q0035	TC	\$10.72
	Q0035	26	\$8.01
	Q0091		\$47.85
#	Q0091		\$18.13
	Q0092		\$29.15
	0446T		\$3,489.03
#	0446T		\$56.30
	0447T		\$104.42
#	0447T		\$66.04
	0448T		\$3,469.08
#	0448T		\$93.91
	0509T		\$83.44
	0509T	TC	\$62.26
	0509T	26	\$21.18
	10004		\$52.66
#	10004		\$42.13
	10005		\$141.42
#	10005		\$71.06
	10006		\$60.92
#	10006		\$48.88
	10007		\$329.68
#	10007		\$86.63
	10008		\$150.50
#	10008		\$48.54
	10009		\$465.94

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#	10009		\$105.13
	10010		\$253.15
#	10010		\$68.04
	10021		\$106.65
#	10021		\$53.60
	10030		\$695.08
#	10030		\$129.98
	10035		\$395.51
#	10035		\$81.36
	10036		\$326.89
#	10036		\$40.96
	10040		\$125.32
#	10040		\$51.95
	10060		\$135.64
#	10060		\$112.69
	10061		\$225.31
#	10061		\$191.07
	10080		\$273.88
#	10080		\$109.84
	10081		\$368.15
#	10081		\$172.51
	10120		\$163.85
#	10120		\$111.18
	10121		\$278.79
#	10121		\$186.61
	10140		\$180.88
#	10140		\$122.56
	10160		\$137.93
#	10160		\$100.30
	10180		\$276.93
#	10180		\$181.75
	11000		\$63.08
#	11000		\$26.96
	11001		\$28.81
#	11001		\$14.51

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	11004		\$540.83
	11005		\$728.13
	11006		\$662.85
	11008		\$255.92
	11010		\$470.96
#	11010		\$276.08
	11011		\$521.94
#	11011		\$291.32
	11012		\$675.84
#	11012		\$407.21
	11042		\$139.30
#	11042		\$60.67
	11043		\$242.11
#	11043		\$151.44
	11044		\$319.07
#	11044		\$220.12
	11045		\$41.17
#	11045		\$24.24
	11046		\$73.71
#	11046		\$52.64
	11047		\$120.67
#	11047		\$92.83
	11055		\$78.23
#	11055		\$15.02
	11056		\$90.10
#	11056		\$21.25
	11057		\$97.82
#	11057		\$27.85
	11102		\$109.05
#	11102		\$37.57
	11103		\$54.19
#	11103		\$21.83
	11104		\$135.49
#	11104		\$46.32
	11105		\$63.99

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#	11105		\$25.24
	11106		\$168.27
#	11106		\$55.78
	11107		\$76.53
#	11107		\$30.25
	11200		\$99.23
#	11200		\$81.18
	11201		\$18.70
#	11201		\$16.07
	11300		\$109.35
#	11300		\$33.72
	11301		\$131.01
#	11301		\$50.87
	11302		\$147.77
#	11302		\$59.35
	11303		\$162.77
#	11303		\$70.59
	11305		\$113.64
#	11305		\$36.51
	11306		\$132.04
#	11306		\$48.14
	11307		\$148.35
#	11307		\$61.44
	11308		\$155.16
#	11308		\$68.25
	11310		\$125.29
#	11310		\$45.16
	11311		\$146.95
#	11311		\$62.30
	11312		\$166.66
#	11312		\$73.73
	11313		\$192.81
#	11313		\$95.37
	11400		\$138.90
#	11400		\$89.24

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	11401		\$167.88
#	11401		\$110.69
	11402		\$184.53
#	11402		\$120.57
	11403		\$210.81
#	11403		\$155.88
	11404		\$237.68
#	11404		\$169.95
	11406		\$332.43
#	11406		\$251.92
	11420		\$136.77
#	11420		\$86.35
	11421		\$170.90
#	11421		\$113.33
	11422		\$191.30
#	11422		\$142.01
	11423		\$218.01
#	11423		\$163.08
	11424		\$250.91
#	11424		\$186.20
	11426		\$340.01
#	11426		\$271.16
	11440		\$155.67
#	11440		\$114.66
	11441		\$186.58
#	11441		\$140.31
	11442		\$206.46
#	11442		\$153.79
	11443		\$241.27
#	11443		\$185.59
	11444		\$297.27
#	11444		\$231.43
	11446		\$398.79
#	11446		\$322.04
	11450		\$458.39

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#	11450		\$268.77
	11451		\$554.92
#	11451		\$337.08
	11462		\$447.07
#	11462		\$256.70
	11463		\$563.21
#	11463		\$339.73
	11470		\$482.92
#	11470		\$293.30
	11471		\$577.52
#	11471		\$358.18
	11600		\$211.67
#	11600		\$126.26
	11601		\$244.31
#	11601		\$152.51
	11602		\$261.39
#	11602		\$165.83
	11603		\$295.35
#	11603		\$196.78
	11604		\$328.22
#	11604		\$215.35
	11606		\$466.29
#	11606		\$314.67
	11620		\$212.56
#	11620		\$127.15
	11621		\$244.82
#	11621		\$153.02
	11622		\$269.72
#	11622		\$173.41
	11623		\$312.35
#	11623		\$212.27
	11624		\$354.20
#	11624		\$239.83
	11626		\$422.06
#	11626		\$289.63

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	11640		\$218.44
#	11640		\$131.15
	11641		\$252.84
#	11641		\$159.54
	11642		\$284.67
#	11642		\$185.72
	11643		\$331.12
#	11643		\$229.92
	11644		\$407.08
#	11644		\$283.30
	11646		\$521.14
#	11646		\$387.20
	11719		\$15.16
#	11719		\$7.26
	11720		\$35.11
#	11720		\$13.66
	11721		\$47.01
#	11721		\$22.93
	11730		\$123.32
#	11730		\$53.34
	11732		\$34.82
#	11732		\$16.38
	11740		\$63.08
#	11740		\$34.11
	11750		\$171.88
#	11750		\$104.92
	11755		\$130.05
#	11755		\$59.70
	11760		\$197.57
#	11760		\$112.17
	11762		\$305.12
#	11762		\$190.37
	11765		\$180.24
#	11765		\$97.47
	11770		\$376.91

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	11770		\$186.16
	11771		\$658.17
#	11771		\$455.76
	11772		\$807.67
#	11772		\$590.96
	11900		\$61.40
#	11900		\$29.79
	11901		\$73.94
#	11901		\$45.35
	11920		\$213.61
#	11920		\$114.66
	11921		\$234.79
#	11921		\$130.95
	11922		\$65.10
#	11922		\$28.23
	11950		\$85.37
#	11950		\$51.14
	11951		\$112.99
#	11951		\$71.60
	11952		\$150.20
#	11952		\$100.54
	11954		\$165.39
#	11954		\$109.71
	11960		\$1,055.94
	11970		\$574.41
	11971		\$569.03
	11976		\$149.95
#	11976		\$89.76
	11980		\$98.22
#	11980		\$53.82
	11981		\$104.39
#	11981		\$60.75
	11982		\$114.50
#	11982		\$70.86
	11983		\$144.79

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	11983		\$100.01
	12001		\$99.67
#	12001		\$43.24
	12002		\$119.63
#	12002		\$56.42
	12004		\$138.26
#	12004		\$70.16
	12005		\$183.59
#	12005		\$89.16
	12006		\$211.05
#	12006		\$109.47
	12007		\$237.67
#	12007		\$136.46
	12011		\$117.90
#	12011		\$53.19
	12013		\$121.86
#	12013		\$54.51
	12014		\$147.96
#	12014		\$70.45
	12015		\$177.90
#	12015		\$88.36
	12016		\$224.09
#	12016		\$119.87
	12017		\$144.27
	12018		\$162.45
	12020		\$318.62
#	12020		\$191.83
	12021		\$186.09
#	12021		\$144.71
	12031		\$283.03
#	12031		\$156.24
	12032		\$326.00
#	12032		\$196.57
	12034		\$356.67
#	12034		\$209.19

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	12035		\$411.36
#	12035		\$243.19
	12036		\$453.40
#	12036		\$281.09
	12037		\$506.75
#	12037		\$325.41
	12041		\$283.10
#	12041		\$148.41
	12042		\$331.06
#	12042		\$200.51
	12044		\$409.19
#	12044		\$217.31
	12045		\$436.45
#	12045		\$277.68
	12046		\$524.44
#	12046		\$317.89
	12047		\$572.18
#	12047		\$350.95
	12051		\$303.59
#	12051		\$173.79
	12052		\$336.30
#	12052		\$203.87
	12053		\$388.05
#	12053		\$219.13
	12054		\$405.95
#	12054		\$220.85
	12055		\$531.69
#	12055		\$302.94
	12056		\$610.67
#	12056		\$388.69
	12057		\$635.03
#	12057		\$422.08
	13100		\$362.93
#	13100		\$203.03
	13101		\$422.93

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	13101		\$251.74
	13102		\$121.40
#	13102		\$70.24
	13120		\$377.60
#	13120		\$236.52
	13121		\$451.51
#	13121		\$260.38
	13122		\$131.71
#	13122		\$80.92
	13131		\$411.25
#	13131		\$244.21
	13132		\$497.33
#	13132		\$304.70
	13133		\$173.35
#	13133		\$123.69
	13151		\$445.87
#	13151		\$279.95
	13152		\$521.82
#	13152		\$336.72
	13153		\$189.70
#	13153		\$133.64
	13160		\$800.22
	14000		\$670.46
#	14000		\$518.84
	14001		\$846.41
#	14001		\$665.06
	14020		\$743.67
#	14020		\$586.41
	14021		\$910.24
#	14021		\$726.64
	14040		\$798.80
#	14040		\$641.16
	14041		\$968.04
#	14041		\$780.67
	14060		\$804.37

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	14060		\$683.60
	14061		\$1,046.09
#	14061		\$839.16
	14301		\$1,124.95
#	14301		\$878.89
	14302		\$209.50
	14350		\$687.51
	15002		\$357.00
#	15002		\$215.16
	15003		\$70.89
#	15003		\$43.05
	15004		\$408.16
#	15004		\$255.79
	15005		\$116.77
#	15005		\$85.92
	15040		\$277.70
#	15040		\$123.44
	15050		\$618.18
#	15050		\$471.82
	15100		\$897.63
#	15100		\$723.81
	15101		\$193.48
#	15101		\$108.45
	15110		\$849.26
#	15110		\$714.19
	15111		\$110.43
#	15111		\$96.51
	15115		\$826.46
#	15115		\$697.79
	15116		\$149.90
#	15116		\$131.84
	15120		\$876.21
#	15120		\$698.25
	15121		\$215.80
#	15121		\$130.02

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	15130		\$751.42
#	15130		\$612.59
	15131		\$96.97
#	15131		\$87.18
	15135		\$902.44
#	15135		\$771.13
	15136		\$95.46
#	15136		\$87.18
	15150		\$706.52
#	15150		\$632.03
	15151		\$113.61
#	15151		\$102.32
	15152		\$143.71
#	15152		\$133.17
	15155		\$812.78
#	15155		\$737.16
	15156		\$152.38
#	15156		\$141.09
	15157		\$169.94
#	15157		\$153.76
	15200		\$876.21
#	15200		\$685.46
	15201		\$146.39
#	15201		\$74.15
	15220		\$810.85
#	15220		\$627.63
	15221		\$135.75
#	15221		\$67.28
	15240		\$975.31
#	15240		\$821.43
	15241		\$181.73
#	15241		\$104.60
	15260		\$1,049.28
#	15260		\$870.19
	15261		\$213.77

2024 Part B Medicare Physician Fee Schedule

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#	15261		\$134.01
	15271		\$162.64
#	15271		\$82.50
	15272		\$25.27
#	15272		\$16.24
	15273		\$318.99
#	15273		\$188.82
	15274		\$84.25
#	15274		\$42.49
	15275		\$166.88
#	15275		\$91.63
	15276		\$32.71
#	15276		\$24.05
	15277		\$351.13
#	15277		\$215.31
	15278		\$98.12
#	15278		\$53.35
	15570		\$938.23
#	15570		\$735.82
	15572		\$915.81
#	15572		\$749.51
	15574		\$919.05
#	15574		\$752.00
	15576		\$815.91
#	15576		\$662.78
	15600		\$367.58
#	15600		\$224.99
	15610		\$397.41
#	15610		\$257.45
	15620		\$478.63
#	15620		\$341.68
	15630		\$494.91
#	15630		\$359.84
	15650		\$575.11
#	15650		\$418.59

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	15730		\$1,509.48
#	15730		\$934.60
	15731		\$1,158.40
#	15731		\$1,013.55
	15733		\$1,034.88
	15734		\$1,485.32
	15736		\$1,228.43
	15738		\$1,265.55
	15740		\$1,056.40
#	15740		\$859.25
	15750		\$944.50
	15756		\$2,268.97
	15757		\$2,255.25
	15758		\$2,247.29
	15760		\$884.15
#	15760		\$714.47
	15769		\$487.93
	15770		\$692.49
	15771		\$636.49
#	15771		\$524.00
	15772		\$195.28
#	15772		\$144.86
	15773		\$620.61
#	15773		\$512.64
	15774		\$190.08
#	15774		\$140.04
	15775		\$391.81
#	15775		\$252.98
	15776		\$527.88
#	15776		\$345.40
	15777		\$208.18
	15778		\$366.70
	15780		\$899.08
#	15780		\$689.52
	15781		\$567.54

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#	15781		\$444.14
	15782		\$520.28
#	15782		\$388.60
	15783		\$480.74
#	15783		\$372.39
	15786		\$245.02
#	15786		\$137.42
	15787		\$31.87
#	15787		\$16.44
	15788		\$426.50
#	15788		\$231.24
	15789		\$569.30
#	15789		\$430.09
	15792		\$366.67
#	15792		\$225.59
	15793		\$510.00
#	15793		\$376.06
	15819		\$815.88
	15820		\$616.12
#	15820		\$542.38
	15821		\$656.73
#	15821		\$575.46
	15822		\$490.78
#	15822		\$418.55
	15823		\$658.97
#	15823		\$576.95
	15830		\$1,175.40
	15832		\$933.62
	15833		\$892.46
	15834		\$908.05
	15835		\$943.68
	15836		\$813.45
	15837		\$903.18
#	15837		\$731.24
	15838		\$667.14

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	15839		\$924.05
#	15839		\$749.10
	15840		\$1,025.19
	15841		\$1,785.71
	15842		\$2,686.19
	15845		\$1,080.79
	15851		\$56.28
#	15851		\$65.69
	15852		\$43.15
	15853		\$12.98
	15854		\$17.67
	15860		\$102.25
	15920		\$639.88
	15922		\$816.29
	15931		\$704.54
	15933		\$881.80
	15934		\$998.94
	15935		\$1,173.83
	15936		\$896.93
	15937		\$1,038.98
	15940		\$711.87
	15941		\$944.24
	15944		\$953.18
	15945		\$1,039.04
	15946		\$1,608.22
	15950		\$654.87
	15951		\$920.76
	15952		\$933.88
	15953		\$1,028.27
	15956		\$1,190.96
	15958		\$1,182.84
	16000		\$83.26
#	16000		\$44.13
	16020		\$91.67
#	16020		\$57.43

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	16025		\$164.26
#	16025		\$111.59
	16030		\$205.25
#	16030		\$130.38
	16035		\$189.54
	16036		\$78.50
	17000		\$72.62
#	17000		\$58.32
	17003		\$7.33
#	17003		\$2.06
	17004		\$180.05
#	17004		\$101.42
	17106		\$365.00
#	17106		\$286.37
	17107		\$473.96
#	17107		\$373.13
	17108		\$664.86
#	17108		\$540.33
	17110		\$124.28
#	17110		\$73.12
	17111		\$144.21
#	17111		\$87.78
	17250		\$94.59
#	17250		\$38.53
	17260		\$106.64
#	17260		\$73.15
	17261		\$160.10
#	17261		\$90.12
	17262		\$191.19
#	17262		\$113.31
	17263		\$206.33
#	17263		\$125.07
	17264		\$221.02
#	17264		\$133.35
	17266		\$250.27

2024 Part B Medicare Physician Fee Schedule

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#	17266		\$155.84
	17270		\$160.48
#	17270		\$98.41
	17271		\$178.27
#	17271		\$107.92
	17272		\$201.54
#	17272		\$124.03
	17273		\$222.92
#	17273		\$139.77
	17274		\$259.20
#	17274		\$170.04
	17276		\$299.08
#	17276		\$204.27
	17280		\$151.44
#	17280		\$89.74
	17281		\$192.00
#	17281		\$120.89
	17282		\$218.83
#	17282		\$139.07
	17283		\$257.07
#	17283		\$173.17
	17284		\$290.87
#	17284		\$200.95
	17286		\$370.53
#	17286		\$271.96
	17311		\$726.82
#	17311		\$353.22
	17312		\$444.06
#	17312		\$187.85
	17313		\$684.82
#	17313		\$316.87
	17314		\$426.25
#	17314		\$174.17
	17315		\$84.32
#	17315		\$49.70

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	17340		\$53.95
#	17340		\$49.82
	17360		\$129.38
#	17360		\$94.76
	19000		\$107.03
#	19000		\$40.81
	19001		\$26.71
#	19001		\$20.31
	19020		\$496.90
#	19020		\$321.58
	19030		\$174.38
#	19030		\$73.55
	19081		\$536.30
#	19081		\$157.81
	19082		\$417.96
#	19082		\$78.97
	19083		\$535.34
#	19083		\$148.95
	19084		\$411.86
#	19084		\$74.39
	19085		\$828.80
#	19085		\$173.78
	19086		\$647.57
#	19086		\$86.61
	19100		\$156.39
#	19100		\$65.34
	19101		\$340.75
#	19101		\$222.61
	19105		\$2,522.45
#	19105		\$199.60
	19110		\$509.82
#	19110		\$358.96
	19112		\$486.63
#	19112		\$332.00
	19120		\$534.63

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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#	19120		\$419.12
	19125		\$586.83
#	19125		\$461.54
	19126		\$150.92
	19281		\$258.04
#	19281		\$95.51
	19282		\$185.27
#	19282		\$47.94
	19283		\$277.03
#	19283		\$96.06
	19284		\$205.57
#	19284		\$47.93
	19285		\$398.90
#	19285		\$81.36
	19286		\$329.34
#	19286		\$40.77
	19287		\$691.20
#	19287		\$121.96
	19288		\$536.80
#	19288		\$60.86
	19294		\$154.90
	19296		\$4,018.85
#	19296		\$201.23
	19297		\$88.49
	19298		\$943.36
#	19298		\$318.82
	19300		\$605.24
#	19300		\$441.95
	19301		\$651.12
	19302		\$892.95
	19303		\$940.79
	19305		\$1,132.99
	19306		\$1,206.35
	19307		\$1,162.13
	19316		\$801.61

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	19318		\$1,099.20
	19325		\$629.59
	19328		\$565.04
	19330		\$655.31
	19340		\$769.65
	19342		\$774.02
	19350		\$865.28
#	19350		\$686.19
	19355		\$784.51
#	19355		\$627.62
	19357		\$1,187.30
	19361		\$1,558.33
	19364		\$2,693.97
	19367		\$1,767.59
	19368		\$2,152.24
	19369		\$2,001.80
	19370		\$684.20
	19371		\$721.76
	19380		\$820.07
	19396		\$289.09
#	19396		\$142.36
	20100		\$583.65
	20101		\$617.26
#	20101		\$205.29
	20102		\$654.17
#	20102		\$251.98
	20103		\$592.20
#	20103		\$344.64
	20150		\$1,008.73
	20200		\$230.30
#	20200		\$93.36
	20205		\$320.08
#	20205		\$151.15
	20206		\$239.68
#	20206		\$56.83

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	20220		\$249.60
#	20220		\$85.56
	20225		\$409.13
#	20225		\$126.58
	20240		\$138.75
	20245		\$336.15
	20250		\$391.83
	20251		\$419.14
	20500		\$131.20
#	20500		\$92.07
	20501		\$154.09
#	20501		\$35.20
	20520		\$232.71
#	20520		\$153.32
	20525		\$494.86
#	20525		\$250.31
	20526		\$85.45
#	20526		\$56.10
	20527		\$90.79
#	20527		\$65.58
	20550		\$59.88
#	20550		\$38.06
	20551		\$59.70
#	20551		\$37.87
	20552		\$54.68
#	20552		\$36.63
	20553		\$63.08
#	20553		\$41.64
	20555		\$337.91
	20560		\$27.22
#	20560		\$14.80
	20561		\$39.03
#	20561		\$22.10
	20600		\$56.00
#	20600		\$35.30

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	20604		\$87.41
#	20604		\$44.90
	20605		\$57.40
#	20605		\$36.33
	20606		\$94.58
#	20606		\$50.93
	20610		\$67.38
#	20610		\$44.81
	20611		\$104.24
#	20611		\$57.96
	20612		\$68.40
#	20612		\$40.94
	20615		\$271.04
#	20615		\$166.82
	20650		\$245.49
#	20650		\$172.13
	20660		\$226.73
	20661		\$542.75
	20662		\$542.61
	20663		\$502.33
	20664		\$894.92
	20665		\$124.81
#	20665		\$101.86
	20670		\$387.88
#	20670		\$150.86
	20680		\$631.87
#	20680		\$428.70
	20690		\$602.77
	20692		\$1,147.74
	20693		\$461.72
	20694		\$456.96
#	20694		\$356.13
	20696		\$1,175.80
	20697		\$1,997.21
	20700		\$81.91

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	20701		\$62.11
	20702		\$137.89
	20703		\$100.73
	20704		\$145.10
	20705		\$120.06
	20802		\$2,714.86
	20805		\$3,214.77
	20808		\$3,866.33
	20816		\$2,032.18
	20822		\$1,766.89
	20824		\$2,036.69
	20827		\$1,812.67
	20838		\$2,758.53
	20900		\$410.66
#	20900		\$178.52
	20902		\$270.55
	20910		\$498.10
	20912		\$498.31
	20920		\$414.08
	20922		\$636.88
#	20922		\$504.45
	20924		\$519.92
	20931		\$103.97
	20932		\$728.62
	20933		\$668.29
	20934		\$727.92
	20937		\$158.35
	20938		\$172.95
	20939		\$66.05
	20950		\$289.10
#	20950		\$89.69
	20955		\$2,427.22
	20956		\$2,608.59
	20957		\$2,720.56
	20962		\$2,667.48

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	20969		\$2,698.26
	20970		\$2,812.35
	20972		\$2,803.48
	20973		\$2,958.11
	20974		\$89.08
#	20974		\$51.83
	20975		\$173.25
	20979		\$59.95
#	20979		\$30.98
	20982		\$3,816.75
#	20982		\$352.04
	20983		\$5,586.23
#	20983		\$329.90
	20985		\$139.76
	21010		\$759.60
	21011		\$400.73
#	21011		\$273.19
	21012		\$347.91
	21013		\$563.06
#	21013		\$412.95
	21014		\$532.91
	21015		\$711.57
	21016		\$1,009.88
	21025		\$827.39
#	21025		\$678.40
	21026		\$567.31
#	21026		\$446.54
	21029		\$809.88
#	21029		\$642.83
	21030		\$484.87
#	21030		\$374.64
	21031		\$410.77
#	21031		\$285.86
	21032		\$398.34
#	21032		\$272.31

2024 Part B Medicare Physician Fee Schedule

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	21034		\$1,335.91
#	21034		\$1,139.90
	21040		\$490.14
#	21040		\$376.14
	21044		\$879.02
	21045		\$1,214.17
	21046		\$1,014.69
	21047		\$1,220.31
	21048		\$1,021.26
	21049		\$1,157.21
	21050		\$892.07
	21060		\$805.73
	21070		\$628.40
	21073		\$406.44
#	21073		\$246.92
	21076		\$885.33
#	21076		\$701.73
	21077		\$2,160.75
#	21077		\$1,723.20
	21079		\$1,487.67
#	21079		\$1,160.73
	21080		\$1,699.88
#	21080		\$1,310.48
	21081		\$1,574.55
#	21081		\$1,203.58
	21082		\$1,474.59
#	21082		\$1,112.28
	21083		\$1,405.01
#	21083		\$1,028.40
	21084		\$1,599.52
#	21084		\$1,188.30
	21085		\$707.07
#	21085		\$482.84
	21086		\$1,605.77
#	21086		\$1,269.80

2024 Part B Medicare Physician Fee Schedule

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	21087		\$1,605.77
#	21087		\$1,269.80
	21100		\$667.67
#	21100		\$371.58
	21110		\$926.71
#	21110		\$761.54
	21116		\$233.79
#	21116		\$44.17
	21120		\$707.03
#	21120		\$532.84
	21121		\$662.29
#	21121		\$545.66
	21122		\$773.40
	21123		\$873.07
	21125		\$2,841.56
#	21125		\$679.74
	21127		\$4,426.99
#	21127		\$786.96
	21137		\$764.50
	21138		\$925.84
	21139		\$1,103.66
	21141		\$1,361.34
	21142		\$1,395.84
	21143		\$1,437.19
	21145		\$1,573.09
	21146		\$1,643.56
	21147		\$1,726.73
	21150		\$1,653.88
	21151		\$1,816.14
	21154		\$1,954.47
	21155		\$2,163.22
	21159		\$2,582.70
	21160		\$2,797.26
	21172		\$2,057.23
	21175		\$2,200.39

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	21179		\$1,520.29
	21180		\$1,694.64
	21181		\$752.45
	21182		\$2,102.35
	21183		\$2,284.02
	21184		\$2,454.44
	21188		\$1,611.59
	21193		\$1,251.40
	21194		\$1,446.58
	21195		\$1,371.06
	21196		\$1,462.17
	21198		\$1,023.18
	21199		\$1,025.62
	21206		\$985.36
	21208		\$1,764.55
#	21208		\$753.62
	21209		\$843.93
#	21209		\$630.98
	21210		\$1,901.11
#	21210		\$776.18
	21215		\$4,491.25
#	21215		\$806.07
	21230		\$756.80
	21235		\$780.11
#	21235		\$591.62
	21240		\$1,067.25
	21242		\$1,037.84
	21243		\$1,715.03
	21244		\$1,035.67
	21245		\$1,285.50
#	21245		\$973.98
	21246		\$865.48
	21247		\$1,604.64
	21248		\$1,020.65
#	21248		\$806.95

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	21249		\$1,372.65
#	21249		\$1,119.83
	21255		\$1,372.83
	21256		\$1,251.96
	21260		\$1,391.49
	21261		\$2,441.66
	21263		\$2,263.64
	21267		\$1,629.16
	21268		\$2,034.31
	21270		\$1,063.55
#	21270		\$756.54
	21275		\$855.34
	21280		\$616.89
	21282		\$422.70
	21295		\$211.65
	21296		\$428.22
	21315		\$165.30
#	21315		\$59.58
	21320		\$232.92
#	21320		\$94.85
	21325		\$474.08
	21330		\$563.37
	21335		\$743.97
	21336		\$671.40
	21337		\$448.25
#	21337		\$317.32
	21338		\$708.33
	21339		\$794.34
	21340		\$767.34
	21343		\$1,122.43
	21344		\$1,408.26
	21345		\$845.75
#	21345		\$660.27
	21346		\$1,068.14
	21347		\$1,069.71

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	21348		\$1,104.54
	21355		\$477.26
#	21355		\$341.07
	21356		\$579.51
#	21356		\$418.11
	21360		\$543.85
	21365		\$1,089.42
	21366		\$1,283.23
	21385		\$749.39
	21386		\$703.86
	21387		\$780.95
	21390		\$824.17
	21395		\$1,013.45
	21400		\$236.55
#	21400		\$182.37
	21401		\$547.97
#	21401		\$345.94
	21406		\$600.72
	21407		\$660.54
	21408		\$912.74
	21421		\$688.04
#	21421		\$574.79
	21422		\$639.54
	21423		\$809.44
	21431		\$728.26
	21432		\$731.47
	21433		\$1,729.49
	21435		\$1,417.59
	21436		\$2,038.79
	21440		\$834.84
#	21440		\$662.53
	21445		\$833.36
#	21445		\$666.69
	21450		\$641.65
#	21450		\$517.49

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	21451		\$829.25
#	21451		\$685.15
	21452		\$809.87
#	21452		\$500.61
	21453		\$1,184.87
#	21453		\$1,000.90
	21454		\$503.86
	21461		\$1,999.39
#	21461		\$1,130.67
	21462		\$2,124.02
#	21462		\$1,227.84
	21465		\$812.05
	21470		\$1,184.66
	21480		\$154.61
#	21480		\$29.70
	21485		\$1,048.40
#	21485		\$850.50
	21490		\$800.28
	21497		\$767.63
#	21497		\$632.94
	21501		\$520.49
#	21501		\$350.43
	21502		\$503.55
	21510		\$454.98
	21550		\$286.23
#	21550		\$160.57
	21552		\$449.43
	21554		\$731.15
	21555		\$458.70
#	21555		\$316.48
	21556		\$537.22
	21557		\$953.56
	21558		\$1,319.71
	21600		\$578.97
	21601		\$1,123.68

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	21602		\$1,514.48
	21603		\$1,650.07
	21610		\$1,182.08
	21615		\$601.20
	21616		\$679.37
	21620		\$501.73
	21627		\$554.51
	21630		\$1,321.55
	21632		\$1,175.19
	21685		\$996.26
	21700		\$338.92
	21705		\$500.56
	21720		\$541.01
	21725		\$558.52
	21740		\$981.61
	21750		\$651.81
	21811		\$562.11
	21812		\$678.83
	21813		\$925.65
	21820		\$163.48
#	21820		\$161.22
	21825		\$554.65
	21920		\$274.55
#	21920		\$159.05
	21925		\$521.92
#	21925		\$390.99
	21930		\$528.10
#	21930		\$372.72
	21931		\$470.61
	21932		\$663.31
	21933		\$733.87
	21935		\$1,009.72
	21936		\$1,387.65
	22010		\$972.93
	22015		\$954.08

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Limiting charge applies to unassigned claims by non-participating providers.

	22100		\$948.48
	22101		\$885.77
	22102		\$782.07
	22103		\$128.28
	22110		\$1,057.23
	22112		\$1,128.38
	22114		\$1,128.38
	22116		\$132.63
	22206		\$2,377.58
	22207		\$2,336.59
	22208		\$554.55
	22210		\$1,763.96
	22212		\$1,505.50
	22214		\$1,504.76
	22216		\$343.40
	22220		\$1,604.28
	22222		\$1,726.06
	22224		\$1,579.22
	22226		\$340.99
	22310		\$326.89
#	22310		\$310.71
	22315		\$932.87
#	22315		\$795.17
	22318		\$1,610.90
	22319		\$1,776.41
	22325		\$1,463.10
	22326		\$1,484.79
	22327		\$1,520.76
	22328		\$264.31
	22505		\$130.26
	22510		\$1,948.76
#	22510		\$422.02
	22511		\$1,950.83
#	22511		\$398.12
	22512		\$781.54

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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C - The payment for the technical component is capped at the OPFS amount.

Limiting charge applies to unassigned claims by non-participating providers.

#	22512		\$197.25
	22513		\$6,258.76
#	22513		\$498.66
	22514		\$6,236.64
#	22514		\$465.63
	22515		\$3,208.19
#	22515		\$207.75
	22532		\$1,753.80
	22533		\$1,641.45
	22534		\$341.32
	22548		\$1,905.55
	22551		\$1,655.23
	22552		\$373.11
	22554		\$1,243.52
	22556		\$1,649.39
	22558		\$1,492.21
	22585		\$306.45
	22586		\$1,969.03
	22590		\$1,559.20
	22595		\$1,493.19
	22600		\$1,290.91
	22610		\$1,272.09
	22612		\$1,553.44
	22614		\$368.77
	22630		\$1,522.89
	22632		\$301.04
	22633		\$1,764.16
	22634		\$456.65
	22800		\$1,355.59
	22802		\$2,072.23
	22804		\$2,373.41
	22808		\$1,783.86
	22810		\$1,987.01
	22812		\$2,180.08
	22818		\$2,119.11

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	22819		\$2,440.52
	22830		\$821.51
	22836		\$1,712.85
	22837		\$1,885.05
	22838		\$1,909.68
	22840		\$715.07
	22842		\$719.70
	22843		\$770.58
	22844		\$933.83
	22845		\$684.22
	22846		\$711.80
	22847		\$771.08
	22848		\$341.35
	22849		\$1,282.43
	22850		\$736.91
	22852		\$711.51
	22853		\$243.16
	22854		\$315.29
	22855		\$1,092.01
	22856		\$1,585.92
	22857		\$1,731.83
	22858		\$478.60
	22859		\$314.39
	22860		\$338.40
	22861		\$2,221.67
	22862		\$2,232.89
	22864		\$1,990.21
	22865		\$2,180.91
	22867		\$1,057.75
	22868		\$228.41
	22869		\$441.70
	22870		\$115.46
	22900		\$567.10
	22901		\$662.38
	22902		\$495.28

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Hawaii, Area 01

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#	22902		\$340.28
	22903		\$441.06
	22904		\$1,032.03
	22905		\$1,300.71
	23000		\$590.48
#	23000		\$374.14
	23020		\$708.22
	23030		\$468.47
#	23030		\$260.42
	23031		\$466.02
#	23031		\$230.12
	23035		\$694.91
	23040		\$735.45
	23044		\$580.41
	23065		\$238.25
#	23065		\$163.76
	23066		\$613.88
#	23066		\$385.89
	23071		\$424.67
	23073		\$700.72
	23075		\$547.73
#	23075		\$339.67
	23076		\$553.43
	23077		\$1,113.65
	23078		\$1,417.53
	23100		\$529.39
	23101		\$477.59
	23105		\$661.79
	23106		\$525.60
	23107		\$684.69
	23120		\$612.09
	23125		\$728.25
	23130		\$642.18
	23140		\$576.36
	23145		\$714.59

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Limiting charge applies to unassigned claims by non-participating providers.

	23146		\$645.90
	23150		\$686.92
	23155		\$816.82
	23156		\$698.35
	23170		\$586.45
	23172		\$591.97
	23174		\$787.73
	23180		\$676.73
	23182		\$695.56
	23184		\$761.96
	23190		\$595.69
	23195		\$765.16
	23200		\$1,501.73
	23210		\$1,754.19
	23220		\$1,917.48
	23330		\$325.59
#	23330		\$175.48
	23333		\$492.20
	23334		\$1,069.81
	23335		\$1,270.98
	23350		\$175.67
#	23350		\$48.50
	23395		\$1,296.19
	23397		\$1,147.54
	23400		\$985.08
	23405		\$632.42
	23406		\$746.54
	23410		\$835.84
	23412		\$867.77
	23415		\$718.83
	23420		\$991.81
	23430		\$763.09
	23440		\$771.82
	23450		\$955.45
	23455		\$993.95

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	23460		\$1,099.54
	23462		\$1,073.70
	23465		\$1,126.50
	23466		\$1,139.17
	23470		\$1,202.56
	23472		\$1,441.67
	23473		\$1,600.12
	23474		\$1,724.58
	23480		\$834.51
	23485		\$963.46
	23490		\$874.50
	23491		\$1,027.65
	23500		\$244.86
#	23500		\$250.88
	23505		\$389.37
#	23505		\$358.90
	23515		\$740.64
	23520		\$264.21
#	23520		\$261.95
	23525		\$433.39
#	23525		\$392.76
	23530		\$596.02
	23532		\$647.56
	23540		\$261.23
#	23540		\$258.98
	23545		\$394.16
#	23545		\$350.14
	23550		\$591.17
	23552		\$668.61
	23570		\$257.10
#	23570		\$266.12
	23575		\$444.37
#	23575		\$407.12
	23585		\$986.54
	23600		\$367.16

2024 Part B Medicare Physician Fee Schedule

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#	23600		\$346.85
	23605		\$505.15
#	23605		\$453.98
	23615		\$900.36
	23616		\$1,241.33
	23620		\$298.10
#	23620		\$284.56
	23625		\$417.37
#	23625		\$377.86
	23630		\$801.54
	23650		\$360.75
#	23650		\$322.38
	23655		\$432.15
	23660		\$605.68
	23665		\$469.13
#	23665		\$427.37
	23670		\$888.03
	23675		\$590.75
#	23675		\$528.68
	23680		\$936.24
	23700		\$202.07
	23800		\$1,038.55
	23802		\$1,294.86
	23900		\$1,385.01
	23920		\$1,133.43
	23921		\$493.39
	23930		\$381.12
#	23930		\$218.96
	23931		\$328.91
#	23931		\$169.39
	23935		\$536.61
	24000		\$498.78
	24006		\$733.82
	24065		\$278.04
#	24065		\$168.93

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	24066		\$665.84
#	24066		\$437.47
	24071		\$410.87
	24073		\$696.78
	24075		\$564.71
#	24075		\$340.10
	24076		\$560.05
	24077		\$1,020.52
	24079		\$1,310.32
	24100		\$441.32
	24101		\$525.73
	24102		\$637.71
	24105		\$385.49
	24110		\$612.83
	24115		\$755.02
	24116		\$873.21
	24120		\$554.37
	24125		\$644.28
	24126		\$671.06
	24130		\$533.80
	24134		\$765.44
	24136		\$652.40
	24138		\$715.87
	24140		\$722.15
	24145		\$614.51
	24147		\$654.28
	24149		\$1,205.60
	24150		\$1,539.19
	24152		\$1,345.18
	24155		\$864.88
	24160		\$1,260.34
	24164		\$741.14
	24200		\$235.01
#	24200		\$146.59
	24201		\$660.82

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#	24201		\$420.03
	24220		\$204.43
#	24220		\$64.85
	24300		\$477.15
	24301		\$767.48
	24305		\$601.59
	24310		\$493.89
	24320		\$796.12
	24330		\$736.16
	24331		\$800.94
	24332		\$638.47
	24340		\$618.14
	24341		\$779.27
	24342		\$790.72
	24343		\$741.40
	24344		\$1,125.14
	24345		\$737.45
	24346		\$1,125.14
	24357		\$438.55
	24358		\$553.29
	24359		\$683.99
	24360		\$917.86
	24361		\$1,019.46
	24362		\$1,071.17
	24363		\$1,449.65
	24365		\$659.40
	24366		\$698.28
	24370		\$1,534.54
	24371		\$1,757.75
	24400		\$845.91
	24410		\$1,070.52
	24420		\$1,090.56
	24430		\$1,067.23
	24435		\$1,100.11
	24470		\$692.85

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	24495		\$975.16
	24498		\$880.87
	24500		\$398.23
#	24500		\$364.37
	24505		\$542.63
#	24505		\$479.80
	24515		\$899.18
	24516		\$872.30
	24530		\$419.23
#	24530		\$381.23
	24535		\$662.57
#	24535		\$602.38
	24538		\$818.28
	24545		\$943.53
	24546		\$1,050.12
	24560		\$366.51
#	24560		\$321.74
	24565		\$581.32
#	24565		\$525.64
	24566		\$748.82
	24575		\$755.97
	24576		\$389.44
#	24576		\$343.91
	24577		\$596.55
#	24577		\$538.24
	24579		\$854.98
	24582		\$848.23
	24586		\$1,097.34
	24587		\$1,097.80
	24600		\$404.36
#	24600		\$362.22
	24605		\$504.71
	24615		\$731.10
	24620		\$616.50
	24635		\$698.98

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	24640		\$111.06
#	24640		\$83.22
	24650		\$292.71
#	24650		\$271.27
	24655		\$488.15
#	24655		\$435.48
	24665		\$683.11
	24666		\$752.78
	24670		\$322.43
#	24670		\$292.71
	24675		\$496.12
#	24675		\$444.96
	24685		\$678.34
	24800		\$852.45
	24802		\$1,015.01
	24900		\$754.52
	24920		\$748.96
	24925		\$590.71
	24930		\$787.99
	24931		\$940.56
	24935		\$1,243.70
	25000		\$371.40
	25001		\$371.34
	25020		\$791.22
	25023		\$1,366.79
	25024		\$796.87
	25025		\$1,234.79
	25028		\$742.80
	25031		\$389.29
	25035		\$610.60
	25040		\$577.15
	25065		\$275.10
#	25065		\$164.11
	25066		\$387.77
	25071		\$432.43

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Limiting charge applies to unassigned claims by non-participating providers.

	25073		\$551.30
	25075		\$554.27
#	25075		\$328.53
	25076		\$537.84
	25077		\$849.50
	25078		\$1,160.08
	25085		\$470.33
	25100		\$370.55
	25101		\$428.43
	25105		\$510.76
	25107		\$646.54
	25109		\$558.51
	25110		\$366.53
	25111		\$347.42
	25112		\$412.87
	25115		\$781.78
	25116		\$631.99
	25118		\$405.58
	25119		\$524.83
	25120		\$525.13
	25125		\$618.03
	25126		\$622.19
	25130		\$475.70
	25135		\$585.02
	25136		\$520.66
	25145		\$543.69
	25150		\$588.08
	25151		\$606.37
	25170		\$1,464.14
	25210		\$517.23
	25215		\$642.84
	25230		\$454.92
	25240		\$452.21
	25246		\$209.76
#	25246		\$71.30

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Limiting charge applies to unassigned claims by non-participating providers.

	25248		\$442.00
	25250		\$555.72
	25251		\$737.70
	25259		\$468.69
	25260		\$661.01
	25263		\$658.70
	25265		\$774.31
	25270		\$517.16
	25272		\$581.18
	25274		\$687.23
	25275		\$695.01
	25280		\$588.62
	25290		\$457.83
	25295		\$550.00
	25300		\$713.09
	25301		\$666.00
	25310		\$645.78
	25312		\$737.77
	25315		\$786.10
	25316		\$931.20
	25320		\$1,024.78
	25332		\$865.76
	25335		\$957.93
	25337		\$916.99
	25350		\$696.07
	25355		\$782.71
	25360		\$677.83
	25365		\$931.90
	25370		\$1,029.46
	25375		\$967.10
	25390		\$787.59
	25391		\$1,007.88
	25392		\$1,024.82
	25393		\$1,136.11
	25394		\$801.82

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	25400		\$819.12
	25405		\$1,050.23
	25415		\$980.92
	25420		\$1,174.18
	25425		\$976.61
	25426		\$1,130.08
	25430		\$753.87
	25431		\$805.19
	25440		\$787.87
	25441		\$952.03
	25442		\$829.90
	25443		\$805.20
	25444		\$842.33
	25445		\$740.48
	25446		\$1,183.92
	25447		\$857.64
	25449		\$1,048.17
	25450		\$639.42
	25455		\$751.98
	25490		\$738.15
	25491		\$756.94
	25492		\$922.80
	25500		\$314.79
#	25500		\$282.81
	25505		\$547.60
#	25505		\$490.79
	25515		\$694.46
	25520		\$614.81
#	25520		\$576.06
	25525		\$814.06
	25526		\$976.62
	25530		\$294.57
#	25530		\$268.61
	25535		\$532.64
#	25535		\$487.50

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Limiting charge applies to unassigned claims by non-participating providers.

	25545		\$650.58
	25560		\$321.04
#	25560		\$284.17
	25565		\$555.40
#	25565		\$490.31
	25574		\$698.97
	25575		\$926.56
	25600		\$376.35
#	25600		\$359.04
	25605		\$575.80
#	25605		\$540.06
	25606		\$697.63
	25607		\$767.64
	25608		\$853.25
	25609		\$1,078.37
	25622		\$340.00
#	25622		\$311.78
	25624		\$534.05
#	25624		\$479.12
	25628		\$742.29
	25630		\$334.86
#	25630		\$309.27
	25635		\$506.06
#	25635		\$454.90
	25645		\$592.37
	25650		\$361.13
#	25650		\$332.54
	25651		\$518.14
	25652		\$647.16
	25660		\$479.77
	25670		\$628.20
	25671		\$562.15
	25675		\$492.44
#	25675		\$439.77
	25676		\$654.88

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	25680		\$560.85
	25685		\$753.11
	25690		\$521.61
	25695		\$653.55
	25800		\$750.65
	25805		\$865.16
	25810		\$889.18
	25820		\$678.79
	25825		\$825.90
	25830		\$1,078.38
	25900		\$737.84
	25905		\$719.28
	25907		\$635.31
	25909		\$703.00
	25915		\$1,168.97
	25920		\$755.93
	25922		\$673.81
	25924		\$738.59
	25927		\$904.62
	25929		\$619.73
	25931		\$841.17
	26010		\$376.82
#	26010		\$148.82
	26011		\$520.32
#	26011		\$193.00
	26020		\$581.37
	26025		\$438.85
	26030		\$512.06
	26034		\$578.47
	26035		\$885.20
	26037		\$579.25
	26040		\$338.00
	26045		\$496.20
	26055		\$643.53
#	26055		\$311.32

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	26060		\$272.46
	26070		\$342.66
	26075		\$359.08
	26080		\$424.21
	26100		\$361.16
	26105		\$363.22
	26110		\$346.45
	26111		\$431.53
	26113		\$568.10
	26115		\$592.66
#	26115		\$349.99
	26116		\$546.71
	26117		\$764.08
	26118		\$1,063.97
	26121		\$623.42
	26123		\$868.34
	26125		\$261.79
	26130		\$493.10
	26135		\$576.75
	26140		\$532.70
	26145		\$539.85
	26160		\$669.28
#	26160		\$335.94
	26170		\$430.88
	26180		\$475.16
	26185		\$586.87
	26200		\$472.34
	26205		\$625.58
	26210		\$473.04
	26215		\$588.97
	26230		\$520.76
	26235		\$514.50
	26236		\$463.50
	26250		\$1,077.74
	26260		\$811.19

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	26262		\$650.87
	26320		\$369.44
	26340		\$392.06
	26341		\$126.23
#	26341		\$81.83
	26350		\$801.39
	26352		\$883.27
	26356		\$831.25
	26357		\$924.29
	26358		\$1,014.15
	26370		\$833.53
	26372		\$965.22
	26373		\$931.52
	26390		\$918.73
	26392		\$1,049.23
	26410		\$647.89
	26412		\$763.56
	26415		\$896.59
	26416		\$966.80
	26418		\$677.98
	26420		\$790.26
	26426		\$527.15
	26428		\$845.67
	26432		\$588.10
	26433		\$614.95
	26434		\$741.48
	26437		\$712.58
	26440		\$700.33
	26442		\$1,048.52
	26445		\$653.82
	26449		\$732.03
	26450		\$500.77
	26455		\$497.53
	26460		\$488.46
	26471		\$705.68

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	26474		\$698.64
	26476		\$690.88
	26477		\$675.83
	26478		\$702.71
	26479		\$722.14
	26480		\$839.56
	26483		\$923.14
	26485		\$888.25
	26489		\$1,013.47
	26490		\$883.17
	26492		\$973.50
	26494		\$886.63
	26496		\$949.53
	26497		\$948.32
	26498		\$1,217.59
	26499		\$915.32
	26500		\$734.04
	26502		\$800.40
	26508		\$723.49
	26510		\$685.91
	26516		\$788.18
	26517		\$910.13
	26518		\$920.85
	26520		\$733.22
	26525		\$737.20
	26530		\$566.52
	26531		\$657.00
	26535		\$461.14
	26536		\$801.74
	26540		\$744.35
	26541		\$880.11
	26542		\$767.83
	26545		\$780.96
	26546		\$1,093.57
	26548		\$844.48

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	26550		\$1,682.17
	26551		\$3,288.26
	26553		\$3,266.10
	26554		\$3,792.15
	26555		\$1,425.11
	26556		\$3,401.59
	26560		\$679.87
	26561		\$1,023.49
	26562		\$1,420.70
	26565		\$754.67
	26567		\$763.67
	26568		\$979.91
	26580		\$1,577.95
	26587		\$1,062.27
	26590		\$1,462.36
	26591		\$532.53
	26593		\$691.68
	26596		\$854.90
	26600		\$333.98
#	26600		\$317.05
	26605		\$362.88
#	26605		\$324.50
	26607		\$537.29
	26608		\$510.26
	26615		\$602.81
	26641		\$456.15
#	26641		\$411.76
	26645		\$467.65
#	26645		\$421.75
	26650		\$511.82
	26665		\$655.94
	26670		\$379.59
#	26670		\$335.19
	26675		\$498.76
#	26675		\$450.98

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	26676		\$541.68
	26685		\$606.06
	26686		\$643.38
	26700		\$366.99
#	26700		\$335.39
	26705		\$474.66
#	26705		\$425.75
	26706		\$474.83
	26715		\$600.75
	26720		\$223.58
#	26720		\$209.28
	26725		\$372.68
#	26725		\$328.28
	26727		\$503.77
	26735		\$621.76
	26740		\$258.55
#	26740		\$243.50
	26742		\$403.82
#	26742		\$358.30
	26746		\$766.67
	26750		\$207.58
#	26750		\$210.22
	26755		\$348.53
#	26755		\$294.35
	26756		\$453.57
	26765		\$532.06
	26770		\$314.31
#	26770		\$283.08
	26775		\$431.75
#	26775		\$383.96
	26776		\$479.00
	26785		\$575.23
	26820		\$874.70
	26841		\$823.94
	26842		\$876.94

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	26843		\$826.67
	26844		\$904.60
	26850		\$779.86
	26852		\$879.67
	26860		\$660.71
	26861		\$99.16
	26862		\$813.71
	26863		\$221.11
	26910		\$803.70
	26951		\$752.56
	26952		\$727.64
	26990		\$706.72
	26991		\$743.69
#	26991		\$540.90
	26992		\$1,031.79
	27000		\$407.22
	27001		\$556.51
	27003		\$619.78
	27005		\$735.56
	27006		\$736.49
	27025		\$944.44
	27027		\$891.75
	27030		\$944.42
	27033		\$980.51
	27035		\$1,172.77
	27036		\$1,032.78
	27040		\$360.65
#	27040		\$202.26
	27041		\$719.02
	27043		\$470.04
	27045		\$733.60
	27047		\$518.68
#	27047		\$368.56
	27048		\$616.98
	27049		\$1,422.65

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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C - The payment for the technical component is capped at the OPSS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27050		\$427.54
	27052		\$600.65
	27054		\$707.45
	27057		\$1,012.64
	27059		\$1,779.54
	27060		\$485.88
	27062		\$472.57
	27065		\$544.41
	27066		\$833.39
	27067		\$1,048.95
	27070		\$907.06
	27071		\$997.13
	27075		\$2,057.19
	27076		\$2,476.84
	27077		\$2,757.10
	27078		\$2,029.19
	27080		\$516.64
	27086		\$336.59
#	27086		\$176.69
	27087		\$620.44
	27090		\$842.80
	27091		\$1,584.63
	27093		\$250.37
#	27093		\$66.39
	27095		\$333.07
#	27095		\$79.87
	27096		\$175.57
#	27096		\$83.01
	27097		\$700.75
	27098		\$714.61
	27100		\$848.99
	27105		\$887.51
	27110		\$984.07
	27111		\$918.96
	27120		\$1,301.84

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27122		\$1,110.80
	27125		\$1,137.24
	27130		\$1,280.16
	27132		\$1,660.18
	27134		\$1,878.15
	27137		\$1,454.37
	27138		\$1,509.23
	27140		\$908.66
	27146		\$1,282.97
	27147		\$1,459.94
	27151		\$1,574.10
	27156		\$1,692.47
	27158		\$1,397.72
	27161		\$1,226.01
	27165		\$1,376.08
	27170		\$1,169.08
	27175		\$679.32
	27176		\$936.75
	27177		\$1,125.66
	27178		\$936.75
	27179		\$990.23
	27181		\$1,130.10
	27185		\$736.16
	27187		\$1,008.32
	27197		\$138.56
	27198		\$317.30
	27200		\$205.67
#	27200		\$208.30
	27202		\$539.67
	27220		\$432.79
#	27220		\$426.40
	27222		\$991.05
	27226		\$1,063.91
	27227		\$1,640.88
	27228		\$1,858.78

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C - The payment for the technical component is capped at the OPFS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27230		\$513.08
#	27230		\$502.54
	27232		\$723.01
	27235		\$917.75
	27236		\$1,198.82
	27238		\$490.43
	27240		\$962.82
	27244		\$1,231.73
	27245		\$1,230.24
	27246		\$410.36
#	27246		\$405.84
	27248		\$752.88
	27250		\$168.19
	27252		\$756.72
	27253		\$948.52
	27254		\$1,273.65
	27256		\$323.34
#	27256		\$234.92
	27257		\$362.84
	27258		\$1,119.57
	27259		\$1,540.38
	27265		\$438.40
	27266		\$600.74
	27267		\$463.46
	27268		\$563.57
	27269		\$1,236.28
	27275		\$191.27
	27278		\$13,661.75
#	27278		\$474.10
	27279		\$803.01
	27280		\$1,335.10
	27282		\$876.79
	27284		\$1,587.86
	27286		\$1,633.03
	27290		\$1,619.37

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27295		\$1,252.18
	27301		\$707.27
#	27301		\$521.79
	27303		\$658.60
	27305		\$502.04
	27306		\$361.73
	27307		\$425.77
	27310		\$750.55
	27323		\$293.41
#	27323		\$180.92
	27324		\$425.25
	27325		\$585.93
	27326		\$545.17
	27327		\$533.17
#	27327		\$325.86
	27328		\$631.28
	27329		\$1,034.80
	27330		\$443.57
	27331		\$497.00
	27332		\$666.97
	27333		\$611.47
	27334		\$706.23
	27335		\$783.37
	27337		\$423.91
	27339		\$757.81
	27340		\$396.53
	27345		\$507.38
	27347		\$548.60
	27350		\$675.20
	27355		\$627.30
	27356		\$758.37
	27357		\$836.77
	27358		\$264.68
	27360		\$929.35
	27364		\$1,543.13

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27365		\$2,027.86
	27369		\$201.06
#	27369		\$39.28
	27372		\$620.27
#	27372		\$411.83
	27380		\$649.04
	27381		\$842.91
	27385		\$636.78
	27386		\$880.96
	27390		\$471.39
	27391		\$599.93
	27392		\$732.44
	27393		\$519.97
	27394		\$674.17
	27395		\$899.12
	27396		\$638.21
	27397		\$932.96
	27400		\$715.12
	27403		\$664.86
	27405		\$696.07
	27407		\$815.74
	27409		\$980.61
	27412		\$1,645.89
	27415		\$1,380.50
	27416		\$990.41
	27418		\$839.38
	27420		\$767.68
	27422		\$759.30
	27424		\$766.47
	27425		\$477.55
	27427		\$726.24
	27428		\$1,135.35
	27429		\$1,279.67
	27430		\$760.29
	27435		\$827.64

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27437		\$679.87
	27438		\$854.98
	27440		\$813.60
	27441		\$838.64
	27442		\$881.75
	27443		\$831.76
	27445		\$1,256.80
	27446		\$1,150.23
	27447		\$1,278.29
	27448		\$842.48
	27450		\$1,020.57
	27454		\$1,297.15
	27455		\$975.95
	27457		\$951.60
	27465		\$1,249.57
	27466		\$1,192.36
	27468		\$1,342.46
	27470		\$1,190.05
	27472		\$1,269.11
	27475		\$681.94
	27477		\$749.66
	27479		\$929.91
	27485		\$689.22
	27486		\$1,403.17
	27487		\$1,739.65
	27488		\$1,206.96
	27495		\$1,136.79
	27496		\$572.79
	27497		\$598.05
	27498		\$677.82
	27499		\$721.21
	27500		\$549.03
#	27500		\$498.99
	27501		\$525.71
#	27501		\$517.06

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	27502		\$759.21
	27503		\$814.04
	27506		\$1,344.45
	27507		\$970.02
	27508		\$555.18
#	27508		\$522.45
	27509		\$702.62
	27510		\$694.35
	27511		\$994.91
	27513		\$1,225.66
	27514		\$965.66
	27516		\$554.43
#	27516		\$514.92
	27517		\$711.84
	27519		\$892.97
	27520		\$357.75
#	27520		\$328.03
	27524		\$769.97
	27530		\$340.12
#	27530		\$317.92
	27532		\$651.17
#	27532		\$602.26
	27535		\$899.15
	27536		\$1,194.83
	27538		\$519.11
#	27538		\$479.23
	27540		\$829.50
	27550		\$542.34
#	27550		\$493.05
	27552		\$658.20
	27556		\$879.16
	27557		\$1,041.57
	27558		\$1,180.83
	27560		\$403.81
#	27560		\$365.05

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	27562		\$515.25
	27566		\$905.43
	27570		\$160.97
	27580		\$1,487.34
	27590		\$753.21
	27591		\$973.26
	27592		\$651.08
	27594		\$504.52
	27596		\$696.40
	27598		\$676.42
	27600		\$400.44
	27601		\$451.90
	27602		\$463.29
	27603		\$552.14
#	27603		\$400.90
	27604		\$474.48
#	27604		\$332.64
	27605		\$352.26
#	27605		\$187.85
	27606		\$273.73
	27607		\$611.53
	27610		\$660.73
	27612		\$589.68
	27613		\$271.20
#	27613		\$166.98
	27614		\$623.48
#	27614		\$428.59
	27615		\$1,007.24
	27616		\$1,247.36
	27618		\$518.73
#	27618		\$316.69
	27619		\$481.01
	27620		\$465.08
	27625		\$588.40
	27626		\$634.43

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	27630		\$573.98
#	27630		\$371.57
	27632		\$413.63
	27634		\$677.71
	27635		\$596.02
	27637		\$765.45
	27638		\$755.94
	27640		\$844.14
	27641		\$664.81
	27645		\$1,754.19
	27646		\$1,529.91
	27647		\$990.76
	27648		\$230.77
#	27648		\$50.18
	27650		\$677.74
	27652		\$685.14
	27654		\$734.44
	27656		\$563.47
#	27656		\$355.79
	27658		\$383.85
	27659		\$486.77
	27664		\$378.03
	27665		\$441.59
	27675		\$510.34
	27676		\$625.32
	27680		\$435.94
	27681		\$524.17
	27685		\$695.52
#	27685		\$482.57
	27686		\$547.07
	27687		\$470.01
	27690		\$657.48
	27691		\$762.40
	27692		\$98.52
	27695		\$503.35

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	27696		\$561.69
	27698		\$650.93
	27700		\$728.90
	27702		\$971.39
	27703		\$1,116.72
	27704		\$583.58
	27705		\$762.94
	27707		\$426.26
	27709		\$1,149.54
	27712		\$1,113.02
	27715		\$1,081.94
	27720		\$887.49
	27722		\$910.87
	27724		\$1,249.82
	27725		\$1,228.39
	27726		\$962.71
	27727		\$1,050.80
	27730		\$608.28
	27732		\$475.88
	27734		\$676.79
	27740		\$726.33
	27742		\$795.57
	27745		\$760.59
	27750		\$380.00
#	27750		\$350.65
	27752		\$567.23
#	27752		\$512.68
	27756		\$599.97
	27758		\$911.75
	27759		\$1,006.48
	27760		\$365.77
#	27760		\$335.30
	27762		\$522.30
#	27762		\$465.49
	27766		\$625.83

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	27767		\$319.12
#	27767		\$318.74
	27768		\$476.34
	27769		\$742.00
	27780		\$340.36
#	27780		\$311.39
	27781		\$473.07
#	27781		\$431.69
	27784		\$735.11
	27786		\$343.58
#	27786		\$312.35
	27788		\$457.97
#	27788		\$409.44
	27792		\$664.28
	27808		\$370.04
#	27808		\$334.30
	27810		\$508.18
#	27810		\$452.12
	27814		\$781.39
	27816		\$364.19
#	27816		\$320.17
	27818		\$525.72
#	27818		\$462.52
	27822		\$900.36
	27823		\$1,008.43
	27824		\$342.69
#	27824		\$329.90
	27825		\$574.77
#	27825		\$511.18
	27826		\$881.02
	27827		\$1,147.05
	27828		\$1,347.19
	27829		\$733.63
	27830		\$422.20
#	27830		\$386.84

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
Effective January 1, 2024

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	27831		\$433.99
	27832		\$778.29
	27840		\$409.53
	27842		\$513.09
	27846		\$742.25
	27848		\$802.16
	27860		\$168.22
	27870		\$1,018.09
	27871		\$707.55
	27880		\$864.35
	27881		\$822.88
	27882		\$572.53
	27884		\$572.25
	27886		\$638.77
	27888		\$543.84
	27889		\$623.96
	27892		\$540.33
	27893		\$635.51
	27894		\$807.76
	28001		\$179.98
#	28001		\$94.57
	28002		\$258.48
#	28002		\$139.22
	28003		\$388.78
#	28003		\$253.34
	28005		\$584.67
	28008		\$452.42
#	28008		\$304.93
	28010		\$247.44
#	28010		\$218.47
	28011		\$330.91
#	28011		\$290.28
	28020		\$574.85
#	28020		\$378.84
	28022		\$516.56

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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#	28022		\$339.73
	28024		\$491.30
#	28024		\$320.87
	28035		\$559.24
#	28035		\$371.12
	28039		\$500.95
#	28039		\$346.70
	28041		\$461.65
	28043		\$406.21
#	28043		\$270.77
	28045		\$505.92
#	28045		\$358.44
	28046		\$705.97
	28047		\$1,034.09
	28050		\$441.38
#	28050		\$289.76
	28052		\$413.84
#	28052		\$265.61
	28054		\$390.86
#	28054		\$244.13
	28055		\$399.43
	28060		\$548.28
#	28060		\$373.33
	28062		\$607.62
#	28062		\$415.37
	28070		\$537.04
#	28070		\$354.57
	28072		\$521.52
#	28072		\$337.91
	28080		\$569.94
#	28080		\$399.13
	28086		\$556.24
#	28086		\$363.23
	28088		\$496.18
#	28088		\$307.31

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	28090		\$495.48
#	28090		\$320.90
	28092		\$452.24
#	28092		\$285.57
	28100		\$648.03
#	28100		\$432.45
	28102		\$631.65
	28103		\$397.26
	28104		\$556.09
#	28104		\$366.85
	28106		\$436.43
	28107		\$535.63
#	28107		\$356.92
	28108		\$461.55
#	28108		\$300.52
	28110		\$493.90
#	28110		\$306.16
	28111		\$500.99
#	28111		\$327.55
	28112		\$512.19
#	28112		\$324.83
	28113		\$619.49
#	28113		\$445.30
	28114		\$1,116.27
#	28114		\$862.31
	28116		\$803.11
#	28116		\$595.43
	28118		\$639.04
#	28118		\$436.63
	28119		\$556.72
#	28119		\$377.63
	28120		\$703.96
#	28120		\$510.57
	28122		\$622.65
#	28122		\$453.35

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	28124		\$506.46
#	28124		\$348.44
	28126		\$416.79
#	28126		\$260.66
	28130		\$634.67
	28140		\$589.11
#	28140		\$430.34
	28150		\$444.20
#	28150		\$289.94
	28153		\$431.84
#	28153		\$276.08
	28160		\$435.21
#	28160		\$278.69
	28171		\$1,110.53
	28173		\$727.27
	28175		\$478.84
	28190		\$257.98
#	28190		\$136.84
	28192		\$485.71
#	28192		\$320.92
	28193		\$548.50
#	28193		\$376.56
	28200		\$524.80
#	28200		\$339.32
	28202		\$626.43
#	28202		\$439.06
	28208		\$515.77
#	28208		\$334.42
	28210		\$624.38
#	28210		\$436.64
	28220		\$477.97
#	28220		\$316.94
	28222		\$567.56
#	28222		\$381.71
	28225		\$440.76

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	28225		\$276.35
	28226		\$659.08
#	28226		\$418.29
	28230		\$458.61
#	28230		\$295.33
	28232		\$402.61
#	28232		\$252.11
	28234		\$439.31
#	28234		\$284.31
	28238		\$702.50
#	28238		\$500.09
	28240		\$470.06
#	28240		\$304.52
	28250		\$620.38
#	28250		\$424.74
	28260		\$763.34
#	28260		\$553.41
	28261		\$1,111.61
#	28261		\$855.02
	28262		\$1,412.86
#	28262		\$1,114.51
	28264		\$904.90
#	28264		\$681.42
	28270		\$516.19
#	28270		\$347.63
	28272		\$406.63
#	28272		\$261.03
	28280		\$533.77
#	28280		\$356.19
	28285		\$571.84
#	28285		\$402.54
	28286		\$469.75
#	28286		\$308.73
	28288		\$640.78
#	28288		\$454.92

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	28289		\$728.98
#	28289		\$476.90
	28291		\$724.34
#	28291		\$492.96
	28292		\$740.29
#	28292		\$503.27
	28295		\$1,117.38
#	28295		\$620.37
	28296		\$942.69
#	28296		\$529.21
	28297		\$1,086.82
#	28297		\$617.28
	28298		\$887.68
#	28298		\$522.73
	28299		\$1,076.49
#	28299		\$611.47
	28300		\$663.67
	28302		\$733.21
	28304		\$865.09
#	28304		\$626.56
	28305		\$686.47
	28306		\$645.89
#	28306		\$420.15
	28307		\$832.65
#	28307		\$536.56
	28308		\$607.10
#	28308		\$403.56
	28309		\$916.98
	28310		\$578.84
#	28310		\$375.68
	28312		\$581.07
#	28312		\$359.47
	28313		\$559.23
#	28313		\$374.50
	28315		\$505.68

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#	28315		\$337.13
	28320		\$629.55
	28322		\$824.45
#	28322		\$592.69
	28340		\$594.68
#	28340		\$417.85
	28341		\$687.23
#	28341		\$494.97
	28344		\$445.09
#	28344		\$290.09
	28345		\$540.07
#	28345		\$372.64
	28360		\$1,119.82
	28400		\$271.50
#	28400		\$250.80
	28405		\$484.73
#	28405		\$430.55
	28406		\$621.85
	28415		\$1,143.71
	28420		\$1,319.84
	28430		\$262.91
#	28430		\$228.67
	28435		\$401.72
#	28435		\$352.43
	28436		\$529.64
	28445		\$1,063.58
	28446		\$1,234.43
	28450		\$231.70
#	28450		\$208.38
	28455		\$274.34
#	28455		\$243.49
	28456		\$403.78
	28465		\$664.93
	28470		\$239.22
#	28470		\$224.55

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Limiting charge applies to unassigned claims by non-participating providers.

	28475		\$280.68
#	28475		\$244.56
	28476		\$417.68
	28485		\$589.69
	28490		\$156.75
#	28490		\$136.81
	28495		\$197.33
#	28495		\$161.96
	28496		\$552.78
#	28496		\$295.44
	28505		\$684.53
#	28505		\$512.22
	28510		\$133.06
#	28510		\$132.68
	28515		\$180.99
#	28515		\$156.54
	28525		\$605.28
#	28525		\$425.45
	28530		\$128.47
#	28530		\$111.16
	28531		\$356.83
#	28531		\$191.29
	28540		\$213.66
#	28540		\$190.34
	28545		\$339.42
#	28545		\$294.65
	28546		\$639.06
#	28546		\$379.08
	28555		\$902.40
#	28555		\$679.30
	28570		\$261.20
#	28570		\$216.42
	28575		\$411.56
#	28575		\$365.66
	28576		\$409.24

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Limiting charge applies to unassigned claims by non-participating providers.

	28585		\$938.35
#	28585		\$725.02
	28600		\$204.15
#	28600		\$173.30
	28605		\$375.23
#	28605		\$331.96
	28606		\$409.51
	28615		\$859.56
	28630		\$164.22
#	28630		\$113.05
	28635		\$182.41
#	28635		\$135.76
	28636		\$379.40
#	28636		\$231.54
	28645		\$686.06
#	28645		\$502.84
	28660		\$134.36
#	28660		\$97.49
	28665		\$160.17
#	28665		\$131.20
	28666		\$182.38
	28675		\$612.41
#	28675		\$431.82
	28705		\$1,222.65
	28715		\$958.36
	28725		\$796.23
	28730		\$742.06
	28735		\$788.15
	28737		\$703.06
	28740		\$864.78
#	28740		\$631.89
	28750		\$817.74
#	28750		\$591.62
	28755		\$535.58
#	28755		\$347.09

2024 Part B Medicare Physician Fee Schedule

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	28760		\$807.67
#	28760		\$586.45
	28800		\$535.51
	28805		\$703.86
	28810		\$427.86
	28820		\$309.45
#	28820		\$174.38
	28825		\$304.86
#	28825		\$170.17
	28890		\$331.43
#	28890		\$231.72
	29000		\$387.79
#	29000		\$198.54
	29010		\$302.41
#	29010		\$163.96
	29015		\$321.93
#	29015		\$183.48
	29035		\$286.35
#	29035		\$147.90
	29040		\$324.00
#	29040		\$177.27
	29044		\$318.48
#	29044		\$171.37
	29046		\$347.14
#	29046		\$192.13
	29049		\$107.70
#	29049		\$71.58
	29055		\$245.30
#	29055		\$140.70
	29058		\$131.19
#	29058		\$94.70
	29065		\$104.60
#	29065		\$69.99
	29075		\$94.56
#	29075		\$64.46

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	29085		\$103.66
#	29085		\$69.43
	29086		\$84.42
#	29086		\$51.69
	29105		\$88.58
#	29105		\$40.05
	29125		\$72.96
#	29125		\$41.73
	29126		\$85.05
#	29126		\$50.82
	29130		\$43.99
#	29130		\$28.56
	29131		\$57.66
#	29131		\$34.71
	29200		\$33.83
#	29200		\$18.03
	29240		\$31.20
#	29240		\$17.65
	29260		\$30.25
#	29260		\$18.59
	29280		\$31.00
#	29280		\$19.71
	29305		\$270.77
#	29305		\$162.04
	29325		\$298.30
#	29325		\$180.92
	29345		\$143.55
#	29345		\$100.28
	29355		\$149.67
#	29355		\$107.15
	29358		\$174.61
#	29358		\$104.25
	29365		\$133.34
#	29365		\$89.32
	29405		\$86.15

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	29405		\$60.19
	29425		\$80.70
#	29425		\$55.50
	29435		\$132.59
#	29435		\$87.82
	29440		\$45.54
#	29440		\$27.86
	29445		\$133.44
#	29445		\$98.45
	29450		\$151.34
#	29450		\$112.21
	29505		\$97.79
#	29505		\$53.77
	29515		\$77.47
#	29515		\$50.76
	29520		\$36.84
#	29520		\$18.03
	29530		\$30.82
#	29530		\$17.65
	29540		\$29.12
#	29540		\$16.71
	29550		\$20.22
#	29550		\$10.81
	29580		\$68.21
#	29580		\$25.31
	29581		\$96.21
#	29581		\$26.60
	29584		\$88.40
#	29584		\$15.41
	29700		\$68.66
#	29700		\$32.54
	29705		\$66.22
#	29705		\$44.02
	29710		\$128.97
#	29710		\$80.82

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	29720		\$93.69
#	29720		\$43.27
	29730		\$68.33
#	29730		\$44.25
	29740		\$103.73
#	29740		\$67.61
	29750		\$111.31
#	29750		\$75.57
	29800		\$549.16
	29804		\$611.34
	29805		\$484.37
	29806		\$1,072.68
	29807		\$1,048.49
	29819		\$604.67
	29820		\$548.68
	29821		\$609.81
	29822		\$559.53
	29823		\$609.56
	29824		\$696.77
	29825		\$603.55
	29826		\$166.07
	29827		\$1,078.55
	29828		\$928.46
	29830		\$474.61
	29834		\$508.58
	29835		\$526.93
	29836		\$602.18
	29837		\$541.39
	29838		\$613.82
	29840		\$470.14
	29843		\$505.75
	29844		\$517.36
	29845		\$606.30
	29846		\$541.07
	29847		\$560.81

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	29848		\$535.07
	29850		\$642.70
	29851		\$941.46
	29855		\$796.27
	29856		\$1,002.99
	29860		\$671.85
	29861		\$727.13
	29862		\$833.18
	29863		\$832.62
	29866		\$1,069.33
	29867		\$1,290.31
	29868		\$1,666.29
	29870		\$586.92
#	29870		\$426.64
	29871		\$532.80
	29873		\$563.82
	29874		\$554.02
	29875		\$513.49
	29876		\$669.46
	29877		\$638.24
	29879		\$678.27
	29880		\$579.56
	29881		\$559.53
	29882		\$703.67
	29883		\$857.82
	29884		\$637.21
	29885		\$774.89
	29886		\$654.96
	29887		\$772.32
	29888		\$983.77
	29889		\$1,239.30
	29891		\$691.42
	29892		\$656.09
	29893		\$711.98
#	29893		\$458.78

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	29894		\$516.67
	29895		\$473.43
	29897		\$506.86
	29898		\$572.79
	29899		\$1,012.60
	29900		\$529.85
	29901		\$564.70
	29902		\$596.66
	29904		\$656.24
	29905		\$525.07
	29906		\$668.60
	29907		\$893.40
	29914		\$1,002.07
	29915		\$1,026.56
	29916		\$1,022.25
	30000		\$289.15
#	30000		\$126.62
	30020		\$294.80
#	30020		\$128.50
	30100		\$152.43
#	30100		\$70.41
	30110		\$270.11
#	30110		\$138.80
	30115		\$496.88
	30117		\$1,088.68
#	30117		\$440.43
	30118		\$746.69
	30120		\$538.64
#	30120		\$435.55
	30124		\$323.54
	30125		\$688.90
	30130		\$447.69
	30140		\$312.31
#	30140		\$177.62
	30150		\$833.31

2024 Part B Medicare Physician Fee Schedule

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	30160		\$850.18
	30200		\$119.36
#	30200		\$61.80
	30210		\$163.54
#	30210		\$108.98
	30220		\$332.44
#	30220		\$134.17
	30300		\$230.13
#	30300		\$131.56
	30310		\$221.64
	30320		\$520.71
	30400		\$1,301.87
	30410		\$1,484.57
	30420		\$1,517.68
	30430		\$1,149.52
	30435		\$1,410.55
	30450		\$1,813.92
	30460		\$851.76
	30462		\$1,631.38
	30465		\$1,070.97
	30468		\$2,799.99
#	30468		\$169.01
	30469		\$2,738.56
#	30469		\$150.84
	30520		\$714.41
	30540		\$780.08
	30545		\$1,049.62
	30560		\$354.70
#	30560		\$162.07
	30580		\$640.88
#	30580		\$473.08
	30600		\$543.63
#	30600		\$393.51
	30620		\$720.88
	30630		\$704.94

2024 Part B Medicare Physician Fee Schedule

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	30801		\$239.10
#	30801		\$164.23
	30802		\$299.36
#	30802		\$214.33
	30901		\$167.80
#	30901		\$54.56
	30903		\$262.88
#	30903		\$74.01
	30905		\$379.07
#	30905		\$102.54
	30906		\$404.73
#	30906		\$129.33
	30915		\$629.52
	30920		\$905.45
	30930		\$125.02
	31000		\$201.94
#	31000		\$116.91
	31002		\$201.22
	31020		\$454.22
#	31020		\$366.18
	31030		\$684.26
#	31030		\$540.17
	31032		\$625.55
	31040		\$840.15
	31050		\$547.21
	31051		\$733.36
	31070		\$508.18
	31075		\$867.99
	31080		\$1,140.02
	31081		\$1,217.13
	31084		\$1,257.58
	31085		\$1,293.86
	31086		\$1,226.07
	31087		\$1,160.32
	31090		\$1,172.99

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
Effective January 1, 2024

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	31200		\$677.33
	31201		\$820.00
	31205		\$995.57
	31225		\$1,829.31
	31230		\$2,032.61
	31231		\$203.37
#	31231		\$64.17
	31233		\$293.59
#	31233		\$135.95
	31235		\$332.90
#	31235		\$159.83
	31237		\$271.20
#	31237		\$160.21
	31238		\$262.61
#	31238		\$167.42
	31239		\$620.44
	31240		\$159.04
	31241		\$437.12
	31242		\$2,803.87
#	31242		\$156.71
	31243		\$2,721.10
#	31243		\$156.71
	31253		\$490.70
	31254		\$461.41
#	31254		\$240.19
	31255		\$318.28
	31256		\$178.39
	31257		\$437.88
	31259		\$462.80
	31267		\$261.86
	31276		\$372.02
	31287		\$199.04
	31288		\$231.05
	31290		\$1,142.55
	31291		\$1,216.00

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	31292		\$994.61
	31293		\$1,077.89
	31294		\$1,227.89
	31295		\$1,833.76
#	31295		\$156.52
	31296		\$1,859.44
#	31296		\$177.69
	31297		\$1,819.43
#	31297		\$142.94
	31298		\$3,452.25
#	31298		\$252.40
	31300		\$1,293.28
	31360		\$2,088.62
	31365		\$2,560.64
	31367		\$2,217.45
	31368		\$2,447.30
	31370		\$2,089.87
	31375		\$1,987.80
	31380		\$1,961.49
	31382		\$2,142.68
	31390		\$2,827.17
	31395		\$2,971.85
	31400		\$1,057.99
	31420		\$856.04
	31500		\$133.97
	31502		\$34.22
	31505		\$97.07
#	31505		\$51.54
	31510		\$229.98
#	31510		\$122.01
	31511		\$222.21
#	31511		\$134.92
	31512		\$230.18
#	31512		\$130.10
	31513		\$131.64

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	31515		\$227.38
#	31515		\$111.51
	31520		\$156.27
	31525		\$263.34
#	31525		\$159.87
	31526		\$156.60
	31527		\$193.59
	31528		\$143.85
	31529		\$160.38
	31530		\$196.79
	31531		\$209.36
	31535		\$187.92
	31536		\$208.38
	31540		\$238.48
	31541		\$259.83
	31545		\$356.37
	31546		\$538.25
	31551		\$1,581.11
	31552		\$1,528.69
	31553		\$1,732.71
	31554		\$1,733.46
	31560		\$307.34
	31561		\$335.90
	31570		\$358.45
#	31570		\$226.39
	31571		\$246.07
	31572		\$568.09
#	31572		\$179.82
	31573		\$307.22
#	31573		\$148.83
	31574		\$1,035.41
#	31574		\$149.39
	31575		\$138.70
#	31575		\$70.22
	31576		\$291.83

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#	31576		\$120.27
	31577		\$292.60
#	31577		\$133.08
	31578		\$328.10
#	31578		\$149.39
	31579		\$209.87
#	31579		\$120.70
	31580		\$1,341.14
	31584		\$1,461.85
	31587		\$1,251.48
	31590		\$989.43
	31591		\$1,144.05
	31592		\$1,767.36
	31600		\$293.32
	31601		\$442.78
	31603		\$306.96
	31605		\$312.60
	31610		\$989.95
	31611		\$563.27
	31612		\$98.21
#	31612		\$46.67
	31613		\$443.77
	31614		\$740.62
	31615		\$181.10
#	31615		\$116.39
	31622		\$263.11
#	31622		\$128.42
	31623		\$291.63
#	31623		\$128.34
	31624		\$269.99
#	31624		\$130.03
	31625		\$371.46
#	31625		\$151.36
	31626		\$853.95
#	31626		\$189.53

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	31627		\$1,182.99
#	31627		\$92.30
	31628		\$394.70
#	31628		\$170.47
	31629		\$483.44
#	31629		\$180.57
	31630		\$191.52
	31631		\$218.16
	31632		\$65.85
#	31632		\$47.04
	31633		\$81.35
#	31633		\$60.28
	31634		\$1,623.22
#	31634		\$181.88
	31635		\$305.95
#	31635		\$169.76
	31636		\$208.69
	31637		\$72.93
	31638		\$237.45
	31640		\$238.71
	31641		\$245.22
	31643		\$164.38
	31645		\$289.25
#	31645		\$142.90
	31646		\$138.13
	31647		\$198.55
	31648		\$191.63
	31649		\$64.22
	31651		\$72.93
	31652		\$1,365.97
#	31652		\$212.82
	31653		\$1,415.42
#	31653		\$235.56
	31654		\$126.11
#	31654		\$64.41

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	31660		\$183.13
	31661		\$193.19
	31717		\$308.06
#	31717		\$103.77
	31720		\$47.09
	31725		\$76.25
	31730		\$1,156.67
#	31730		\$140.09
	31750		\$1,408.53
	31755		\$1,822.66
	31760		\$1,307.67
	31766		\$1,667.31
	31770		\$1,249.62
	31775		\$1,318.68
	31780		\$1,201.43
	31781		\$1,429.86
	31785		\$1,071.09
	31786		\$1,358.19
	31800		\$737.79
	31805		\$786.73
	31820		\$469.53
#	31820		\$341.99
	31825		\$644.51
#	31825		\$498.16
	31830		\$528.71
#	31830		\$383.86
	32035		\$716.09
	32036		\$771.28
	32096		\$761.22
	32097		\$762.73
	32098		\$722.91
	32100		\$775.54
	32110		\$1,408.64
	32120		\$838.54
	32124		\$885.23

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	32140		\$946.08
	32141		\$1,431.69
	32150		\$976.74
	32151		\$959.54
	32160		\$770.35
	32200		\$1,095.34
	32215		\$773.15
	32220		\$1,529.30
	32225		\$951.13
	32310		\$879.60
	32320		\$1,529.14
	32400		\$177.57
#	32400		\$80.50
	32408		\$925.67
#	32408		\$146.12
	32440		\$1,483.62
	32442		\$2,834.81
	32445		\$3,297.69
	32480		\$1,398.94
	32482		\$1,496.20
	32484		\$1,350.15
	32486		\$2,179.67
	32488		\$2,238.39
	32491		\$1,398.40
	32501		\$223.27
	32503		\$1,688.22
	32504		\$1,917.84
	32505		\$888.19
	32506		\$143.62
	32507		\$143.25
	32540		\$1,628.93
	32550		\$837.31
#	32550		\$196.22
	32551		\$147.65
	32552		\$185.95

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Hawaii, Area 01

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

#	32552		\$155.86
	32553		\$541.60
#	32553		\$168.76
	32554		\$250.82
#	32554		\$85.27
	32555		\$336.46
#	32555		\$105.08
	32556		\$812.15
#	32556		\$118.38
	32557		\$716.22
#	32557		\$143.22
	32560		\$272.30
#	32560		\$72.14
	32561		\$96.99
#	32561		\$64.63
	32562		\$86.82
#	32562		\$57.85
	32601		\$289.75
	32604		\$446.67
	32606		\$430.70
	32607		\$288.99
	32608		\$353.78
	32609		\$242.65
	32650		\$645.81
	32651		\$1,040.88
	32652		\$1,568.83
	32653		\$1,008.82
	32654		\$1,126.00
	32655		\$912.42
	32656		\$770.80
	32658		\$686.91
	32659		\$707.60
	32661		\$763.85
	32662		\$853.96
	32663		\$1,316.76

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	32664		\$809.34
	32665		\$1,162.20
	32666		\$832.14
	32667		\$143.81
	32668		\$143.81
	32669		\$1,265.48
	32670		\$1,503.81
	32671		\$1,658.16
	32672		\$1,425.75
	32673		\$1,149.16
	32674		\$197.47
	32701		\$196.15
	32800		\$900.97
	32810		\$864.12
	32815		\$2,628.27
	32820		\$1,269.99
	32851		\$3,054.02
	32852		\$3,291.37
	32853		\$4,255.03
	32854		\$4,501.06
	32900		\$1,285.89
	32905		\$1,261.02
	32906		\$1,547.63
	32940		\$1,167.85
	32960		\$130.73
#	32960		\$88.59
	32994		\$5,293.67
#	32994		\$417.71
	32997		\$325.08
	32998		\$3,357.21
#	32998		\$418.47
	33016		\$218.33
	33017		\$230.20
	33018		\$268.45
	33019		\$200.44

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	33020		\$782.37
	33025		\$732.75
	33030		\$1,873.99
	33031		\$2,308.44
	33050		\$960.33
	33120		\$1,947.20
	33130		\$1,286.15
	33140		\$1,452.55
	33141		\$120.90
	33202		\$732.75
	33203		\$767.05
	33206		\$438.69
	33207		\$457.98
	33208		\$495.02
	33210		\$150.57
	33211		\$157.64
	33212		\$312.72
	33213		\$327.17
	33214		\$461.85
	33215		\$299.24
	33216		\$361.23
	33217		\$358.37
	33218		\$379.61
	33220		\$368.67
	33221		\$346.15
	33222		\$337.78
	33223		\$396.21
	33224		\$480.40
	33225		\$431.26
	33226		\$459.04
	33227		\$328.45
	33228		\$342.72
	33229		\$360.57
	33230		\$359.17
	33231		\$386.99

2024 Part B Medicare Physician Fee Schedule

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	33233		\$231.17
	33234		\$466.58
	33235		\$614.37
	33236		\$754.53
	33237		\$807.30
	33238		\$914.83
	33240		\$355.43
	33241		\$211.35
	33243		\$1,305.22
	33244		\$829.25
	33249		\$871.92
	33250		\$1,367.63
	33251		\$1,529.59
	33254		\$1,287.02
	33255		\$1,524.88
	33256		\$1,800.43
	33257		\$557.73
	33258		\$618.29
	33259		\$809.16
	33261		\$1,509.48
	33262		\$359.72
	33263		\$373.23
	33264		\$389.00
	33265		\$1,286.27
	33266		\$1,724.71
	33267		\$984.59
	33268		\$119.03
	33269		\$785.52
	33270		\$536.72
	33271		\$435.57
	33272		\$335.69
	33273		\$386.55
	33274		\$457.60
	33275		\$479.61
	33276		\$553.54

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	33277		\$285.04
	33278		\$549.32
	33279		\$335.50
	33280		\$211.33
	33281		\$361.40
	33285		\$4,664.23
#	33285		\$82.49
	33286		\$131.74
#	33286		\$80.95
	33287		\$374.13
	33288		\$488.10
	33289		\$313.06
	33300		\$2,272.65
	33305		\$3,789.06
	33310		\$1,105.64
	33315		\$1,789.26
	33320		\$1,011.57
	33321		\$1,120.98
	33322		\$1,318.05
	33330		\$1,338.88
	33335		\$1,744.23
	33340		\$729.59
	33361		\$1,122.09
	33362		\$1,222.01
	33363		\$1,267.59
	33364		\$1,257.99
	33365		\$1,321.49
	33366		\$1,453.92
	33367		\$558.60
	33368		\$676.83
	33369		\$893.53
	33370		\$123.56
	33390		\$1,795.54
	33391		\$2,126.56
	33404		\$1,638.17

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	33405		\$2,119.13
	33406		\$2,682.53
	33410		\$2,367.05
	33411		\$3,114.12
	33412		\$2,908.02
	33413		\$2,986.64
	33414		\$1,998.16
	33415		\$1,891.24
	33416		\$1,893.99
	33417		\$1,572.88
	33418		\$1,687.80
	33419		\$392.24
	33420		\$1,362.91
	33422		\$1,560.76
	33425		\$2,543.90
	33426		\$2,225.04
	33427		\$2,275.96
	33430		\$2,615.64
	33440		\$3,142.72
	33460		\$2,222.27
	33463		\$2,865.32
	33464		\$2,276.62
	33465		\$2,563.29
	33468		\$2,275.86
	33471		\$1,254.20
	33474		\$2,036.39
	33475		\$2,169.76
	33476		\$1,440.30
	33477		\$1,238.26
	33478		\$1,486.26
	33496		\$1,560.40
	33500		\$1,463.38
	33501		\$1,053.71
	33502		\$1,215.34
	33503		\$1,265.48

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	33504		\$1,388.27
	33505		\$1,905.93
	33506		\$1,905.29
	33507		\$1,603.38
	33508		\$14.82
	33509		\$158.49
	33510		\$1,808.76
	33511		\$1,985.40
	33512		\$2,258.80
	33513		\$2,302.87
	33514		\$2,424.40
	33516		\$2,509.15
	33517		\$171.81
	33518		\$376.40
	33519		\$497.95
	33521		\$596.78
	33522		\$670.50
	33523		\$755.70
	33530		\$480.56
	33533		\$1,752.04
	33534		\$2,055.01
	33535		\$2,280.78
	33536		\$2,456.02
	33542		\$2,440.51
	33545		\$2,841.12
	33548		\$2,743.73
	33572		\$211.50
	33600		\$1,619.53
	33602		\$1,573.20
	33606		\$1,672.15
	33608		\$1,693.91
	33610		\$1,671.10
	33611		\$1,816.59
	33612		\$1,864.65
	33615		\$1,870.30

2024 Part B Medicare Physician Fee Schedule

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Limiting charge applies to unassigned claims by non-participating providers.

	33617		\$2,022.89
	33619		\$2,577.74
	33620		\$1,536.80
	33621		\$878.12
	33622		\$3,171.23
	33641		\$1,531.75
	33645		\$1,617.05
	33647		\$1,693.97
	33660		\$1,638.67
	33665		\$1,782.37
	33670		\$1,825.59
	33675		\$1,835.39
	33676		\$1,883.44
	33677		\$1,954.78
	33681		\$1,738.84
	33684		\$1,759.37
	33688		\$1,746.56
	33690		\$1,145.46
	33692		\$1,813.13
	33694		\$1,816.59
	33697		\$1,912.14
	33702		\$1,458.03
	33710		\$1,908.36
	33720		\$1,459.06
	33724		\$1,438.78
	33726		\$1,891.06
	33730		\$1,877.14
	33732		\$1,555.16
	33735		\$1,232.97
	33736		\$1,334.14
	33737		\$1,230.87
	33741		\$696.84
	33745		\$995.78
	33746		\$398.09
	33750		\$1,189.23

2024 Part B Medicare Physician Fee Schedule

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Limiting charge applies to unassigned claims by non-participating providers.

	33755		\$1,252.04
	33762		\$1,207.65
	33764		\$1,252.04
	33766		\$1,253.42
	33767		\$1,336.02
	33768		\$381.10
	33770		\$1,962.98
	33771		\$2,012.19
	33774		\$1,695.79
	33775		\$1,741.43
	33776		\$1,843.63
	33777		\$1,767.71
	33778		\$2,192.17
	33779		\$2,150.47
	33780		\$2,193.41
	33781		\$2,135.14
	33782		\$2,984.24
	33783		\$3,222.84
	33786		\$2,115.11
	33788		\$1,437.19
	33800		\$930.57
	33802		\$1,035.93
	33803		\$1,084.01
	33813		\$1,177.72
	33814		\$1,441.43
	33820		\$917.52
	33822		\$966.05
	33824		\$1,123.16
	33840		\$1,176.51
	33845		\$1,267.70
	33851		\$1,207.36
	33852		\$1,323.34
	33853		\$1,724.25
	33858		\$3,139.45
	33859		\$2,261.55

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Limiting charge applies to unassigned claims by non-participating providers.

	33863		\$2,910.37
	33864		\$2,969.92
	33866		\$842.88
	33871		\$3,011.48
	33875		\$2,546.85
	33877		\$3,313.68
	33880		\$1,636.90
	33881		\$1,406.92
	33883		\$1,025.63
	33884		\$354.13
	33886		\$885.56
	33889		\$720.27
	33891		\$863.19
	33894		\$909.77
	33895		\$724.06
	33897		\$538.16
	33900		\$544.61
	33901		\$715.70
	33902		\$691.09
	33903		\$814.51
	33904		\$273.35
	33910		\$2,428.83
	33915		\$1,285.09
	33916		\$3,859.50
	33917		\$1,380.79
	33920		\$1,690.19
	33922		\$1,314.50
	33924		\$261.00
	33925		\$1,598.61
	33926		\$2,238.54
	33927		\$2,333.88
	33935		\$4,564.38
	33945		\$4,518.95
	33946		\$287.13
	33947		\$317.66

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Limiting charge applies to unassigned claims by non-participating providers.

	33948		\$223.75
	33949		\$218.17
	33951		\$387.37
	33952		\$395.10
	33953		\$432.44
	33954		\$437.49
	33955		\$756.66
	33956		\$767.69
	33957		\$169.13
	33958		\$169.13
	33959		\$214.94
	33962		\$214.94
	33963		\$427.34
	33964		\$451.18
	33965		\$169.13
	33966		\$219.13
	33967		\$239.82
	33968		\$31.43
	33969		\$249.59
	33970		\$325.93
	33971		\$675.61
	33973		\$458.22
	33974		\$849.53
	33975		\$1,197.82
	33976		\$1,446.18
	33977		\$1,042.82
	33978		\$1,226.71
	33979		\$1,783.01
	33980		\$1,646.42
	33981		\$757.25
	33982		\$1,780.41
	33983		\$2,095.15
	33984		\$260.41
	33985		\$469.19
	33986		\$481.39

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	33987		\$190.19
	33988		\$709.54
	33989		\$451.18
	33990		\$334.34
	33991		\$415.72
	33992		\$174.01
	33993		\$155.02
	33995		\$329.29
	33997		\$149.47
	34001		\$836.71
	34051		\$943.99
	34101		\$552.90
	34111		\$552.15
	34151		\$1,278.59
	34201		\$938.02
	34203		\$874.06
	34401		\$1,414.51
	34421		\$638.92
	34451		\$1,307.14
	34471		\$987.07
	34490		\$531.18
	34501		\$827.73
	34502		\$1,452.57
	34510		\$935.12
	34520		\$907.17
	34530		\$867.50
	34701		\$1,132.76
	34702		\$1,682.98
	34703		\$1,255.87
	34704		\$2,086.26
	34705		\$1,395.62
	34706		\$2,070.24
	34707		\$1,063.31
	34708		\$1,646.94
	34709		\$291.34

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	34710		\$733.54
	34711		\$265.23
	34712		\$608.75
	34713		\$111.32
	34714		\$246.03
	34715		\$269.74
	34716		\$340.77
	34717		\$399.45
	34718		\$1,131.09
	34808		\$182.42
	34812		\$186.13
	34813		\$211.44
	34820		\$302.00
	34830		\$1,600.23
	34831		\$1,755.25
	34832		\$1,719.13
	34833		\$352.26
	34834		\$116.20
	35001		\$1,036.51
	35002		\$1,041.11
	35005		\$913.76
	35011		\$936.47
	35013		\$1,176.07
	35021		\$1,187.38
	35022		\$1,353.95
	35045		\$899.87
	35081		\$1,582.39
	35082		\$1,973.30
	35091		\$1,616.58
	35092		\$2,363.91
	35102		\$1,719.61
	35103		\$2,017.18
	35111		\$1,210.71
	35112		\$1,485.21
	35121		\$1,436.27

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C - The payment for the technical component is capped at the OPPS amount.

Limiting charge applies to unassigned claims by non-participating providers.

	35122		\$1,715.44
	35131		\$1,267.88
	35132		\$1,485.21
	35141		\$1,002.00
	35142		\$1,210.85
	35151		\$1,139.02
	35152		\$1,273.07
	35180		\$721.72
	35182		\$1,684.98
	35184		\$883.00
	35188		\$1,239.59
	35189		\$1,373.78
	35190		\$709.03
	35201		\$875.77
	35206		\$750.11
	35207		\$762.50
	35211		\$1,312.03
	35216		\$1,993.12
	35221		\$1,381.57
	35226		\$769.85
	35231		\$1,215.62
	35236		\$937.88
	35241		\$1,348.34
	35246		\$1,462.31
	35251		\$1,621.36
	35256		\$935.28
	35261		\$900.17
	35266		\$806.72
	35271		\$1,304.91
	35276		\$1,371.55
	35281		\$1,499.40
	35286		\$857.65
	35301		\$1,039.08
	35302		\$1,025.58
	35303		\$1,121.95

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	35304		\$1,167.18
	35305		\$1,123.44
	35306		\$398.75
	35311		\$1,446.36
	35321		\$832.23
	35331		\$1,334.46
	35341		\$1,275.79
	35351		\$1,178.23
	35355		\$941.40
	35361		\$1,385.09
	35363		\$1,475.59
	35371		\$750.40
	35372		\$896.80
	35390		\$143.61
	35400		\$133.27
	35500		\$287.30
	35501		\$1,325.55
	35506		\$1,158.46
	35508		\$1,212.98
	35509		\$1,282.77
	35510		\$1,119.13
	35511		\$1,020.01
	35512		\$1,097.54
	35515		\$1,212.98
	35516		\$1,110.43
	35518		\$1,039.40
	35521		\$1,120.99
	35522		\$1,065.12
	35523		\$1,122.87
	35525		\$1,039.12
	35526		\$1,613.57
	35531		\$1,768.23
	35533		\$1,371.26
	35535		\$1,726.28
	35536		\$1,535.11

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	35537		\$1,889.10
	35538		\$2,114.73
	35539		\$1,985.20
	35540		\$2,210.11
	35556		\$1,275.36
	35558		\$1,142.55
	35560		\$1,548.47
	35563		\$1,207.00
	35565		\$1,203.69
	35566		\$1,515.85
	35570		\$1,342.18
	35571		\$1,210.57
	35572		\$311.23
	35583		\$1,318.51
	35585		\$1,524.50
	35587		\$1,215.58
	35600		\$170.60
	35601		\$1,280.42
	35606		\$1,079.29
	35612		\$957.38
	35616		\$1,003.47
	35621		\$1,004.98
	35623		\$1,198.22
	35626		\$1,472.30
	35631		\$1,693.17
	35632		\$1,639.76
	35633		\$1,803.60
	35634		\$1,605.00
	35636		\$1,449.80
	35637		\$1,506.90
	35638		\$1,585.06
	35642		\$909.12
	35645		\$867.82
	35646		\$1,558.43
	35647		\$1,419.63

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	35650		\$931.62
	35654		\$1,247.79
	35656		\$983.69
	35661		\$996.70
	35663		\$1,112.58
	35665		\$1,078.93
	35666		\$1,190.12
	35671		\$1,048.60
	35681		\$72.15
	35682		\$317.79
	35683		\$366.42
	35685		\$177.74
	35686		\$143.99
	35691		\$866.61
	35693		\$774.25
	35694		\$904.40
	35695		\$937.95
	35697		\$131.77
	35700		\$136.63
	35701		\$428.05
	35702		\$388.35
	35703		\$389.45
	35800		\$718.84
	35820		\$1,878.06
	35840		\$1,163.68
	35860		\$787.03
	35870		\$1,139.27
	35875		\$550.19
	35876		\$867.50
	35879		\$846.95
	35881		\$948.46
	35883		\$1,093.35
	35884		\$1,126.86
	35901		\$448.42
	35903		\$534.11

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	35905		\$1,526.37
	35907		\$1,741.68
	36002		\$157.16
#	36002		\$99.60
	36005		\$273.71
#	36005		\$44.58
	36010		\$579.87
#	36010		\$100.93
	36011		\$859.56
#	36011		\$145.85
	36012		\$895.92
#	36012		\$162.65
	36013		\$845.92
#	36013		\$119.04
	36014		\$845.12
#	36014		\$141.94
	36015		\$907.83
#	36015		\$162.14
	36100		\$566.03
#	36100		\$138.63
	36140		\$552.21
#	36140		\$82.30
	36160		\$593.47
#	36160		\$116.03
	36200		\$632.02
#	36200		\$127.87
	36215		\$1,116.74
#	36215		\$201.74
	36216		\$1,136.92
#	36216		\$253.16
	36217		\$1,952.91
#	36217		\$309.16
	36218		\$225.04
#	36218		\$48.97
	36221		\$1,059.52

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	36221		\$184.03
	36222		\$1,323.20
#	36222		\$266.00
	36223		\$1,807.98
#	36223		\$306.44
	36224		\$2,238.65
#	36224		\$343.95
	36225		\$1,714.12
#	36225		\$303.63
	36226		\$2,180.16
#	36226		\$341.90
	36227		\$251.57
#	36227		\$112.36
	36228		\$1,402.32
#	36228		\$230.74
	36245		\$1,334.58
#	36245		\$220.18
	36246		\$880.26
#	36246		\$233.14
	36247		\$1,521.84
#	36247		\$277.64
	36248		\$121.81
#	36248		\$45.43
	36251		\$1,380.69
#	36251		\$238.07
	36252		\$1,482.48
#	36252		\$330.84
	36253		\$2,167.96
#	36253		\$334.58
	36254		\$2,117.25
#	36254		\$385.84
	36260		\$647.11
	36261		\$413.58
	36262		\$318.27
	36400		\$28.42

2024 Part B Medicare Physician Fee Schedule

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#	36400		\$18.26
	36405		\$25.19
#	36405		\$14.66
	36406		\$18.87
#	36406		\$8.71
	36410		\$18.68
#	36410		\$8.89
	36420		\$43.89
	36425		\$38.19
	36430		\$47.20
	36440		\$49.31
	36450		\$167.55
	36455		\$115.61
	36456		\$95.52
	36460		\$331.40
	36465		\$1,417.63
#	36465		\$110.98
	36466		\$1,492.47
#	36466		\$141.43
	36470		\$123.63
#	36470		\$35.59
	36471		\$212.27
#	36471		\$70.81
	36473		\$1,309.56
#	36473		\$168.83
	36474		\$265.96
#	36474		\$82.74
	36475		\$1,145.03
#	36475		\$258.63
	36476		\$290.44
#	36476		\$123.02
	36478		\$1,042.72
#	36478		\$259.78
	36479		\$314.34
#	36479		\$126.22

2024 Part B Medicare Physician Fee Schedule

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Limiting charge applies to unassigned claims by non-participating providers.

	36481		\$1,862.67
#	36481		\$309.21
	36482		\$1,822.75
#	36482		\$166.96
	36483		\$137.83
#	36483		\$81.40
	36500		\$170.51
	36510		\$90.21
#	36510		\$52.21
	36511		\$111.14
	36512		\$105.32
	36513		\$104.34
	36514		\$738.49
#	36514		\$91.74
	36516		\$1,990.23
#	36516		\$81.98
	36522		\$1,490.69
#	36522		\$95.25
	36555		\$198.19
#	36555		\$80.81
	36556		\$225.94
#	36556		\$80.72
	36557		\$1,236.53
#	36557		\$313.26
	36558		\$879.52
#	36558		\$252.35
	36560		\$1,311.30
#	36560		\$372.23
	36561		\$1,034.56
#	36561		\$322.35
	36563		\$1,162.70
#	36563		\$350.41
	36565		\$869.07
#	36565		\$323.16
	36566		\$4,612.26

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

#	36566		\$344.67
	36568		\$86.47
	36569		\$90.11
	36570		\$1,561.62
#	36570		\$324.57
	36571		\$1,343.80
#	36571		\$304.28
	36572		\$401.30
#	36572		\$76.24
	36573		\$412.07
#	36573		\$80.23
	36575		\$156.41
#	36575		\$32.25
	36576		\$358.95
#	36576		\$178.73
	36578		\$450.56
#	36578		\$198.48
	36580		\$200.27
#	36580		\$62.20
	36581		\$833.58
#	36581		\$178.57
	36582		\$927.14
#	36582		\$278.14
	36583		\$1,225.24
#	36583		\$320.78
	36584		\$351.89
#	36584		\$56.17
	36585		\$1,226.20
#	36585		\$274.71
	36589		\$167.06
#	36589		\$133.95
	36590		\$224.30
#	36590		\$185.92
	36591		\$31.03
	36592		\$33.67

2024 Part B Medicare Physician Fee Schedule

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Limiting charge applies to unassigned claims by non-participating providers.

	36593		\$38.74
	36595		\$632.05
#	36595		\$173.42
	36596		\$123.65
#	36596		\$44.26
	36597		\$114.99
#	36597		\$57.43
	36598		\$128.60
#	36598		\$34.17
	36600		\$28.90
#	36600		\$14.61
	36620		\$42.30
	36625		\$99.98
	36640		\$118.35
	36660		\$66.87
	36680		\$56.50
	36800		\$116.50
	36810		\$205.67
	36815		\$124.26
	36818		\$643.07
	36819		\$678.45
	36820		\$676.92
	36821		\$615.04
	36823		\$1,356.89
	36825		\$740.27
	36830		\$620.78
	36831		\$576.25
	36832		\$706.19
	36833		\$751.99
	36835		\$470.08
	36836		\$8,994.91
#	36836		\$336.71
	36837		\$10,699.74
#	36837		\$434.28
	36838		\$1,046.82

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Limiting charge applies to unassigned claims by non-participating providers.

	36860		\$242.61
#	36860		\$103.03
	36861		\$129.26
	36901		\$755.97
#	36901		\$158.14
	36902		\$1,299.32
#	36902		\$225.56
	36903		\$4,633.44
#	36903		\$294.75
	36904		\$1,941.89
#	36904		\$345.16
	36905		\$2,447.32
#	36905		\$416.42
	36906		\$5,882.60
#	36906		\$479.17
	36907		\$628.71
#	36907		\$136.60
	36908		\$1,528.08
#	36908		\$192.46
	36909		\$2,056.59
#	36909		\$187.09
	37140		\$2,213.23
	37145		\$2,054.96
	37160		\$2,110.73
	37180		\$2,029.05
	37181		\$2,213.23
	37182		\$772.35
	37183		\$6,350.28
#	37183		\$355.05
	37184		\$1,819.30
#	37184		\$400.91
	37185		\$496.71
#	37185		\$150.20
	37186		\$1,266.96
#	37186		\$223.67

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Limiting charge applies to unassigned claims by non-participating providers.

	37187		\$1,806.33
#	37187		\$368.37
	37188		\$1,555.55
#	37188		\$262.82
	37191		\$2,193.40
#	37191		\$207.65
	37192		\$1,350.43
#	37192		\$309.78
	37193		\$1,600.37
#	37193		\$324.57
	37197		\$1,679.49
#	37197		\$280.66
	37200		\$203.14
	37211		\$358.27
	37212		\$313.89
	37213		\$214.06
	37214		\$112.75
	37215		\$917.79
	37217		\$992.82
	37218		\$773.93
	37220		\$2,698.90
#	37220		\$365.89
	37221		\$3,311.38
#	37221		\$449.40
	37222		\$650.19
#	37222		\$168.62
	37223		\$1,363.36
#	37223		\$192.15
	37224		\$3,140.66
#	37224		\$405.84
	37225		\$9,551.99
#	37225		\$548.79
	37226		\$8,851.57
#	37226		\$472.91
	37227		\$12,204.59

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#	37227		\$655.06
	37228		\$4,466.91
#	37228		\$493.54
	37229		\$9,706.10
#	37229		\$637.06
	37230		\$9,719.85
#	37230		\$635.38
	37231		\$12,871.83
#	37231		\$679.69
	37232		\$872.92
#	37232		\$182.53
	37233		\$1,110.91
#	37233		\$296.37
	37234		\$3,964.08
#	37234		\$258.20
	37235		\$4,300.53
#	37235		\$342.96
	37236		\$2,956.34
#	37236		\$403.62
	37237		\$1,388.20
#	37237		\$192.16
	37238		\$3,758.27
#	37238		\$283.78
	37239		\$1,878.63
#	37239		\$138.94
	37241		\$5,036.42
#	37241		\$400.13
	37242		\$7,724.06
#	37242		\$443.24
	37243		\$9,372.97
#	37243		\$530.79
	37244		\$7,126.16
#	37244		\$625.27
	37246		\$1,947.06
#	37246		\$322.12

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	37247		\$622.22
#	37247		\$159.83
	37248		\$1,449.48
#	37248		\$278.65
	37249		\$464.78
#	37249		\$134.83
	37252		\$1,032.28
#	37252		\$81.92
	37253		\$180.41
#	37253		\$65.28
	37500		\$586.08
	37565		\$711.78
	37600		\$739.27
	37605		\$678.58
	37606		\$728.36
	37607		\$357.11
	37609		\$324.20
#	37609		\$202.67
	37615		\$513.57
	37616		\$1,078.68
	37617		\$1,257.58
	37618		\$384.17
	37619		\$1,642.77
	37650		\$428.12
	37660		\$1,260.32
	37700		\$236.22
	37718		\$368.13
	37722		\$433.91
	37735		\$540.63
	37760		\$535.40
	37761		\$510.92
	37765		\$427.76
#	37765		\$255.83
	37766		\$500.05
#	37766		\$312.69

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C - The payment for the technical component is capped at the OPPS amount.

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	37780		\$225.70
	37785		\$355.31
#	37785		\$247.33
	37788		\$1,242.55
	37790		\$485.89
	38100		\$1,110.24
	38101		\$1,120.44
	38102		\$248.34
	38115		\$1,240.30
	38120		\$1,032.04
	38200		\$126.22
	38205		\$84.44
	38206		\$82.56
	38220		\$169.80
#	38220		\$67.09
	38221		\$175.43
#	38221		\$70.09
	38222		\$188.56
#	38222		\$74.19
	38230		\$196.11
	38232		\$184.17
	38240		\$244.86
	38241		\$180.54
	38242		\$127.72
	38243		\$124.99
	38300		\$360.31
#	38300		\$216.22
	38305		\$498.64
	38308		\$469.83
	38380		\$587.14
	38381		\$773.77
	38382		\$666.42
	38500		\$346.06
#	38500		\$253.88
	38505		\$185.18

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

#	38505		\$84.35
	38510		\$540.86
#	38510		\$415.58
	38520		\$468.07
	38525		\$439.52
	38530		\$568.03
	38531		\$444.59
	38542		\$529.27
	38550		\$525.84
	38555		\$1,009.66
	38562		\$708.54
	38564		\$689.46
	38570		\$514.18
	38571		\$655.23
	38572		\$889.34
	38573		\$1,165.61
	38700		\$813.84
	38720		\$1,339.52
	38724		\$1,451.70
	38740		\$693.81
	38745		\$866.85
	38746		\$197.10
	38747		\$251.25
	38760		\$826.03
	38765		\$1,281.24
	38770		\$800.12
	38780		\$1,035.77
	38790		\$81.66
	38792		\$88.22
#	38792		\$31.03
	38794		\$282.36
	38900		\$130.32
	39000		\$500.33
	39010		\$757.43
	39200		\$825.43

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Hawaii, Area 01

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	39220		\$1,086.83
	39401		\$291.37
	39402		\$378.08
	39501		\$828.56
	39503		\$5,383.30
	39540		\$836.88
	39541		\$897.58
	39545		\$862.52
	39560		\$785.09
	39561		\$1,220.88
	40490		\$130.00
#	40490		\$69.05
	40500		\$568.80
#	40500		\$389.34
	40510		\$519.84
#	40510		\$361.07
	40520		\$534.26
#	40520		\$369.47
	40525		\$566.21
	40527		\$643.18
	40530		\$589.78
#	40530		\$417.85
	40650		\$515.85
#	40650		\$329.24
	40652		\$552.74
#	40652		\$375.91
	40654		\$624.14
#	40654		\$442.80
	40700		\$1,020.03
	40701		\$1,198.04
	40702		\$1,008.99
	40720		\$1,034.80
	40761		\$1,083.04
	40800		\$220.24
#	40800		\$126.19

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	40801		\$311.92
#	40801		\$206.96
	40804		\$205.22
#	40804		\$120.19
	40805		\$303.06
#	40805		\$204.86
	40806		\$110.39
#	40806		\$31.01
	40808		\$184.25
#	40808		\$93.58
	40810		\$235.77
#	40810		\$129.30
	40812		\$296.83
#	40812		\$189.61
	40814		\$395.37
#	40814		\$295.67
	40816		\$430.05
#	40816		\$317.56
	40818		\$391.05
#	40818		\$280.06
	40819		\$288.63
#	40819		\$209.25
	40820		\$283.85
#	40820		\$179.26
	40830		\$240.28
#	40830		\$151.49
	40831		\$314.84
#	40831		\$208.74
	40840		\$909.24
#	40840		\$646.25
	40842		\$978.52
#	40842		\$691.08
	40843		\$1,250.73
#	40843		\$876.38
	40844		\$1,563.61

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	40844		\$1,190.01
	40845		\$1,527.77
#	40845		\$1,215.87
	41000		\$154.94
#	41000		\$108.66
	41005		\$248.63
#	41005		\$122.59
	41006		\$360.16
#	41006		\$238.64
	41007		\$349.76
#	41007		\$228.99
	41008		\$419.74
#	41008		\$267.36
	41009		\$453.12
#	41009		\$297.36
	41010		\$236.81
#	41010		\$116.79
	41015		\$423.49
#	41015		\$310.62
	41016		\$496.48
#	41016		\$360.28
	41017		\$496.49
#	41017		\$358.41
	41018		\$555.74
#	41018		\$415.03
	41019		\$490.99
	41100		\$201.98
#	41100		\$111.31
	41105		\$202.49
#	41105		\$114.45
	41108		\$182.49
#	41108		\$95.58
	41110		\$248.88
#	41110		\$136.01
	41112		\$363.39

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	41112		\$255.04
	41113		\$386.15
#	41113		\$275.54
	41114		\$637.00
	41115		\$282.55
#	41115		\$152.75
	41116		\$360.02
#	41116		\$227.21
	41120		\$1,106.92
	41130		\$1,353.35
	41135		\$2,198.86
	41140		\$2,224.46
	41145		\$2,791.11
	41150		\$2,236.35
	41153		\$2,424.47
	41155		\$3,004.77
	41250		\$304.05
#	41250		\$157.69
	41251		\$334.03
#	41251		\$187.68
	41252		\$345.10
#	41252		\$212.29
	41510		\$487.93
	41512		\$700.11
	41520		\$394.60
#	41520		\$264.80
	41530		\$1,001.54
#	41530		\$400.33
	41800		\$319.15
#	41800		\$164.89
	41805		\$337.65
#	41805		\$211.24
	41806		\$441.31
#	41806		\$292.70
	41822		\$381.58

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	41822		\$208.52
	41823		\$568.97
#	41823		\$386.50
	41825		\$239.86
#	41825		\$128.12
	41826		\$320.72
#	41826		\$204.09
	41827		\$461.95
#	41827		\$299.80
	41828		\$373.26
#	41828		\$225.03
	41830		\$501.90
#	41830		\$326.58
	41872		\$509.35
#	41872		\$321.61
	41874		\$411.49
#	41874		\$253.85
	42000		\$172.95
#	42000		\$114.63
	42100		\$155.82
#	42100		\$115.18
	42104		\$234.13
#	42104		\$140.83
	42106		\$268.57
#	42106		\$166.61
	42107		\$470.58
#	42107		\$334.38
	42120		\$1,040.35
	42140		\$339.99
#	42140		\$173.32
	42145		\$706.74
	42160		\$242.94
#	42160		\$146.25
	42180		\$270.13
#	42180		\$193.76

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	42182		\$345.06
#	42182		\$263.80
	42200		\$941.82
	42205		\$973.83
	42210		\$1,088.94
	42215		\$719.91
	42220		\$595.80
	42225		\$1,027.00
	42226		\$946.22
	42227		\$879.78
	42235		\$779.83
	42260		\$900.59
#	42260		\$683.50
	42280		\$188.56
#	42280		\$111.81
	42281		\$240.07
#	42281		\$168.58
	42300		\$229.68
#	42300		\$163.09
	42305		\$445.49
	42310		\$182.63
#	42310		\$142.00
	42320		\$278.40
#	42320		\$185.85
	42330		\$249.18
#	42330		\$171.30
	42335		\$466.61
#	42335		\$274.73
	42340		\$570.17
#	42340		\$357.60
	42400		\$102.63
#	42400		\$54.10
	42405		\$321.16
#	42405		\$232.75
	42408		\$580.72

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	42408		\$362.88
	42409		\$427.31
#	42409		\$243.33
	42410		\$640.76
	42415		\$1,066.97
	42420		\$1,191.09
	42425		\$847.68
	42426		\$1,348.07
	42440		\$426.76
	42450		\$501.97
#	42450		\$378.94
	42500		\$478.36
#	42500		\$360.60
	42505		\$607.42
#	42505		\$474.61
	42507		\$515.39
	42509		\$837.49
	42510		\$626.91
	42550		\$164.47
#	42550		\$59.51
	42600		\$583.19
#	42600		\$369.12
	42650		\$78.78
#	42650		\$61.09
	42660		\$116.08
#	42660		\$87.11
	42665		\$407.81
#	42665		\$228.72
	42700		\$206.01
#	42700		\$142.05
	42720		\$459.23
#	42720		\$388.12
	42725		\$809.03
	42800		\$169.52
#	42800		\$122.49

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	42804		\$235.73
#	42804		\$130.76
	42806		\$261.70
#	42806		\$149.21
	42808		\$246.85
#	42808		\$171.23
	42809		\$220.67
#	42809		\$129.62
	42810		\$418.78
#	42810		\$297.63
	42815		\$555.84
	42820		\$300.63
	42821		\$314.24
	42825		\$280.63
	42826		\$266.25
	42830		\$223.74
	42831		\$243.83
	42835		\$209.65
	42836		\$256.09
	42842		\$1,047.15
	42844		\$1,416.67
	42845		\$2,226.80
	42860		\$205.34
	42870		\$624.72
	42890		\$1,448.90
	42892		\$1,896.95
	42894		\$2,398.03
	42900		\$335.60
	42950		\$837.61
	42953		\$1,006.51
	42955		\$796.76
	42960		\$164.68
	42961		\$434.43
	42962		\$532.09
	42970		\$424.40

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	42971		\$465.69
	42972		\$518.54
	42975		\$97.35
	43020		\$562.76
	43030		\$533.47
	43045		\$1,248.86
	43100		\$649.77
	43101		\$961.54
	43107		\$2,815.49
	43108		\$4,120.21
	43112		\$3,252.86
	43113		\$4,042.43
	43116		\$4,602.09
	43117		\$3,069.72
	43118		\$3,368.30
	43121		\$2,678.80
	43122		\$2,450.12
	43123		\$4,187.81
	43124		\$3,558.38
	43130		\$794.73
	43135		\$1,384.35
	43180		\$549.24
	43191		\$155.86
	43192		\$170.00
	43193		\$169.24
	43194		\$185.79
	43195		\$184.79
	43196		\$195.66
	43197		\$203.17
#	43197		\$79.76
	43198		\$224.84
#	43198		\$95.79
	43200		\$286.06
#	43200		\$87.41
	43201		\$280.07

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#	43201		\$102.87
	43202		\$388.24
#	43202		\$102.31
	43204		\$133.55
	43205		\$139.40
	43206		\$325.82
#	43206		\$131.30
	43210		\$415.53
	43211		\$230.43
	43212		\$182.76
	43213		\$1,331.51
#	43213		\$252.11
	43214		\$189.73
	43215		\$422.85
#	43215		\$138.42
	43216		\$443.33
#	43216		\$132.19
	43217		\$453.66
#	43217		\$157.94
	43220		\$989.58
#	43220		\$116.72
	43226		\$416.69
#	43226		\$127.74
	43227		\$646.21
#	43227		\$162.38
	43229		\$770.61
#	43229		\$193.09
	43231		\$154.94
	43232		\$195.44
	43233		\$222.72
	43235		\$309.48
#	43235		\$121.37
	43236		\$434.79
#	43236		\$136.82
	43237		\$192.45

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	43238		\$227.80
	43239		\$406.95
#	43239		\$136.82
	43240		\$382.92
	43241		\$139.89
	43242		\$257.54
	43243		\$231.93
	43244		\$240.35
	43245		\$643.18
#	43245		\$171.77
	43246		\$194.77
	43247		\$409.41
#	43247		\$173.52
	43248		\$444.64
#	43248		\$163.60
	43249		\$1,185.87
#	43249		\$151.24
	43250		\$483.26
#	43250		\$166.47
	43251		\$531.43
#	43251		\$192.45
	43252		\$361.63
#	43252		\$165.61
	43253		\$257.16
	43254		\$264.37
	43255		\$677.54
#	43255		\$196.71
	43257		\$227.98
	43259		\$221.63
	43260		\$315.40
	43261		\$330.85
	43262		\$348.70
	43263		\$349.26
	43264		\$355.58
	43265		\$422.53

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	43266		\$212.40
	43270		\$790.44
#	43270		\$220.08
	43273		\$115.75
	43274		\$451.04
	43275		\$367.42
	43276		\$469.58
	43277		\$369.49
	43278		\$422.39
	43279		\$1,230.06
	43280		\$1,040.07
	43281		\$1,469.24
	43282		\$1,653.05
	43283		\$147.06
	43284		\$640.75
	43285		\$658.05
	43286		\$3,005.18
	43287		\$3,345.31
	43288		\$3,530.52
	43290		\$2,906.14
#	43290		\$173.95
	43291		\$496.91
#	43291		\$157.55
	43300		\$641.25
	43305		\$1,100.17
	43310		\$1,398.20
	43312		\$1,480.72
	43313		\$2,792.95
	43314		\$2,972.58
	43320		\$1,348.10
	43325		\$1,311.39
	43327		\$792.71
	43328		\$1,058.54
	43330		\$1,290.86
	43331		\$1,274.21

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Limiting charge applies to unassigned claims by non-participating providers.

	43332		\$1,103.81
	43333		\$1,208.99
	43334		\$1,169.82
	43335		\$1,252.54
	43336		\$1,363.20
	43337		\$1,450.53
	43338		\$105.23
	43340		\$1,332.01
	43341		\$1,330.63
	43351		\$1,264.95
	43352		\$1,024.25
	43360		\$2,117.30
	43361		\$2,588.20
	43400		\$1,465.90
	43405		\$1,392.10
	43410		\$1,045.88
	43415		\$2,447.57
	43420		\$1,023.17
	43425		\$1,368.74
	43450		\$202.12
#	43450		\$79.84
	43453		\$882.26
#	43453		\$86.53
	43460		\$208.56
	43497		\$782.34
	43500		\$767.09
	43501		\$1,307.12
	43502		\$1,469.21
	43510		\$928.01
	43520		\$677.23
	43605		\$814.60
	43610		\$947.69
	43611		\$1,191.45
	43620		\$1,897.05
	43621		\$2,173.76

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	43622		\$2,204.62
	43631		\$1,398.83
	43632		\$1,949.79
	43633		\$1,846.16
	43634		\$2,030.80
	43635		\$105.60
	43640		\$1,154.81
	43641		\$1,167.86
	43644		\$1,670.98
	43645		\$1,775.55
	43651		\$647.52
	43652		\$750.02
	43653		\$575.08
	43752		\$38.52
	43753		\$20.34
	43754		\$260.37
#	43754		\$38.77
	43755		\$222.42
#	43755		\$60.27
	43756		\$305.28
#	43756		\$51.70
	43757		\$408.20
#	43757		\$77.12
	43761		\$122.47
#	43761		\$99.52
	43762		\$247.98
#	43762		\$35.41
	43763		\$364.15
#	43763		\$86.12
	43770		\$1,097.90
	43771		\$1,241.04
	43772		\$921.09
	43773		\$1,241.04
	43774		\$933.02
	43775		\$1,043.14

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	43800		\$901.39
	43810		\$983.85
	43820		\$1,301.67
	43825		\$1,267.80
	43830		\$692.89
	43831		\$610.75
	43832		\$1,015.08
	43840		\$1,314.47
	43843		\$1,243.27
	43845		\$1,884.44
	43846		\$1,595.88
	43847		\$1,742.77
	43848		\$1,864.22
	43860		\$1,575.76
	43865		\$1,641.67
	43870		\$694.50
	43880		\$1,545.11
	43886		\$375.44
	43887		\$337.91
	43888		\$467.30
	44005		\$1,054.33
	44010		\$839.02
	44015		\$132.54
	44020		\$943.02
	44021		\$939.77
	44025		\$951.41
	44050		\$908.69
	44055		\$1,430.12
	44100		\$104.09
	44110		\$833.29
	44111		\$952.82
	44120		\$1,177.63
	44121		\$226.74
	44125		\$1,138.23
	44126		\$2,363.13

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	44127		\$2,721.74
	44128		\$227.64
	44130		\$1,273.76
	44139		\$113.43
	44140		\$1,298.47
	44141		\$1,755.61
	44143		\$1,594.63
	44144		\$1,701.68
	44145		\$1,594.35
	44146		\$2,032.64
	44147		\$1,854.62
	44150		\$1,802.98
	44151		\$2,074.94
	44155		\$2,011.79
	44156		\$2,217.09
	44157		\$2,107.17
	44158		\$2,158.42
	44160		\$1,203.15
	44180		\$892.64
	44186		\$637.46
	44187		\$1,075.98
	44188		\$1,189.89
	44202		\$1,340.58
	44203		\$226.00
	44204		\$1,483.91
	44205		\$1,291.70
	44206		\$1,680.43
	44207		\$1,747.25
	44208		\$1,908.90
	44210		\$1,728.34
	44211		\$2,081.02
	44212		\$1,980.93
	44213		\$176.56
	44227		\$1,597.48
	44300		\$819.32

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	44310		\$1,010.90
	44312		\$593.30
	44314		\$986.49
	44316		\$1,365.32
	44320		\$1,169.16
	44322		\$1,005.94
	44340		\$629.32
	44345		\$1,029.12
	44346		\$1,153.49
	44360		\$141.97
	44361		\$156.21
	44363		\$188.33
	44364		\$200.69
	44365		\$179.24
	44366		\$235.21
	44369		\$240.68
	44370		\$262.62
	44372		\$233.86
	44373		\$187.38
	44376		\$277.86
	44377		\$292.31
	44378		\$375.48
	44379		\$400.88
	44380		\$215.99
#	44380		\$57.97
	44381		\$1,085.76
#	44381		\$84.61
	44382		\$327.38
#	44382		\$74.17
	44384		\$148.66
	44385		\$235.05
#	44385		\$72.51
	44386		\$338.92
#	44386		\$88.72
	44388		\$335.50

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	44388		\$152.65
	44388	53	\$167.65
#	44388	53	\$76.61
	44389		\$441.46
#	44389		\$168.31
	44390		\$429.27
#	44390		\$206.54
	44391		\$687.93
#	44391		\$225.92
	44392		\$410.66
#	44392		\$193.58
	44394		\$463.93
#	44394		\$220.13
	44401		\$2,609.39
#	44401		\$237.64
	44402		\$256.18
	44403		\$297.56
	44404		\$451.62
#	44404		\$168.31
	44405		\$600.90
#	44405		\$180.27
	44406		\$225.09
	44407		\$269.38
	44408		\$227.15
	44500		\$18.40
	44602		\$1,345.19
	44603		\$1,553.53
	44604		\$1,016.79
	44605		\$1,242.79
	44615		\$1,035.68
	44620		\$843.42
	44625		\$984.16
	44626		\$1,527.65
	44640		\$1,344.58
	44650		\$1,388.24

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	44660		\$1,299.30
	44661		\$1,484.85
	44680		\$1,039.22
	44700		\$980.52
	44701		\$158.91
	44720		\$256.08
	44721		\$358.41
	44800		\$766.51
	44820		\$829.51
	44850		\$732.75
	44900		\$764.76
	44950		\$624.91
	44955		\$79.29
	44960		\$850.73
	44970		\$592.83
	45000		\$433.96
	45005		\$336.99
#	45005		\$168.44
	45020		\$571.53
	45100		\$311.23
	45108		\$377.20
	45110		\$1,778.87
	45111		\$1,066.87
	45112		\$1,776.73
	45113		\$1,833.34
	45114		\$1,743.79
	45116		\$1,519.64
	45119		\$1,846.54
	45120		\$1,546.75
	45121		\$1,684.60
	45123		\$1,096.21
	45126		\$2,674.35
	45130		\$1,066.19
	45135		\$1,286.70
	45136		\$1,763.74

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	45150		\$425.84
	45160		\$1,002.21
	45171		\$630.28
	45172		\$830.60
	45190		\$707.70
	45300		\$138.44
#	45300		\$47.77
	45303		\$1,044.63
#	45303		\$84.86
	45305		\$195.21
#	45305		\$72.56
	45307		\$225.66
#	45307		\$97.74
	45308		\$218.12
#	45308		\$82.67
	45309		\$224.39
#	45309		\$87.44
	45315		\$240.39
#	45315		\$102.69
	45317		\$234.40
#	45317		\$109.49
	45320		\$235.04
#	45320		\$101.85
	45321		\$100.49
	45327		\$113.17
	45330		\$203.90
#	45330		\$57.17
	45331		\$314.36
#	45331		\$72.44
	45332		\$299.82
#	45332		\$104.55
	45333		\$357.65
#	45333		\$93.16
	45334		\$537.93
#	45334		\$116.55

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	45335		\$319.93
#	45335		\$67.10
	45337		\$111.72
	45338		\$322.47
#	45338		\$118.93
	45340		\$502.49
#	45340		\$78.10
	45341		\$122.92
	45342		\$167.38
	45346		\$2,532.28
#	45346		\$157.89
	45347		\$151.56
	45349		\$194.65
	45350		\$739.08
#	45350		\$100.24
	45378		\$359.39
#	45378		\$181.05
	45378	53	\$179.51
#	45378	53	\$90.72
	45379		\$458.58
#	45379		\$233.60
	45380		\$462.88
#	45380		\$196.89
	45381		\$473.04
#	45381		\$196.51
	45382		\$714.25
#	45382		\$253.36
	45384		\$518.26
#	45384		\$221.79
	45385		\$478.60
#	45385		\$248.72
	45386		\$657.11
#	45386		\$207.51
	45388		\$2,691.73
#	45388		\$263.92

2024 Part B Medicare Physician Fee Schedule

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	45389		\$283.23
	45390		\$325.00
	45391		\$252.52
	45392		\$297.56
	45393		\$244.21
	45395		\$1,913.91
	45397		\$2,074.95
	45398		\$889.90
#	45398		\$228.86
	45400		\$1,112.53
	45402		\$1,474.62
	45500		\$571.65
	45505		\$613.77
	45520		\$178.82
#	45520		\$41.87
	45540		\$1,032.57
	45541		\$930.65
	45550		\$1,424.15
	45560		\$689.71
	45562		\$1,144.65
	45563		\$1,609.68
	45800		\$1,235.73
	45805		\$1,426.30
	45820		\$1,238.81
	45825		\$1,496.37
	45900		\$212.32
	45905		\$173.83
	45910		\$195.82
	45915		\$372.82
#	45915		\$232.11
	45990		\$103.95
	46020		\$115.87
	46030		\$274.47
#	46030		\$85.60
	46040		\$581.46

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#	46040		\$436.61
	46045		\$449.02
	46050		\$257.21
#	46050		\$104.83
	46060		\$499.82
	46070		\$281.79
	46080		\$303.71
#	46080		\$156.98
	46083		\$223.62
#	46083		\$113.01
	46200		\$509.88
#	46200		\$356.75
	46220		\$270.80
#	46220		\$124.82
	46221		\$302.67
#	46221		\$199.96
	46230		\$332.95
#	46230		\$175.31
	46250		\$505.63
#	46250		\$325.79
	46255		\$546.70
#	46255		\$361.21
	46257		\$430.18
	46258		\$487.38
	46260		\$489.35
	46261		\$540.52
	46262		\$589.38
	46270		\$562.86
#	46270		\$414.25
	46275		\$595.04
#	46275		\$436.27
	46280		\$493.73
	46285		\$594.28
#	46285		\$437.39
	46288		\$570.98

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	46320		\$228.71
#	46320		\$115.46
	46500		\$339.41
#	46500		\$194.94
	46505		\$330.76
#	46505		\$258.14
	46600		\$128.77
#	46600		\$42.24
	46601		\$157.26
#	46601		\$93.30
	46604		\$714.25
#	46604		\$66.00
	46606		\$306.14
#	46606		\$75.13
	46607		\$217.50
#	46607		\$123.06
	46608		\$314.06
#	46608		\$82.67
	46610		\$298.40
#	46610		\$79.43
	46611		\$241.51
#	46611		\$80.48
	46612		\$358.39
#	46612		\$92.77
	46614		\$182.04
#	46614		\$64.65
	46615		\$188.79
#	46615		\$90.60
	46700		\$661.96
	46705		\$577.67
	46706		\$181.20
	46707		\$511.38
	46710		\$1,087.52
	46712		\$2,136.15
	46715		\$556.40

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	46716		\$1,229.62
	46730		\$1,948.04
	46735		\$2,229.50
	46740		\$2,118.98
	46742		\$2,434.89
	46744		\$3,402.75
	46746		\$3,741.07
	46748		\$4,047.57
	46750		\$748.36
	46751		\$669.54
	46753		\$616.66
	46754		\$373.78
#	46754		\$253.39
	46760		\$1,112.87
	46761		\$906.43
	46900		\$258.44
#	46900		\$141.81
	46910		\$284.38
#	46910		\$138.40
	46916		\$282.16
#	46916		\$147.47
	46917		\$486.04
#	46917		\$131.64
	46922		\$339.29
#	46922		\$140.64
	46924		\$606.32
#	46924		\$183.43
	46930		\$233.02
#	46930		\$160.03
	46940		\$284.48
#	46940		\$146.03
	46942		\$272.32
#	46942		\$131.61
	46945		\$356.83
	46946		\$396.29

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	46947		\$392.54
	46948		\$455.80
	47000		\$324.65
#	47000		\$85.74
	47001		\$97.18
	47010		\$1,182.20
	47015		\$1,134.91
	47100		\$838.18
	47120		\$2,253.72
	47122		\$3,265.09
	47125		\$2,941.56
	47130		\$3,152.59
	47135		\$5,197.07
	47140		\$3,441.84
	47141		\$4,105.86
	47142		\$4,512.44
	47146		\$306.78
	47147		\$358.61
	47300		\$1,108.72
	47350		\$1,324.74
	47360		\$1,802.71
	47361		\$2,874.40
	47362		\$1,404.51
	47370		\$1,214.71
	47371		\$1,218.23
	47380		\$1,397.90
	47381		\$1,426.98
	47382		\$3,931.99
#	47382		\$705.81
	47383		\$6,438.16
#	47383		\$432.01
	47400		\$2,061.73
	47420		\$1,298.71
	47425		\$1,323.94
	47460		\$1,232.04

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	47480		\$866.07
	47490		\$336.06
	47531		\$460.69
#	47531		\$68.66
	47532		\$901.76
#	47532		\$201.22
	47533		\$1,251.75
#	47533		\$250.60
	47534		\$1,363.48
#	47534		\$350.29
	47535		\$954.24
#	47535		\$186.73
	47536		\$684.87
#	47536		\$126.16
	47537		\$531.39
#	47537		\$93.09
	47538		\$4,104.05
#	47538		\$223.23
	47539		\$4,590.93
#	47539		\$403.86
	47540		\$4,579.40
#	47540		\$416.03
	47541		\$1,242.92
#	47541		\$319.65
	47542		\$531.50
#	47542		\$128.18
	47543		\$413.94
#	47543		\$135.53
	47544		\$901.28
#	47544		\$147.69
	47550		\$153.88
	47552		\$262.58
	47553		\$260.68
	47554		\$425.76
	47555		\$310.39

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	47556		\$351.54
	47562		\$647.54
	47563		\$702.94
	47564		\$1,090.40
	47570		\$755.78
	47600		\$1,041.87
	47605		\$1,094.80
	47610		\$1,206.40
	47612		\$1,228.60
	47620		\$1,324.09
	47700		\$1,037.09
	47701		\$1,674.87
	47711		\$1,507.77
	47712		\$1,915.40
	47715		\$1,291.42
	47720		\$1,126.68
	47721		\$1,314.05
	47740		\$1,275.33
	47741		\$1,427.88
	47760		\$2,166.69
	47765		\$2,892.42
	47780		\$2,373.29
	47785		\$3,091.76
	47800		\$1,509.08
	47801		\$1,088.98
	47802		\$1,475.64
	47900		\$1,337.02
	48000		\$1,805.72
	48001		\$2,202.74
	48020		\$1,146.82
	48100		\$869.95
	48102		\$539.51
#	48102		\$228.00
	48105		\$2,717.35
	48120		\$1,077.79

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	48140		\$1,513.20
	48145		\$1,572.46
	48146		\$1,823.56
	48148		\$1,213.13
	48150		\$2,993.75
	48152		\$2,766.56
	48153		\$2,975.86
	48154		\$2,778.58
	48155		\$1,766.77
	48400		\$99.94
	48500		\$1,121.93
	48510		\$1,072.03
	48520		\$1,064.42
	48540		\$1,259.00
	48545		\$1,302.51
	48547		\$1,720.07
	48548		\$1,608.28
	48552		\$220.44
	48554		\$2,606.91
	48556		\$1,270.77
	49000		\$751.11
	49002		\$1,007.70
	49010		\$888.22
	49013		\$428.04
	49014		\$358.81
	49020		\$1,546.59
	49040		\$975.99
	49060		\$1,063.34
	49062		\$751.83
	49082		\$229.20
#	49082		\$72.31
	49083		\$314.09
#	49083		\$103.78
	49084		\$100.84
	49180		\$183.55

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Hawaii, Area 01

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#	49180		\$79.33
	49185		\$1,379.53
#	49185		\$114.64
	49203		\$1,164.90
	49204		\$1,480.25
	49205		\$1,695.65
	49215		\$2,155.22
	49250		\$591.51
	49255		\$784.60
	49320		\$325.41
	49321		\$340.87
	49322		\$369.06
	49323		\$629.67
	49324		\$376.11
	49325		\$400.14
	49326		\$176.10
	49327		\$121.87
	49400		\$154.21
#	49400		\$86.11
	49402		\$831.38
	49405		\$954.75
#	49405		\$186.11
	49406		\$955.12
#	49406		\$186.11
	49407		\$808.27
#	49407		\$196.14
	49411		\$515.17
#	49411		\$180.71
	49412		\$76.97
	49418		\$1,060.46
#	49418		\$192.50
	49419		\$405.34
	49421		\$213.22
	49422		\$209.75
	49423		\$638.42

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	49423		\$67.30
	49424		\$196.04
#	49424		\$35.76
	49425		\$765.38
	49426		\$658.73
	49427		\$36.43
	49428		\$420.57
	49429		\$444.44
	49435		\$109.55
	49436		\$578.42
#	49436		\$184.51
	49440		\$893.95
#	49440		\$196.04
	49441		\$1,031.49
#	49441		\$231.62
	49442		\$854.98
#	49442		\$203.35
	49446		\$863.24
#	49446		\$138.99
	49450		\$649.63
#	49450		\$62.34
	49451		\$691.85
#	49451		\$84.24
	49452		\$835.82
#	49452		\$129.63
	49460		\$804.34
#	49460		\$48.87
	49465		\$148.95
#	49465		\$29.30
	49491		\$783.59
	49492		\$936.72
	49495		\$404.91
	49496		\$608.37
	49500		\$417.99
	49501		\$598.51

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	49505		\$517.66
	49507		\$580.31
	49520		\$622.65
	49521		\$701.95
	49525		\$565.69
	49540		\$659.40
	49550		\$569.90
	49553		\$622.45
	49555		\$595.54
	49557		\$707.46
	49591		\$327.87
	49592		\$453.47
	49593		\$545.89
	49594		\$709.00
	49595		\$733.53
	49596		\$972.57
	49600		\$721.14
	49605		\$4,660.27
	49606		\$1,096.29
	49610		\$681.63
	49611		\$604.07
	49613		\$403.94
	49614		\$544.44
	49615		\$608.95
	49616		\$815.97
	49617		\$842.78
	49618		\$1,177.79
	49621		\$709.48
	49622		\$874.51
	49623		\$187.72
	49650		\$431.59
	49651		\$562.21
	49900		\$817.59
	49904		\$1,364.15
	49905		\$332.93

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	50010		\$705.24
	50020		\$1,008.84
	50040		\$917.56
	50045		\$924.39
	50060		\$1,123.17
	50065		\$1,189.03
	50070		\$1,166.70
	50075		\$1,431.30
	50080		\$692.37
	50081		\$1,107.00
	50100		\$1,052.86
	50120		\$939.96
	50125		\$972.51
	50130		\$1,020.25
	50135		\$1,105.39
	50200		\$555.64
#	50200		\$123.73
	50205		\$738.05
	50220		\$1,034.77
	50225		\$1,188.12
	50230		\$1,252.65
	50234		\$1,277.69
	50236		\$1,440.69
	50240		\$1,309.44
	50250		\$1,200.62
	50280		\$937.17
	50290		\$892.14
	50320		\$1,508.25
	50327		\$203.35
	50328		\$178.38
	50329		\$169.03
	50340		\$953.44
	50360		\$2,366.02
	50365		\$2,842.06
	50370		\$1,199.55

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	50380		\$2,018.83
	50382		\$1,071.98
#	50382		\$239.00
	50384		\$917.37
#	50384		\$215.69
	50385		\$1,096.00
#	50385		\$207.72
	50386		\$818.50
#	50386		\$158.21
	50387		\$599.37
#	50387		\$79.04
	50389		\$452.08
#	50389		\$51.01
	50390		\$90.43
	50391		\$126.90
#	50391		\$94.92
	50396		\$114.44
	50400		\$1,138.52
	50405		\$1,371.72
	50430		\$684.56
#	50430		\$149.19
	50431		\$350.87
#	50431		\$65.69
	50432		\$978.45
#	50432		\$197.02
	50433		\$1,217.45
#	50433		\$243.76
	50434		\$979.29
#	50434		\$183.19
	50435		\$649.63
#	50435		\$97.32
	50436		\$145.64
	50437		\$240.06
	50500		\$1,246.79
	50520		\$1,126.42

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	50525		\$1,421.53
	50526		\$1,520.11
	50540		\$1,130.33
	50541		\$903.85
	50542		\$1,143.90
	50543		\$1,466.77
	50544		\$1,216.01
	50545		\$1,308.11
	50546		\$1,184.55
	50547		\$1,586.48
	50548		\$1,313.77
	50551		\$365.96
#	50551		\$285.45
	50553		\$392.82
#	50553		\$305.16
	50555		\$417.62
#	50555		\$331.09
	50557		\$424.89
#	50557		\$335.35
	50561		\$481.80
#	50561		\$382.48
	50562		\$563.82
	50570		\$475.19
	50572		\$513.39
	50574		\$545.45
	50575		\$688.12
	50576		\$543.91
	50580		\$585.89
	50590		\$766.53
#	50590		\$574.27
	50592		\$3,061.31
#	50592		\$332.88
	50593		\$4,092.55
#	50593		\$442.74
	50600		\$926.05

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	50605		\$980.54
	50606		\$513.96
#	50606		\$129.82
	50610		\$932.99
	50620		\$893.39
	50630		\$883.00
	50650		\$1,025.64
	50660		\$1,126.77
	50684		\$138.28
#	50684		\$51.75
	50686		\$151.13
#	50686		\$88.30
	50688		\$78.55
	50690		\$125.59
#	50690		\$69.91
	50693		\$1,074.21
#	50693		\$196.08
	50694		\$1,199.16
#	50694		\$255.58
	50695		\$1,436.64
#	50695		\$327.14
	50700		\$918.07
	50705		\$1,991.64
#	50705		\$165.42
	50706		\$901.17
#	50706		\$171.28
	50715		\$1,188.13
	50722		\$1,006.48
	50725		\$1,086.99
	50727		\$517.82
	50728		\$700.47
	50740		\$1,188.01
	50750		\$1,136.32
	50760		\$1,109.12
	50770		\$1,136.32

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	50780		\$1,094.39
	50782		\$1,060.88
	50783		\$1,111.05
	50785		\$1,192.78
	50800		\$916.44
	50810		\$1,368.34
	50815		\$1,210.20
	50820		\$1,291.50
	50825		\$1,616.20
	50830		\$1,764.99
	50840		\$1,216.53
	50845		\$1,243.83
	50860		\$936.84
	50900		\$838.18
	50920		\$875.39
	50930		\$1,086.10
	50940		\$881.00
	50945		\$955.59
	50947		\$1,358.92
	50948		\$1,246.16
	50951		\$384.34
#	50951		\$298.18
	50953		\$405.89
#	50953		\$317.10
	50955		\$432.15
#	50955		\$341.86
	50957		\$436.47
#	50957		\$343.54
	50961		\$394.59
#	50961		\$308.06
	50970		\$358.93
	50972		\$346.62
	50974		\$457.27
	50976		\$450.94
	50980		\$344.94

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	51020		\$477.13
	51030		\$479.92
	51040		\$298.59
	51045		\$500.65
	51050		\$475.74
	51060		\$585.99
	51065		\$582.98
	51080		\$414.81
	51100		\$77.79
#	51100		\$37.91
	51101		\$166.34
#	51101		\$49.33
	51102		\$250.24
#	51102		\$139.63
	51500		\$638.51
	51520		\$598.26
	51525		\$850.39
	51530		\$766.29
	51535		\$775.51
	51550		\$951.39
	51555		\$1,239.81
	51565		\$1,269.80
	51570		\$1,443.90
	51575		\$1,777.83
	51580		\$1,859.43
	51585		\$2,064.67
	51590		\$1,886.05
	51595		\$2,134.59
	51596		\$2,301.79
	51597		\$2,247.65
	51600		\$230.62
#	51600		\$42.13
	51605		\$38.60
	51610		\$137.79
#	51610		\$64.43

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	51700		\$82.07
#	51700		\$29.02
	51701		\$46.63
#	51701		\$24.81
	51702		\$66.76
#	51702		\$24.62
	51703		\$158.29
#	51703		\$74.39
	51705		\$103.73
#	51705		\$51.43
	51710		\$144.02
#	51710		\$80.06
	51715		\$389.60
#	51715		\$194.71
	51720		\$93.71
#	51720		\$42.17
	51725		\$246.13
	51725	TC	\$172.30
	51725	26	\$73.83
	51726		\$327.37
	51726	TC	\$245.29
	51726	26	\$82.07
	51727		\$397.99
	51727	TC	\$294.96
	51727	26	\$103.04
	51728		\$396.13
	51728	TC	\$295.33
	51728	26	\$100.80
	51729		\$415.21
	51729	TC	\$293.26
	51729	26	\$121.95
	51736		\$14.21
	51736	TC	\$6.20
	51736	26	\$8.01
	51741		\$14.77

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	51741	TC	\$6.58
	51741	26	\$8.19
	51784		\$67.41
	51784	TC	\$31.41
	51784	26	\$36.00
	51785		\$476.33
	51785	TC	\$389.57
	51785	26	\$86.76
	51792		\$300.62
	51792	TC	\$246.98
	51792	26	\$53.64
	51797		\$207.88
	51797	TC	\$169.30
	51797	26	\$38.58
	51798		\$12.60
	51800		\$1,026.11
	51820		\$1,074.58
	51840		\$700.12
	51841		\$807.44
	51845		\$583.32
	51860		\$742.06
	51865		\$887.55
	51880		\$467.73
	51900		\$820.45
	51920		\$762.13
	51925		\$1,077.42
	51940		\$1,609.14
	51960		\$1,364.58
	51980		\$712.09
	51990		\$738.46
	51992		\$825.23
	52000		\$259.39
#	52000		\$78.42
	52001		\$455.30
#	52001		\$279.23

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Limiting charge applies to unassigned claims by non-participating providers.

	52005		\$325.22
#	52005		\$131.46
	52007		\$484.54
#	52007		\$162.86
	52010		\$408.93
#	52010		\$162.12
	52204		\$406.72
#	52204		\$138.84
	52214		\$814.21
#	52214		\$168.60
	52224		\$847.80
#	52224		\$195.04
	52234		\$239.44
	52235		\$280.73
	52240		\$380.24
	52250		\$232.94
	52260		\$205.31
	52265		\$398.20
#	52265		\$158.92
	52270		\$449.20
#	52270		\$177.57
	52275		\$573.57
#	52275		\$241.74
	52276		\$257.19
	52277		\$313.68
	52281		\$348.37
#	52281		\$149.34
	52282		\$327.20
	52283		\$372.13
#	52283		\$196.80
	52284		\$2,997.94
#	52284		\$160.41
	52285		\$368.81
#	52285		\$191.60
	52287		\$413.67

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

#	52287		\$164.23
	52290		\$237.20
	52300		\$272.21
	52301		\$281.94
	52305		\$269.95
	52310		\$339.98
#	52310		\$148.10
	52315		\$492.04
#	52315		\$266.68
	52317		\$946.05
#	52317		\$335.42
	52318		\$457.73
	52320		\$239.10
	52325		\$310.16
	52327		\$249.48
	52330		\$642.43
#	52330		\$255.67
	52332		\$430.60
#	52332		\$152.57
	52334		\$178.65
	52341		\$276.47
	52342		\$300.72
	52343		\$333.95
	52344		\$358.57
	52345		\$382.44
	52346		\$432.10
	52351		\$294.25
	52352		\$343.69
	52353		\$379.87
	52354		\$404.11
	52355		\$452.41
	52356		\$402.61
	52400		\$472.19
	52402		\$255.80
	52441		\$1,390.39

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	52441		\$203.75
	52442		\$957.42
#	52442		\$48.82
	52450		\$481.01
	52500		\$498.41
	52601		\$722.35
	52630		\$411.83
	52640		\$331.91
	52647		\$1,677.18
#	52647		\$650.07
	52648		\$1,725.84
#	52648		\$691.58
	52649		\$821.92
	52700		\$445.75
	53000		\$151.22
	53010		\$305.75
	53020		\$95.11
	53025		\$68.92
	53040		\$396.41
	53060		\$193.46
#	53060		\$166.38
	53080		\$426.18
	53085		\$649.53
	53200		\$160.46
#	53200		\$139.77
	53210		\$772.61
	53215		\$916.72
	53220		\$455.60
	53230		\$610.03
	53235		\$635.42
	53240		\$429.53
	53250		\$401.45
	53260		\$212.47
#	53260		\$182.37
	53265		\$236.22

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#	53265		\$189.19
	53270		\$217.78
#	53270		\$186.17
	53275		\$262.05
	53400		\$796.75
	53405		\$867.10
	53410		\$970.36
	53415		\$1,114.81
	53420		\$833.77
	53425		\$925.60
	53430		\$962.45
	53431		\$1,136.52
	53440		\$749.95
	53442		\$787.88
	53444		\$788.94
	53445		\$758.50
	53446		\$644.86
	53447		\$802.98
	53448		\$1,258.00
	53449		\$614.59
	53450		\$413.95
	53460		\$461.59
	53500		\$743.69
	53502		\$489.74
	53505		\$489.36
	53510		\$633.88
	53515		\$790.68
	53520		\$562.91
	53600		\$91.29
#	53600		\$61.94
	53601		\$89.98
#	53601		\$52.35
	53605		\$61.78
	53620		\$180.12
#	53620		\$85.31

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	53621		\$174.12
#	53621		\$70.28
	53660		\$80.96
#	53660		\$41.46
	53661		\$79.41
#	53661		\$39.90
	53665		\$36.70
	53850		\$1,548.17
#	53850		\$364.17
	53852		\$1,506.71
#	53852		\$388.93
	53854		\$1,826.88
#	53854		\$388.93
	53855		\$718.04
#	53855		\$79.20
	53860		\$2,638.49
#	53860		\$221.96
	54000		\$174.44
#	54000		\$114.62
	54001		\$209.61
#	54001		\$143.02
	54015		\$304.26
	54050		\$155.23
#	54050		\$112.34
	54055		\$147.90
#	54055		\$100.12
	54056		\$155.80
#	54056		\$118.18
	54057		\$152.78
#	54057		\$101.99
	54060		\$208.82
#	54060		\$135.08
	54065		\$235.77
#	54065		\$177.45
	54100		\$216.19

2024 Part B Medicare Physician Fee Schedule

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#	54100		\$123.26
	54105		\$288.23
#	54105		\$214.86
	54110		\$624.67
	54111		\$793.26
	54112		\$928.87
	54115		\$469.30
#	54115		\$433.18
	54120		\$633.62
	54125		\$817.73
	54130		\$1,178.41
	54135		\$1,483.35
	54150		\$153.91
#	54150		\$93.34
	54160		\$232.26
#	54160		\$145.72
	54161		\$198.83
	54162		\$267.30
#	54162		\$202.59
	54163		\$224.79
	54164		\$200.35
	54200		\$124.70
#	54200		\$91.21
	54205		\$536.46
	54220		\$232.94
#	54220		\$131.74
	54230		\$111.15
#	54230		\$79.92
	54231		\$147.96
#	54231		\$115.23
	54235		\$93.64
#	54235		\$74.45
	54240		\$111.87
	54240	TC	\$49.28
	54240	26	\$62.59

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	54250		\$121.89
	54250	TC	\$16.36
	54250	26	\$105.53
	54300		\$645.86
	54304		\$744.52
	54308		\$714.66
	54312		\$815.21
	54316		\$984.35
	54318		\$711.84
	54322		\$776.43
	54324		\$958.98
	54326		\$934.50
	54328		\$928.37
	54332		\$999.52
	54336		\$1,174.42
	54340		\$572.50
	54344		\$936.18
	54348		\$1,000.14
	54352		\$1,391.64
	54360		\$718.77
	54380		\$796.14
	54385		\$925.86
	54390		\$1,225.00
	54400		\$533.97
	54401		\$677.45
	54405		\$802.74
	54406		\$729.88
	54408		\$789.57
	54410		\$861.37
	54411		\$1,022.57
	54415		\$537.27
	54416		\$721.64
	54417		\$893.52
	54420		\$701.12
	54430		\$640.15

2024 Part B Medicare Physician Fee Schedule

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	54435		\$420.15
	54437		\$682.94
	54438		\$1,318.80
	54450		\$69.72
#	54450		\$55.42
	54500		\$74.05
	54505		\$211.11
	54512		\$538.62
	54520		\$332.37
	54522		\$588.09
	54530		\$513.56
	54535		\$742.14
	54550		\$494.64
	54560		\$686.38
	54600		\$457.05
	54620		\$298.43
	54640		\$428.74
	54650		\$713.16
	54660		\$365.22
	54670		\$415.48
	54680		\$783.47
	54690		\$652.80
	54692		\$748.83
	54700		\$215.19
	54800		\$123.38
	54830		\$378.94
	54840		\$326.91
	54860		\$424.15
	54861		\$571.80
	54865		\$366.77
	54900		\$797.17
	54901		\$1,048.40
	55000		\$125.75
#	55000		\$84.74
	55040		\$344.06

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	55041		\$516.56
	55060		\$385.77
	55100		\$243.72
#	55100		\$171.86
	55110		\$393.34
	55120		\$361.93
	55150		\$497.83
	55175		\$370.97
	55180		\$690.19
	55200		\$401.01
#	55200		\$281.74
	55250		\$355.47
#	55250		\$236.58
	55300		\$182.14
	55400		\$502.11
	55500		\$396.27
	55520		\$458.52
	55530		\$357.07
	55535		\$435.20
	55540		\$549.99
	55550		\$434.40
	55600		\$427.05
	55605		\$529.41
	55650		\$716.96
	55680		\$352.59
	55700		\$253.85
#	55700		\$127.06
	55705		\$264.70
	55706		\$378.56
	55720		\$454.92
	55725		\$600.36
	55801		\$1,084.26
	55810		\$1,285.22
	55812		\$1,579.46
	55815		\$1,726.52

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	55821		\$831.65
	55831		\$851.95
	55840		\$1,155.18
	55842		\$1,154.62
	55845		\$1,339.68
	55860		\$866.59
	55862		\$1,081.38
	55865		\$1,314.88
	55866		\$1,174.41
	55867		\$1,033.11
	55870		\$182.91
#	55870		\$140.02
	55873		\$6,304.95
#	55873		\$761.19
	55874		\$3,185.30
#	55874		\$162.28
	55875		\$783.60
	55876		\$159.09
#	55876		\$102.65
	55880		\$970.88
	55920		\$462.17
	56405		\$154.96
#	56405		\$132.77
	56420		\$200.17
#	56420		\$114.39
	56440		\$183.21
	56441		\$193.17
#	56441		\$161.19
	56442		\$48.17
	56501		\$206.64
#	56501		\$140.04
	56515		\$291.00
#	56515		\$217.26
	56605		\$100.65
#	56605		\$57.76

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	56606		\$38.47
#	56606		\$28.32
	56620		\$608.88
	56625		\$683.83
	56630		\$973.74
	56631		\$1,195.65
	56632		\$1,454.38
	56633		\$1,249.33
	56634		\$1,305.89
	56637		\$1,524.35
	56640		\$1,533.23
	56700		\$208.48
	56740		\$318.38
	56800		\$256.70
	56805		\$1,159.07
	56810		\$276.17
	56820		\$130.65
#	56820		\$82.87
	56821		\$174.38
#	56821		\$111.18
	57000		\$205.52
	57010		\$465.93
	57020		\$129.71
#	57020		\$77.03
	57022		\$184.19
	57023		\$321.60
	57061		\$180.17
#	57061		\$121.10
	57065		\$259.79
#	57065		\$190.56
	57100		\$108.05
#	57100		\$64.04
	57105		\$187.96
#	57105		\$153.35
	57106		\$552.23

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	57107		\$1,456.49
	57109		\$1,734.83
	57110		\$899.86
	57111		\$1,734.83
	57120		\$538.22
	57130		\$242.34
#	57130		\$177.25
	57135		\$260.15
#	57135		\$192.43
	57150		\$61.48
#	57150		\$24.99
	57155		\$416.56
#	57155		\$285.25
	57156		\$241.86
#	57156		\$152.70
	57160		\$77.24
#	57160		\$44.51
	57170		\$80.71
#	57170		\$45.72
	57180		\$212.40
#	57180		\$124.74
	57200		\$343.80
	57210		\$402.32
	57220		\$355.99
	57230		\$426.28
	57240		\$617.00
	57250		\$618.85
	57260		\$776.97
	57265		\$866.88
	57267		\$242.42
	57268		\$516.53
	57270		\$813.08
	57280		\$960.36
	57282		\$695.10
	57283		\$699.25

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	57284		\$830.75
	57285		\$693.56
	57287		\$756.39
	57288		\$748.71
	57289		\$797.60
	57291		\$555.59
	57292		\$825.66
	57295		\$508.72
	57296		\$951.29
	57300		\$626.15
	57305		\$977.65
	57307		\$1,092.43
	57308		\$673.25
	57310		\$504.41
	57311		\$565.54
	57320		\$570.58
	57330		\$770.26
	57335		\$1,171.55
	57400		\$128.52
	57410		\$105.90
	57415		\$180.30
	57420		\$138.43
#	57420		\$88.39
	57421		\$184.36
#	57421		\$119.27
	57423		\$922.49
	57425		\$966.36
	57426		\$877.53
	57452		\$132.16
#	57452		\$90.77
	57454		\$173.00
#	57454		\$131.99
	57455		\$167.91
#	57455		\$106.21
	57456		\$158.45

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#	57456		\$99.00
	57460		\$332.68
#	57460		\$156.98
	57461		\$368.46
#	57461		\$178.09
	57465		\$55.43
#	57465		\$41.13
	57500		\$164.49
#	57500		\$75.32
	57505		\$166.80
#	57505		\$115.63
	57510		\$174.94
#	57510		\$112.86
	57511		\$211.38
#	57511		\$152.31
	57513		\$218.52
#	57513		\$151.56
	57520		\$369.79
#	57520		\$305.08
	57522		\$316.11
#	57522		\$261.55
	57530		\$384.94
	57531		\$1,754.67
	57540		\$790.09
	57545		\$831.23
	57550		\$440.94
	57555		\$623.09
	57556		\$592.48
	57558		\$166.62
#	57558		\$133.13
	57700		\$372.36
	57720		\$344.18
	57800		\$82.15
#	57800		\$48.29
	58100		\$105.37

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#	58100		\$61.35
	58110		\$50.55
#	58110		\$38.89
	58120		\$310.29
#	58120		\$236.55
	58140		\$916.53
	58145		\$575.13
	58146		\$1,141.74
	58150		\$1,011.54
	58152		\$1,223.19
	58180		\$954.28
	58200		\$1,339.90
	58210		\$1,810.99
	58240		\$2,902.59
	58260		\$837.57
	58262		\$923.15
	58263		\$988.06
	58267		\$1,063.14
	58270		\$890.20
	58275		\$986.62
	58280		\$1,052.37
	58285		\$1,424.29
	58290		\$1,138.14
	58291		\$1,228.04
	58292		\$1,293.13
	58294		\$1,202.16
	58301		\$115.05
#	58301		\$64.25
	58321		\$85.74
#	58321		\$46.61
	58322		\$94.81
#	58322		\$55.69
	58323		\$15.04
#	58323		\$11.65
	58340		\$266.15

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

#	58340		\$58.10
	58345		\$290.31
	58346		\$513.65
	58350		\$166.31
#	58350		\$99.72
	58353		\$1,010.79
#	58353		\$233.12
	58356		\$1,824.94
#	58356		\$347.48
	58400		\$471.45
	58410		\$813.34
	58520		\$796.87
	58540		\$912.42
	58541		\$731.89
	58542		\$827.77
	58543		\$839.01
	58544		\$900.17
	58545		\$895.12
	58546		\$1,098.01
	58548		\$1,876.46
	58550		\$878.20
	58552		\$974.40
	58553		\$1,104.19
	58554		\$1,289.43
	58555		\$386.43
#	58555		\$149.03
	58558		\$1,453.98
#	58558		\$226.34
	58559		\$277.11
	58560		\$304.85
	58561		\$348.61
	58562		\$454.99
#	58562		\$216.83
	58563		\$2,321.59
#	58563		\$240.28

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	58565		\$1,812.21
#	58565		\$462.67
	58570		\$808.19
	58571		\$909.91
	58572		\$1,005.98
	58573		\$1,212.12
	58575		\$1,924.52
	58580		\$3,452.91
#	58580		\$400.55
	58600		\$374.23
	58605		\$341.04
	58611		\$72.96
	58615		\$256.45
	58660		\$677.05
	58661		\$646.95
	58662		\$709.75
	58670		\$374.98
	58671		\$374.98
	58672		\$722.56
	58673		\$783.93
	58674		\$807.06
	58700		\$800.14
	58720		\$763.10
	58740		\$897.71
	58750		\$904.30
	58752		\$901.66
	58760		\$817.96
	58770		\$857.45
	58800		\$375.54
#	58800		\$322.49
	58805		\$435.85
	58820		\$349.00
	58822		\$715.78
	58825		\$709.91
	58900		\$444.60

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	58920		\$713.96
	58925		\$765.85
	58940		\$561.93
	58943		\$1,204.12
	58950		\$1,156.38
	58951		\$1,438.17
	58952		\$1,646.06
	58953		\$1,989.92
	58954		\$2,150.55
	58956		\$1,357.93
	58957		\$1,588.31
	58958		\$1,636.33
	58960		\$1,004.76
	58970		\$244.23
#	58970		\$192.31
	58976		\$261.75
#	58976		\$207.19
	59000		\$120.27
#	59000		\$77.38
	59001		\$168.93
	59012		\$190.23
	59015		\$156.01
#	59015		\$124.79
	59020		\$74.01
	59020	TC	\$39.31
	59020	26	\$34.70
	59025		\$50.40
	59025	TC	\$22.76
	59025	26	\$27.64
	59030		\$105.15
	59050		\$46.71
	59051		\$39.37
	59070		\$396.23
#	59070		\$292.02
	59072		\$490.49

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	59074		\$378.93
#	59074		\$292.02
	59076		\$490.49
	59100		\$832.15
	59120		\$795.03
	59121		\$794.68
	59130		\$918.58
	59136		\$871.94
	59140		\$413.61
	59150		\$771.35
	59151		\$753.63
	59160		\$281.69
#	59160		\$185.37
	59200		\$110.61
#	59200		\$41.76
	59300		\$235.85
#	59300		\$141.42
	59320		\$145.02
	59325		\$228.33
	59350		\$261.16
	59400		\$2,369.58
	59409		\$757.94
	59410		\$1,032.44
	59412		\$97.90
	59414		\$85.05
	59425		\$560.14
#	59425		\$410.40
	59426		\$1,023.68
#	59426		\$753.17
	59430		\$267.57
#	59430		\$169.75
	59510		\$2,613.11
	59514		\$853.75
	59515		\$1,275.00
	59525		\$451.22

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	59610		\$2,461.32
	59612		\$850.50
	59614		\$1,101.81
	59618		\$2,637.72
	59620		\$880.93
	59622		\$1,322.70
	59812		\$366.95
#	59812		\$304.12
	59820		\$451.10
#	59820		\$390.91
	59821		\$440.63
#	59821		\$377.80
	59830		\$459.82
	59840		\$253.72
#	59840		\$221.74
	59841		\$426.91
#	59841		\$364.84
	59850		\$384.27
	59851		\$426.69
	59852		\$584.97
	59855		\$416.60
	59856		\$484.28
	59857		\$560.84
	59866		\$226.23
	59870		\$543.25
	59871		\$128.15
	60000		\$198.73
#	60000		\$166.75
	60100		\$112.90
#	60100		\$74.14
	60200		\$671.81
	60210		\$703.81
	60212		\$999.82
	60220		\$705.95
	60225		\$936.39

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	60240		\$905.92
	60252		\$1,300.05
	60254		\$1,637.56
	60260		\$1,074.00
	60270		\$1,334.73
	60271		\$1,039.88
	60280		\$470.10
	60281		\$610.67
	60300		\$114.11
#	60300		\$47.14
	60500		\$956.83
	60502		\$1,278.45
	60505		\$1,383.63
	60512		\$230.94
	60520		\$1,022.64
	60521		\$1,075.40
	60522		\$1,297.16
	60540		\$1,055.82
	60545		\$1,218.06
	60600		\$1,294.53
	60605		\$1,508.76
	60650		\$1,155.19
	61000		\$109.38
	61001		\$104.01
	61020		\$103.75
	61026		\$107.43
	61050		\$79.30
	61055		\$114.32
	61070		\$55.78
	61105		\$467.72
	61107		\$290.41
	61108		\$897.73
	61120		\$742.80
	61140		\$1,242.37
	61150		\$1,307.66

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	61151		\$970.29
	61154		\$1,252.03
	61156		\$1,199.69
	61210		\$340.33
	61215		\$523.45
	61250		\$852.88
	61253		\$970.29
	61304		\$1,582.88
	61305		\$1,928.97
	61312		\$1,982.20
	61313		\$1,915.97
	61314		\$1,761.56
	61315		\$1,988.56
	61316		\$81.19
	61320		\$1,817.44
	61321		\$2,039.60
	61322		\$2,288.24
	61323		\$2,284.00
	61330		\$1,731.98
	61333		\$1,931.23
	61340		\$1,395.21
	61343		\$2,104.50
	61345		\$1,963.79
	61450		\$1,842.15
	61458		\$1,933.83
	61460		\$2,023.01
	61500		\$1,278.22
	61501		\$1,120.58
	61510		\$2,128.22
	61512		\$2,442.61
	61514		\$1,844.92
	61516		\$1,807.54
	61517		\$80.87
	61518		\$2,657.62
	61519		\$2,804.94

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	61520		\$3,555.89
	61521		\$3,023.45
	61522		\$2,098.83
	61524		\$2,002.58
	61526		\$3,225.26
	61530		\$2,918.76
	61531		\$1,201.57
	61533		\$1,477.16
	61534		\$1,600.05
	61535		\$991.57
	61536		\$2,460.13
	61537		\$2,336.95
	61538		\$2,529.44
	61539		\$2,258.59
	61540		\$2,086.77
	61541		\$2,063.68
	61543		\$2,085.50
	61544		\$1,822.57
	61545		\$3,043.40
	61546		\$2,210.35
	61548		\$1,519.70
	61550		\$1,180.50
	61552		\$1,447.17
	61556		\$1,650.45
	61557		\$1,638.41
	61558		\$1,818.83
	61559		\$2,310.88
	61563		\$1,905.15
	61564		\$2,306.67
	61566		\$2,146.14
	61567		\$2,443.84
	61570		\$1,805.24
	61571		\$1,916.72
	61575		\$2,392.27
	61576		\$4,047.00

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	61580		\$2,501.43
	61581		\$2,764.30
	61582		\$2,999.71
	61583		\$2,852.84
	61584		\$2,816.25
	61585		\$3,190.86
	61586		\$2,534.36
	61590		\$3,008.25
	61591		\$3,044.25
	61592		\$3,082.35
	61595		\$2,383.92
	61596		\$2,447.16
	61597		\$2,872.41
	61598		\$2,785.77
	61600		\$2,132.54
	61601		\$2,390.73
	61605		\$2,187.58
	61606		\$2,826.84
	61607		\$2,938.82
	61608		\$3,162.89
	61611		\$432.97
	61613		\$3,166.75
	61615		\$2,752.75
	61616		\$3,246.18
	61618		\$1,259.57
	61619		\$1,403.58
	61623		\$541.55
	61624		\$1,088.89
	61626		\$854.78
	61630		\$1,304.58
	61635		\$1,415.65
	61645		\$793.12
	61650		\$545.19
	61651		\$232.61
	61680		\$2,179.30

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
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Limiting charge applies to unassigned claims by non-participating providers.

61682		\$3,929.80
61684		\$2,710.23
61686		\$4,241.49
61690		\$2,094.75
61692		\$3,453.38
61697		\$3,995.95
61698		\$4,365.97
61700		\$3,243.13
61702		\$3,805.22
61703		\$1,321.71
61705		\$2,482.29
61708		\$2,430.21
61710		\$2,051.93
61711		\$2,487.87
61720		\$1,235.87
61735		\$1,544.89
61736		\$1,136.84
61737		\$1,360.61
61750		\$1,361.85
61751		\$1,355.06
61760		\$1,523.30
61770		\$1,561.71
61781		\$218.43
61782		\$168.44
61783		\$216.44
61790		\$869.11
61791		\$1,099.21
61796		\$993.48
61797		\$203.42
61798		\$1,331.90
61799		\$281.15
61800		\$141.93
61850		\$964.65
61860		\$1,506.98
61863		\$1,464.03

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	61864		\$261.89
	61867		\$2,184.59
	61868		\$462.41
	61880		\$589.75
	61885		\$533.96
	61886		\$889.56
	61888		\$392.31
	61889		\$1,243.85
	61891		\$595.77
	61892		\$830.97
	62000		\$1,013.03
	62005		\$1,236.76
	62010		\$1,490.86
	62100		\$1,531.09
	62115		\$1,644.58
	62117		\$1,884.91
	62120		\$2,060.83
	62121		\$1,546.86
	62140		\$1,003.55
	62141		\$1,117.21
	62142		\$881.00
	62143		\$1,022.53
	62145		\$1,374.09
	62146		\$1,215.97
	62147		\$1,374.35
	62148		\$116.67
	62160		\$174.25
	62161		\$1,479.08
	62162		\$1,821.83
	62164		\$2,023.73
	62165		\$1,485.10
	62180		\$1,545.79
	62190		\$916.96
	62192		\$975.94
	62194		\$498.03

2024 Part B Medicare Physician Fee Schedule

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Limiting charge applies to unassigned claims by non-participating providers.

	62200		\$1,333.52
	62201		\$1,193.67
	62220		\$948.27
	62223		\$1,018.33
	62225		\$541.87
	62230		\$826.03
	62252		\$88.44
	62252	TC	\$45.71
	62252	26	\$42.73
	62256		\$613.72
	62258		\$1,086.37
	62263		\$696.62
#	62263		\$331.68
	62264		\$465.46
#	62264		\$244.24
	62267		\$276.43
#	62267		\$150.77
	62268		\$313.91
	62269		\$254.90
	62270		\$154.01
#	62270		\$60.33
	62272		\$192.62
#	62272		\$86.90
	62273		\$174.89
#	62273		\$112.06
	62280		\$352.93
#	62280		\$161.81
	62281		\$253.86
#	62281		\$157.16
	62282		\$335.42
#	62282		\$143.92
	62284		\$199.90
#	62284		\$81.77
	62287		\$618.06
	62290		\$366.93

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#	62290		\$154.36
	62291		\$329.20
#	62291		\$139.95
	62292		\$592.95
	62294		\$933.17
	62302		\$270.15
#	62302		\$116.65
	62303		\$275.23
#	62303		\$116.84
	62304		\$268.84
#	62304		\$115.34
	62305		\$293.56
#	62305		\$119.74
	62320		\$171.51
#	62320		\$98.52
	62321		\$283.67
#	62321		\$107.22
	62322		\$141.91
#	62322		\$77.96
	62323		\$279.71
#	62323		\$99.12
	62324		\$142.33
#	62324		\$87.02
	62325		\$267.59
#	62325		\$108.82
	62326		\$143.24
#	62326		\$83.42
	62327		\$295.01
#	62327		\$107.27
	62328		\$238.10
#	62328		\$83.10
	62329		\$278.91
#	62329		\$100.58
	62350		\$400.17
	62351		\$908.11

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Limiting charge applies to unassigned claims by non-participating providers.

	62355		\$281.60
	62360		\$314.04
	62361		\$438.20
	62362		\$386.70
	62365		\$302.25
	62367		\$32.62
#	62367		\$24.34
	62368		\$45.23
#	62368		\$33.57
	62369		\$99.41
#	62369		\$34.32
	62370		\$97.90
#	62370		\$44.85
	63001		\$1,199.28
	63003		\$1,204.29
	63005		\$1,180.36
	63011		\$1,083.06
	63012		\$1,173.75
	63015		\$1,444.29
	63016		\$1,483.43
	63017		\$1,240.25
	63020		\$1,089.72
	63030		\$914.17
	63035		\$220.48
	63040		\$1,352.31
	63042		\$1,278.29
	63045		\$1,264.02
	63046		\$1,211.27
	63047		\$1,094.80
	63048		\$198.72
	63050		\$1,441.99
	63051		\$1,653.82
	63052		\$243.53
	63053		\$216.36
	63055		\$1,575.62

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	63056		\$1,453.18
	63057		\$301.86
	63064		\$1,719.74
	63066		\$190.24
	63075		\$1,326.16
	63076		\$229.21
	63077		\$1,449.72
	63078		\$191.45
	63081		\$1,713.64
	63082		\$250.48
	63085		\$1,878.22
	63086		\$179.80
	63087		\$2,333.59
	63088		\$242.78
	63090		\$1,893.57
	63091		\$166.58
	63101		\$2,251.54
	63102		\$2,220.76
	63103		\$276.59
	63170		\$1,545.98
	63172		\$1,370.27
	63173		\$1,669.08
	63185		\$1,204.36
	63190		\$1,238.35
	63191		\$1,346.49
	63197		\$1,655.39
	63200		\$1,489.64
	63250		\$2,819.01
	63251		\$2,885.05
	63252		\$2,884.72
	63265		\$1,621.12
	63266		\$1,664.26
	63267		\$1,345.15
	63268		\$1,425.20
	63270		\$1,997.02

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Hawaii, Area 01

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	63271		\$1,993.33
	63272		\$1,817.31
	63273		\$1,802.81
	63275		\$1,743.44
	63276		\$1,732.06
	63277		\$1,522.11
	63278		\$1,548.13
	63280		\$2,040.68
	63281		\$2,025.09
	63282		\$1,912.75
	63283		\$1,840.47
	63285		\$2,500.60
	63286		\$2,463.99
	63287		\$2,618.80
	63290		\$2,662.09
	63295		\$305.67
	63300		\$1,760.85
	63301		\$2,121.62
	63302		\$2,097.04
	63303		\$2,216.57
	63304		\$2,254.37
	63305		\$2,394.45
	63306		\$2,353.93
	63307		\$2,302.36
	63308		\$300.37
	63600		\$1,064.56
	63610		\$546.91
	63620		\$1,093.92
	63621		\$233.71
	63650		\$2,518.98
#	63650		\$416.61
	63655		\$836.32
	63661		\$731.36
#	63661		\$329.93
	63662		\$848.49

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	63663		\$961.71
#	63663		\$450.41
	63664		\$881.98
	63685		\$340.07
	63688		\$301.32
	63700		\$1,287.42
	63702		\$1,400.83
	63704		\$1,630.83
	63706		\$1,801.71
	63707		\$931.14
	63709		\$1,100.68
	63710		\$1,075.24
	63740		\$975.97
	63741		\$677.35
	63744		\$679.30
	63746		\$613.40
	64400		\$120.97
#	64400		\$50.61
	64405		\$76.58
#	64405		\$50.62
	64408		\$86.40
#	64408		\$44.64
	64415		\$141.42
#	64415		\$67.68
	64416		\$74.11
	64417		\$172.07
#	64417		\$62.59
	64418		\$89.77
#	64418		\$54.40
	64420		\$103.42
#	64420		\$57.89
	64421		\$34.22
#	64421		\$24.44
	64425		\$118.10
#	64425		\$54.15

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	64430		\$103.80
#	64430		\$54.14
	64435		\$84.89
#	64435		\$43.12
	64445		\$169.61
#	64445		\$71.04
	64446		\$72.47
	64447		\$122.27
#	64447		\$61.70
	64448		\$69.25
	64449		\$62.22
	64450		\$79.64
#	64450		\$41.64
	64451		\$247.23
#	64451		\$81.31
	64454		\$240.46
#	64454		\$82.07
	64455		\$51.62
#	64455		\$32.43
	64461		\$139.63
#	64461		\$75.29
	64462		\$73.04
#	64462		\$46.70
	64463		\$244.62
#	64463		\$78.32
	64479		\$285.02
#	64479		\$131.14
	64480		\$144.02
#	64480		\$60.13
	64483		\$265.68
#	64483		\$112.17
	64484		\$118.86
#	64484		\$50.76
	64486		\$117.35
#	64486		\$53.01

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Hawaii, Area 01

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	64487		\$230.88
#	64487		\$60.82
	64488		\$144.70
#	64488		\$66.07
	64489		\$378.11
#	64489		\$74.11
	64490		\$205.49
#	64490		\$105.79
	64491		\$101.89
#	64491		\$58.25
	64492		\$102.27
#	64492		\$59.38
	64493		\$190.23
#	64493		\$91.28
	64494		\$95.91
#	64494		\$50.01
	64495		\$95.91
#	64495		\$51.14
	64505		\$150.65
#	64505		\$105.51
	64510		\$157.28
#	64510		\$78.27
	64517		\$205.33
#	64517		\$127.07
	64520		\$251.26
#	64520		\$86.47
	64530		\$247.50
#	64530		\$95.50
	64553		\$4,287.53
#	64553		\$437.94
	64555		\$2,355.42
#	64555		\$324.15
	64561		\$786.92
#	64561		\$300.08
	64566		\$127.21

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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#	64566		\$29.39
	64568		\$604.99
	64569		\$756.56
	64570		\$733.11
	64575		\$320.47
	64580		\$317.50
	64581		\$646.30
	64582		\$837.89
	64583		\$864.38
	64584		\$731.52
	64585		\$257.83
#	64585		\$146.84
	64590		\$460.32
#	64590		\$293.27
	64595		\$382.32
#	64595		\$229.95
	64600		\$508.40
#	64600		\$236.38
	64605		\$954.49
#	64605		\$413.47
	64610		\$796.25
#	64610		\$467.05
	64611		\$138.14
#	64611		\$116.32
	64612		\$143.86
#	64612		\$122.79
	64615		\$153.42
#	64615		\$118.05
	64616		\$140.16
#	64616		\$107.06
	64617		\$168.76
#	64617		\$107.43
	64620		\$217.13
#	64620		\$179.51
	64624		\$422.06

2024 Part B Medicare Physician Fee Schedule

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#	64624		\$147.41
	64625		\$511.17
#	64625		\$197.02
	64628		\$413.19
	64629		\$192.07
	64630		\$265.57
#	64630		\$191.45
	64632		\$94.78
#	64632		\$67.70
	64633		\$472.38
#	64633		\$193.60
	64634		\$279.63
#	64634		\$65.93
	64635		\$476.52
#	64635		\$193.97
	64636		\$263.11
#	64636		\$57.69
	64640		\$266.96
#	64640		\$120.23
	64642		\$158.07
#	64642		\$105.39
	64643		\$95.15
#	64643		\$68.06
	64644		\$185.08
#	64644		\$114.35
	64645		\$123.44
#	64645		\$78.29
	64646		\$165.01
#	64646		\$113.09
	64647		\$187.15
#	64647		\$129.59
	64650		\$94.73
#	64650		\$40.17
	64653		\$110.18
#	64653		\$50.36

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	64680		\$366.85
#	64680		\$162.18
	64681		\$484.61
#	64681		\$220.12
	64702		\$537.06
	64704		\$336.74
	64708		\$531.17
	64712		\$607.18
	64713		\$805.88
	64714		\$774.58
	64716		\$525.96
	64718		\$628.72
	64719		\$425.86
	64721		\$468.36
#	64721		\$459.33
	64722		\$381.22
	64726		\$277.34
	64727		\$178.68
	64732		\$463.78
	64734		\$523.08
	64736		\$339.96
	64738		\$464.17
	64740		\$475.97
	64742		\$514.33
	64744		\$512.25
	64746		\$425.15
	64755		\$894.60
	64760		\$518.74
	64763		\$512.88
	64766		\$630.88
	64771		\$589.17
	64772		\$569.44
	64774		\$438.84
	64776		\$417.72
	64778		\$173.79

2024 Part B Medicare Physician Fee Schedule

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	64782		\$466.68
	64783		\$207.30
	64784		\$731.71
	64786		\$978.34
	64787		\$225.93
	64788		\$421.86
	64790		\$849.49
	64792		\$1,068.51
	64795		\$189.04
	64802		\$844.25
	64804		\$1,168.16
	64809		\$1,065.51
	64818		\$784.71
	64820		\$783.08
	64821		\$716.63
	64822		\$716.63
	64823		\$807.01
	64831		\$714.35
	64832		\$322.98
	64834		\$758.54
	64835		\$825.28
	64836		\$825.28
	64837		\$349.87
	64840		\$968.72
	64856		\$1,006.38
	64857		\$1,053.11
	64858		\$1,171.61
	64859		\$237.72
	64861		\$1,479.86
	64862		\$1,364.55
	64864		\$862.71
	64865		\$1,102.96
	64866		\$1,260.03
	64868		\$1,010.45
	64872		\$111.26

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	64874		\$166.72
	64876		\$188.67
	64885		\$1,077.99
	64886		\$1,288.87
	64890		\$1,077.70
	64891		\$1,144.98
	64892		\$1,050.08
	64893		\$1,118.02
	64895		\$1,314.80
	64896		\$1,418.35
	64897		\$1,258.86
	64898		\$1,362.89
	64901		\$571.02
	64902		\$660.85
	64905		\$1,002.12
	64907		\$1,290.06
	64910		\$778.21
	64911		\$1,036.36
	64912		\$911.10
	64913		\$167.79
	65091		\$790.16
	65093		\$784.46
	65101		\$904.31
	65103		\$931.56
	65105		\$1,011.05
	65110		\$1,380.94
	65112		\$1,578.01
	65114		\$1,644.27
	65125		\$491.28
#	65125		\$309.94
	65130		\$906.91
	65135		\$917.51
	65140		\$984.01
	65150		\$748.71
	65155		\$1,021.32

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	65175		\$830.67
	65205		\$29.01
#	65205		\$29.39
	65210		\$39.34
#	65210		\$36.33
	65220		\$63.28
#	65220		\$41.08
	65222		\$71.31
#	65222		\$51.00
	65235		\$762.74
	65260		\$1,017.22
	65265		\$1,143.25
	65270		\$307.39
#	65270		\$144.49
	65272		\$564.22
#	65272		\$365.19
	65273		\$391.14
	65275		\$622.04
#	65275		\$474.19
	65280		\$690.44
	65285		\$1,134.86
	65286		\$740.95
#	65286		\$511.08
	65290		\$505.74
	65400		\$730.85
#	65400		\$627.01
	65410		\$151.54
#	65410		\$104.89
	65420		\$578.67
#	65420		\$399.20
	65426		\$713.90
#	65426		\$497.19
	65430		\$119.76
#	65430		\$103.58
	65435		\$86.72

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#	65435		\$72.04
	65436		\$404.47
#	65436		\$383.02
	65450		\$349.40
#	65450		\$341.50
	65600		\$465.46
#	65600		\$355.60
	65710		\$1,181.48
	65730		\$1,294.79
	65750		\$1,299.43
	65755		\$1,295.63
	65756		\$1,209.61
	65770		\$1,443.48
	65772		\$480.27
#	65772		\$421.58
	65775		\$599.24
	65778		\$1,223.15
#	65778		\$44.04
	65779		\$1,293.16
#	65779		\$120.07
	65780		\$617.85
	65781		\$1,363.68
	65782		\$1,179.66
	65785		\$2,356.56
#	65785		\$462.62
	65800		\$124.16
#	65800		\$89.17
	65810		\$482.89
	65815		\$683.10
#	65815		\$495.37
	65820		\$866.32
	65850		\$869.18
	65855		\$255.77
#	65855		\$209.87
	65860		\$322.28

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#	65860		\$254.56
	65865		\$499.31
	65870		\$618.52
	65875		\$660.85
	65880		\$692.95
	65900		\$1,028.28
	65920		\$822.27
	65930		\$664.58
	66020		\$211.47
#	66020		\$136.60
	66030		\$191.89
#	66030		\$116.64
	66130		\$740.89
#	66130		\$580.62
	66150		\$916.30
	66155		\$915.60
	66160		\$1,024.54
	66170		\$1,134.87
	66172		\$1,242.00
	66174		\$650.12
	66175		\$751.34
	66179		\$1,118.96
	66180		\$1,177.07
	66183		\$1,067.40
	66184		\$825.97
	66185		\$884.64
	66225		\$964.48
	66250		\$798.84
#	66250		\$577.24
	66500		\$419.11
	66505		\$455.39
	66600		\$949.73
	66605		\$1,125.97
	66625		\$446.69
	66630		\$588.21

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Limiting charge applies to unassigned claims by non-participating providers.

	66635		\$593.41
	66680		\$543.30
	66682		\$752.38
	66700		\$475.89
#	66700		\$405.53
	66710		\$464.22
#	66710		\$405.15
	66711		\$532.41
	66720		\$496.61
#	66720		\$431.14
	66740		\$461.21
#	66740		\$405.53
	66761		\$316.72
#	66761		\$245.23
	66762		\$501.99
#	66762		\$441.04
	66770		\$555.86
#	66770		\$499.81
	66820		\$501.57
	66821		\$353.98
#	66821		\$328.02
	66825		\$876.18
	66830		\$732.64
	66840		\$715.63
	66850		\$813.12
	66852		\$863.44
	66920		\$771.35
	66930		\$882.77
	66940		\$810.43
	66982		\$766.63
	66984		\$560.79
	66985		\$796.17
	66986		\$928.87
	66989		\$877.03
	66990		\$88.14

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

	66991		\$704.49
	67005		\$497.22
	67010		\$565.96
	67015		\$631.79
	67025		\$779.02
#	67025		\$653.36
	67027		\$871.06
	67028		\$117.65
#	67028		\$92.82
	67030		\$586.81
	67031		\$407.32
#	67031		\$367.06
	67036		\$922.73
	67039		\$985.38
	67040		\$1,061.20
	67041		\$1,167.72
	67042		\$1,167.72
	67043		\$1,230.19
	67101		\$353.96
#	67101		\$296.39
	67105		\$311.04
#	67105		\$285.84
	67107		\$1,148.46
	67108		\$1,214.21
	67110		\$931.98
#	67110		\$843.94
	67113		\$1,358.14
	67115		\$519.84
	67120		\$706.86
#	67120		\$575.55
	67121		\$929.86
	67141		\$287.42
#	67141		\$226.47
	67145		\$257.33
#	67145		\$226.47

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	67208		\$625.52
#	67208		\$595.80
	67210		\$536.48
#	67210		\$516.54
	67218		\$1,417.67
	67220		\$553.60
#	67220		\$516.73
	67221		\$282.16
#	67221		\$209.17
	67225		\$29.29
#	67225		\$27.41
	67227		\$308.81
#	67227		\$261.78
	67228		\$352.21
#	67228		\$309.70
	67229		\$1,185.55
	67250		\$953.74
	67255		\$718.06
	67311		\$472.00
	67312		\$680.95
	67314		\$472.00
	67316		\$729.27
	67318		\$706.57
	67320		\$174.13
	67331		\$160.60
	67332		\$203.09
	67334		\$157.68
	67335		\$186.55
	67340		\$291.66
	67343		\$699.16
	67345		\$249.99
#	67345		\$219.14
	67346		\$196.02
	67400		\$1,091.89
	67405		\$958.76

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
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	67412		\$1,043.82
	67413		\$1,016.10
	67414		\$1,508.06
	67415		\$102.72
	67420		\$1,798.73
	67430		\$1,457.44
	67440		\$1,413.94
	67445		\$1,586.41
	67450		\$1,464.19
	67500		\$79.23
#	67500		\$64.18
	67505		\$88.83
#	67505		\$72.65
	67515		\$52.75
#	67515		\$47.48
	67516		\$124.92
#	67516		\$98.20
	67550		\$1,141.38
	67560		\$1,165.50
	67570		\$1,335.40
	67700		\$310.10
#	67700		\$121.60
	67710		\$265.81
#	67710		\$103.28
	67715		\$284.18
#	67715		\$111.49
	67800		\$136.23
#	67800		\$105.38
	67801		\$171.39
#	67801		\$134.52
	67805		\$214.96
#	67805		\$167.93
	67808		\$382.59
	67810		\$199.43
#	67810		\$67.75

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	67820		\$19.12
#	67820		\$22.88
	67825		\$142.53
#	67825		\$127.85
	67830		\$292.01
#	67830		\$142.64
	67835		\$457.33
	67840		\$301.44
#	67840		\$162.23
	67850		\$231.85
#	67850		\$135.54
	67875		\$195.77
#	67875		\$97.95
	67880		\$496.59
#	67880		\$382.59
	67882		\$603.99
#	67882		\$488.11
	67900		\$687.31
#	67900		\$519.89
	67901		\$844.39
#	67901		\$610.00
	67902		\$747.67
	67903		\$636.57
#	67903		\$494.73
	67904		\$780.25
#	67904		\$613.58
	67906		\$519.39
	67908		\$575.74
#	67908		\$450.08
	67909		\$580.99
#	67909		\$453.44
	67911		\$576.77
	67912		\$966.62
#	67912		\$499.72
	67914		\$525.58

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	67914		\$344.99
	67915		\$343.31
#	67915		\$212.00
	67916		\$650.09
#	67916		\$445.42
	67917		\$662.93
#	67917		\$471.80
	67921		\$515.88
#	67921		\$328.90
	67922		\$333.15
#	67922		\$212.00
	67923		\$650.66
#	67923		\$445.99
	67924		\$691.71
#	67924		\$472.00
	67930		\$393.65
#	67930		\$239.02
	67935		\$632.01
#	67935		\$446.90
	67938		\$295.53
#	67938		\$123.59
	67950		\$618.79
#	67950		\$477.70
	67961		\$624.33
#	67961		\$470.08
	67966		\$815.03
#	67966		\$671.68
	67971		\$737.12
	67973		\$945.82
	67974		\$944.29
	67975		\$698.97
	68020		\$127.72
#	68020		\$114.55
	68040		\$65.06
#	68040		\$48.13

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	68100		\$193.33
#	68100		\$97.77
	68110		\$254.42
#	68110		\$154.72
	68115		\$358.18
#	68115		\$189.25
	68130		\$588.95
#	68130		\$430.18
	68135		\$165.10
#	68135		\$155.31
	68200		\$43.49
#	68200		\$34.84
	68320		\$793.01
#	68320		\$562.00
	68325		\$677.70
	68326		\$665.74
	68328		\$725.59
	68330		\$663.68
#	68330		\$478.20
	68335		\$667.62
	68340		\$644.86
#	68340		\$412.35
	68360		\$577.32
#	68360		\$426.45
	68362		\$676.67
	68371		\$429.10
	68400		\$322.91
#	68400		\$135.92
	68420		\$357.53
#	68420		\$170.92
	68440		\$111.77
#	68440		\$106.50
	68500		\$1,108.83
	68505		\$1,104.14
	68510		\$476.66

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	68510		\$289.67
	68520		\$771.58
	68525		\$256.67
	68530		\$463.77
#	68530		\$259.47
	68540		\$1,024.07
	68550		\$1,274.85
	68700		\$623.12
	68705		\$280.27
#	68705		\$171.91
	68720		\$843.84
	68745		\$849.99
	68750		\$899.20
	68760		\$235.43
#	68760		\$152.28
	68761		\$155.62
#	68761		\$122.89
	68770		\$647.40
	68801		\$103.77
#	68801		\$84.58
	68810		\$171.52
#	68810		\$133.52
	68811		\$139.87
	68815		\$404.35
#	68815		\$231.66
	68816		\$938.35
#	68816		\$162.18
	68840		\$141.85
#	68840		\$123.41
	68841		\$39.73
#	68841		\$32.96
	68850		\$60.21
#	68850		\$52.31
	69000		\$199.70
#	69000		\$131.22

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	69005		\$232.55
#	69005		\$167.08
	69020		\$252.04
#	69020		\$152.34
	69100		\$102.29
#	69100		\$46.24
	69105		\$157.20
#	69105		\$65.78
	69110		\$505.88
#	69110		\$345.61
	69120		\$409.20
	69140		\$960.71
	69145		\$446.03
#	69145		\$272.96
	69150		\$1,034.67
	69155		\$1,663.58
	69200		\$85.17
#	69200		\$47.55
	69205		\$99.18
	69209		\$17.87
	69210		\$49.66
#	69210		\$31.98
	69220		\$82.43
#	69220		\$51.58
	69222		\$234.56
#	69222		\$144.64
	69300		\$690.15
#	69300		\$485.48
	69310		\$1,179.97
	69320		\$1,633.70
	69420		\$206.50
#	69420		\$127.12
	69421		\$159.57
	69424		\$138.40
#	69424		\$62.40

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
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	69433		\$217.79
#	69433		\$139.16
	69436		\$166.71
	69440		\$728.07
	69450		\$580.04
	69501		\$736.66
	69502		\$975.37
	69505		\$1,290.65
	69511		\$1,319.06
	69530		\$1,738.65
	69535		\$2,720.86
	69540		\$230.28
#	69540		\$138.85
	69550		\$1,119.10
	69552		\$1,642.71
	69554		\$2,583.35
	69601		\$1,051.67
	69602		\$1,130.09
	69603		\$1,345.37
	69604		\$1,153.12
	69610		\$401.16
#	69610		\$291.68
	69620		\$795.83
#	69620		\$516.66
	69631		\$933.96
	69632		\$1,128.42
	69633		\$1,099.22
	69635		\$1,338.04
	69636		\$1,476.43
	69637		\$1,470.39
	69641		\$1,083.60
	69642		\$1,386.73
	69643		\$1,267.21
	69644		\$1,572.13
	69645		\$1,543.84

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	69646		\$1,636.43
	69650		\$837.57
	69660		\$956.35
	69661		\$1,243.95
	69662		\$1,190.55
	69666		\$842.59
	69667		\$844.78
	69670		\$981.35
	69676		\$873.49
	69700		\$692.46
	69705		\$3,007.62
#	69705		\$172.35
	69706		\$3,098.22
#	69706		\$240.00
	69711		\$870.58
	69714		\$510.06
	69716		\$633.52
	69717		\$575.09
	69719		\$657.16
	69720		\$1,221.70
	69725		\$1,900.47
	69726		\$492.46
	69727		\$546.86
	69728		\$614.63
	69729		\$684.91
	69730		\$708.11
	69740		\$1,189.73
	69745		\$1,270.86
	69801		\$242.64
#	69801		\$124.51
	69805		\$1,053.15
	69806		\$947.94
	69905		\$956.78
	69910		\$1,016.10
	69915		\$1,524.23

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	69930		\$1,239.31
	69950		\$1,759.05
	69955		\$1,995.88
	69960		\$1,902.20
	69970		\$2,153.05
	69990		\$201.47
	70010		\$56.79
	70015		\$180.21
	70015	TC	\$124.34
	70015	26	\$55.87
	70030		\$35.61
	70030	TC	\$27.27
	70030	26	\$8.34
	70100		\$42.76
	70100	TC	\$34.04
	70100	26	\$8.71
	70110		\$47.68
	70110	TC	\$35.93
	70110	26	\$11.76
	70120		\$42.00
	70120	TC	\$33.29
	70120	26	\$8.71
	70130		\$67.74
	70130	TC	\$51.73
	70130	26	\$16.02
	70134		\$67.94
	70134	TC	\$50.60
	70134	26	\$17.34
	70140		\$34.81
	70140	TC	\$25.39
	70140	26	\$9.41
	70150		\$51.77
	70150	TC	\$39.31
	70150	26	\$12.46
	70160		\$41.30

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	70160	TC	\$33.29
	70160	26	\$8.01
	70170	26	\$14.33
	70190		\$41.10
	70190	TC	\$30.28
	70190	26	\$10.82
	70200		\$52.43
	70200	TC	\$38.94
	70200	26	\$13.49
	70210		\$35.28
	70210	TC	\$26.90
	70210	26	\$8.38
	70220		\$41.06
	70220	TC	\$30.66
	70220	26	\$10.40
	70240		\$35.93
	70240	TC	\$26.90
	70240	26	\$9.04
	70250		\$39.75
	70250	TC	\$31.03
	70250	26	\$8.71
	70260		\$48.66
	70260	TC	\$35.17
	70260	26	\$13.49
	70300		\$13.80
	70300	TC	\$8.84
	70300	26	\$4.96
	70310		\$44.73
	70310	TC	\$36.68
	70310	26	\$8.06
	70320		\$58.74
	70320	TC	\$47.97
	70320	26	\$10.77
	70328		\$37.86
	70328	TC	\$29.15

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	70328	26	\$8.71
	70330		\$58.26
	70330	TC	\$46.84
	70330	26	\$11.43
	70332		\$89.90
	70332	TC	\$64.52
	70332	26	\$25.38
	70336		\$297.48
	70336	TC	\$228.36
	70336	26	\$69.12
	70350		\$17.60
	70350	TC	\$9.21
	70350	26	\$8.38
	70355		\$19.33
	70355	TC	\$9.59
	70355	26	\$9.74
	70360		\$34.10
	70360	TC	\$25.39
	70360	26	\$8.71
C	70370		\$114.12
C	70370	TC	\$99.13
	70370	26	\$14.98
	70371		\$118.34
	70371	TC	\$76.93
	70371	26	\$41.41
	70380		\$41.30
	70380	TC	\$33.29
	70380	26	\$8.01
	70390		\$128.12
	70390	TC	\$110.42
	70390	26	\$17.70
	70450		\$117.54
	70450	TC	\$77.69
	70450	26	\$39.85
	70460		\$164.70

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	70460	TC	\$111.55
	70460	26	\$53.15
	70470		\$192.98
	70470	TC	\$133.18
	70470	26	\$59.80
	70480		\$176.00
	70480	TC	\$115.49
	70480	26	\$60.51
	70481		\$202.13
	70481	TC	\$148.98
	70481	26	\$53.15
	70482		\$236.24
	70482	TC	\$176.82
	70482	26	\$59.43
	70486		\$143.13
	70486	TC	\$102.89
	70486	26	\$40.23
	70487		\$169.02
	70487	TC	\$116.25
	70487	26	\$52.78
	70488		\$205.39
	70488	TC	\$145.97
	70488	26	\$59.43
	70490		\$165.66
	70490	TC	\$105.53
	70490	26	\$60.13
	70491		\$204.86
	70491	TC	\$139.95
	70491	26	\$64.91
	70492		\$246.01
	70492	TC	\$170.42
	70492	26	\$75.58
C	70496		\$282.61
C	70496	TC	\$200.71
	70496	26	\$81.91

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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Limiting charge applies to unassigned claims by non-participating providers.

C	70498		\$282.61
C	70498	TC	\$200.71
	70498	26	\$81.91
	70540		\$254.29
	70540	TC	\$191.12
	70540	26	\$63.17
	70542		\$301.50
	70542	TC	\$225.54
	70542	26	\$75.96
	70543		\$379.98
	70543	TC	\$279.34
	70543	26	\$100.64
	70544		\$242.61
	70544	TC	\$186.41
	70544	26	\$56.20
	70545		\$256.15
	70545	TC	\$199.95
	70545	26	\$56.20
	70546		\$373.85
	70546	TC	\$304.35
	70546	26	\$69.49
	70547		\$242.98
	70547	TC	\$186.79
	70547	26	\$56.20
	70548		\$276.50
	70548	TC	\$205.97
	70548	26	\$70.53
	70549		\$389.78
	70549	TC	\$305.48
	70549	26	\$84.30
	70551		\$218.47
	70551	TC	\$148.98
	70551	26	\$69.49
	70552		\$302.78
	70552	TC	\$219.14

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	70552	26	\$83.64
	70553		\$355.40
	70553	TC	\$248.11
	70553	26	\$107.29
	70554		\$427.94
	70554	TC	\$328.43
	70554	26	\$99.51
	70555	26	\$116.98
	70557	26	\$152.65
	70558	26	\$168.30
	70559	26	\$154.71
	71045		\$27.71
	71045	TC	\$19.37
	71045	26	\$8.34
	71046		\$36.54
	71046	TC	\$26.14
	71046	26	\$10.40
	71047		\$46.08
	71047	TC	\$32.92
	71047	26	\$13.16
	71048		\$49.65
	71048	TC	\$35.17
	71048	26	\$14.47
	71100		\$39.93
	71100	TC	\$29.53
	71100	26	\$10.40
	71101		\$46.08
	71101	TC	\$33.29
	71101	26	\$12.79
	71110		\$47.86
	71110	TC	\$34.04
	71110	26	\$13.82
	71111		\$57.31
	71111	TC	\$41.95
	71111	26	\$15.36

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	71120		\$36.64
	71120	TC	\$27.27
	71120	26	\$9.37
	71130		\$45.19
	71130	TC	\$34.80
	71130	26	\$10.40
	71250		\$147.26
	71250	TC	\$96.50
	71250	26	\$50.76
	71260		\$186.18
	71260	TC	\$131.30
	71260	26	\$54.89
	71270		\$219.60
	71270	TC	\$161.02
	71270	26	\$58.59
	71271		\$152.34
	71271	TC	\$101.57
	71271	26	\$50.76
C	71275		\$285.84
C	71275	TC	\$200.71
	71275	26	\$85.13
C	71550		\$336.14
C	71550	TC	\$267.67
	71550	26	\$68.46
	71551		\$423.04
	71551	TC	\$341.79
	71551	26	\$81.25
C	71552		\$526.16
C	71552	TC	\$420.23
	71552	26	\$105.93
	71555		\$376.18
	71555	TC	\$292.31
	71555	26	\$83.87
	72020		\$26.30
	72020	TC	\$18.62

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	72020	26	\$7.68
	72040		\$43.31
	72040	TC	\$32.54
	72040	26	\$10.77
	72050		\$58.87
	72050	TC	\$46.08
	72050	26	\$12.79
	72052		\$68.69
	72052	TC	\$54.36
	72052	26	\$14.33
	72070		\$35.89
	72070	TC	\$26.14
	72070	26	\$9.74
	72072		\$43.26
	72072	TC	\$32.54
	72072	26	\$10.72
	72074		\$48.81
	72074	TC	\$37.05
	72074	26	\$11.76
	72080		\$37.72
	72080	TC	\$27.65
	72080	26	\$10.07
	72081		\$46.50
	72081	TC	\$34.04
	72081	26	\$12.46
	72082		\$77.29
	72082	TC	\$62.26
	72082	26	\$15.03
	72083		\$87.83
	72083	TC	\$70.54
	72083	26	\$17.29
	72084		\$108.59
	72084	TC	\$88.78
	72084	26	\$19.81
	72100		\$43.69

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	72100	TC	\$32.92
	72100	26	\$10.77
	72110		\$57.04
	72110	TC	\$44.58
	72110	26	\$12.46
	72114		\$67.19
	72114	TC	\$52.86
	72114	26	\$14.33
	72120		\$44.44
	72120	TC	\$33.67
	72120	26	\$10.77
	72125		\$144.46
	72125	TC	\$97.63
	72125	26	\$46.83
	72126		\$187.77
	72126	TC	\$130.54
	72126	26	\$57.23
	72127		\$220.82
	72127	TC	\$161.39
	72127	26	\$59.43
	72128		\$144.08
	72128	TC	\$97.25
	72128	26	\$46.83
	72129		\$189.08
	72129	TC	\$131.67
	72129	26	\$57.41
	72130		\$222.32
	72130	TC	\$162.52
	72130	26	\$59.80
	72131		\$143.33
	72131	TC	\$96.50
	72131	26	\$46.83
	72132		\$188.15
	72132	TC	\$130.92
	72132	26	\$57.23

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	72133		\$221.20
	72133	TC	\$161.77
	72133	26	\$59.43
	72141		\$212.08
	72141	TC	\$142.58
	72141	26	\$69.49
	72142		\$308.61
	72142	TC	\$224.41
	72142	26	\$84.20
	72146		\$211.70
	72146	TC	\$142.21
	72146	26	\$69.49
	72147		\$305.79
	72147	TC	\$222.15
	72147	26	\$83.64
	72148		\$212.83
	72148	TC	\$142.96
	72148	26	\$69.87
	72149		\$302.97
	72149	TC	\$219.14
	72149	26	\$83.82
	72156		\$357.28
	72156	TC	\$249.62
	72156	26	\$107.66
	72157		\$358.03
	72157	TC	\$250.37
	72157	26	\$107.66
	72158		\$356.53
	72158	TC	\$248.86
	72158	26	\$107.66
	72159		\$389.78
	72159	TC	\$305.11
	72159	26	\$84.67
	72170		\$30.39
	72170	TC	\$22.01

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	72170	26	\$8.38
	72190		\$46.18
	72190	TC	\$34.04
	72190	26	\$12.13
C	72191		\$284.20
C	72191	TC	\$200.52
	72191	26	\$83.68
	72192		\$147.21
	72192	TC	\$96.12
	72192	26	\$51.09
C	72193		\$255.41
C	72193	TC	\$200.90
	72193	26	\$54.51
C	72194		\$257.75
C	72194	TC	\$200.90
	72194	26	\$56.85
	72195		\$256.95
	72195	TC	\$188.11
	72195	26	\$68.84
	72196		\$300.77
	72196	TC	\$219.89
	72196	26	\$80.87
	72197		\$377.47
	72197	TC	\$274.45
	72197	26	\$103.03
	72198		\$381.12
	72198	TC	\$297.58
	72198	26	\$83.54
	72200		\$36.41
	72200	TC	\$28.40
	72200	26	\$8.01
	72202		\$42.89
	72202	TC	\$32.16
	72202	26	\$10.72
	72220		\$35.66

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	72220	TC	\$27.27
	72220	26	\$8.38
	72240		\$120.63
	72240	TC	\$77.69
	72240	26	\$42.94
	72255		\$115.93
	72255	TC	\$73.17
	72255	26	\$42.76
	72265		\$118.02
	72265	TC	\$78.44
	72265	26	\$39.58
	72270		\$164.09
	72270	TC	\$99.51
	72270	26	\$64.58
	72285		\$142.37
	72285	TC	\$86.72
	72285	26	\$55.65
	72295		\$120.65
	72295	TC	\$81.45
	72295	26	\$39.20
	73000		\$35.70
	73000	TC	\$27.65
	73000	26	\$8.06
	73010		\$25.87
	73010	TC	\$17.11
	73010	26	\$8.76
	73020		\$23.34
	73020	TC	\$15.99
	73020	26	\$7.35
	73030		\$38.24
	73030	TC	\$29.15
	73030	26	\$9.09
	73040		\$145.21
	73040	TC	\$118.70
	73040	26	\$26.51

2024 Part B Medicare Physician Fee Schedule

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	73050		\$31.47
	73050	TC	\$22.38
	73050	26	\$9.09
	73060		\$34.95
	73060	TC	\$27.27
	73060	26	\$7.68
	73070		\$31.94
	73070	TC	\$23.89
	73070	26	\$8.06
	73080		\$36.03
	73080	TC	\$27.65
	73080	26	\$8.38
	73085		\$109.46
	73085	TC	\$84.08
	73085	26	\$25.38
	73090		\$31.94
	73090	TC	\$24.26
	73090	26	\$7.68
	73092		\$34.58
	73092	TC	\$26.90
	73092	26	\$7.68
	73100		\$37.21
	73100	TC	\$29.15
	73100	26	\$8.06
	73110		\$45.44
	73110	TC	\$37.05
	73110	26	\$8.38
	73115		\$148.97
	73115	TC	\$122.08
	73115	26	\$26.89
	73120		\$34.58
	73120	TC	\$26.52
	73120	26	\$8.06
	73130		\$40.92
	73130	TC	\$32.54

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	73130	26	\$8.38
	73140		\$42.25
	73140	TC	\$35.55
	73140	26	\$6.70
C	73200		\$167.03
C	73200	TC	\$120.20
	73200	26	\$46.83
	73201		\$225.31
	73201	TC	\$170.80
	73201	26	\$54.51
C	73202		\$257.75
C	73202	TC	\$200.90
	73202	26	\$56.85
C	73206		\$284.20
C	73206	TC	\$200.52
	73206	26	\$83.68
C	73218		\$331.60
C	73218	TC	\$267.67
	73218	26	\$63.93
	73219		\$374.86
	73219	TC	\$298.53
	73219	26	\$76.34
	73220		\$462.75
	73220	TC	\$361.73
	73220	26	\$101.01
	73221		\$227.20
	73221	TC	\$163.28
	73221	26	\$63.93
	73222		\$353.79
	73222	TC	\$277.08
	73222	26	\$76.71
	73223		\$436.41
	73223	TC	\$335.02
	73223	26	\$101.39
	73225		\$386.36

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	73225	TC	\$305.11
	73225	26	\$81.25
	73501		\$35.98
	73501	TC	\$26.90
	73501	26	\$9.09
	73502		\$52.34
	73502	TC	\$41.57
	73502	26	\$10.77
	73503		\$66.02
	73503	TC	\$52.86
	73503	26	\$13.16
	73521		\$45.19
	73521	TC	\$34.42
	73521	26	\$10.77
	73522		\$59.15
	73522	TC	\$44.96
	73522	26	\$14.19
	73523		\$67.89
	73523	TC	\$52.86
	73523	26	\$15.03
	73525		\$141.81
	73525	TC	\$113.81
	73525	26	\$28.01
	73551		\$31.94
	73551	TC	\$23.89
	73551	26	\$8.06
	73552		\$38.99
	73552	TC	\$30.28
	73552	26	\$8.71
	73560		\$37.59
	73560	TC	\$29.53
	73560	26	\$8.06
	73562		\$45.01
	73562	TC	\$35.93
	73562	26	\$9.09

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	73564		\$51.97
	73564	TC	\$40.82
	73564	26	\$11.15
	73565		\$43.98
	73565	TC	\$35.93
	73565	26	\$8.06
	73580		\$120.68
	73580	TC	\$90.48
	73580	26	\$30.20
	73590		\$34.58
	73590	TC	\$26.90
	73590	26	\$7.68
	73592		\$34.58
	73592	TC	\$26.90
	73592	26	\$7.68
	73600		\$35.33
	73600	TC	\$27.65
	73600	26	\$7.68
	73610		\$40.17
	73610	TC	\$31.79
	73610	26	\$8.38
	73615		\$141.07
	73615	TC	\$113.81
	73615	26	\$27.26
	73620		\$31.19
	73620	TC	\$23.89
	73620	26	\$7.30
	73630		\$37.54
	73630	TC	\$29.53
	73630	26	\$8.01
	73650		\$31.19
	73650	TC	\$23.51
	73650	26	\$7.68
	73660		\$32.09
	73660	TC	\$25.77

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	73660	26	\$6.32
	73700		\$143.71
	73700	TC	\$96.88
	73700	26	\$46.83
	73701		\$185.81
	73701	TC	\$131.30
	73701	26	\$54.51
	73702		\$218.62
	73702	TC	\$161.77
	73702	26	\$56.85
C	73706		\$288.84
C	73706	TC	\$200.71
	73706	26	\$88.13
	73718		\$250.90
	73718	TC	\$187.73
	73718	26	\$63.17
	73719		\$295.48
	73719	TC	\$219.52
	73719	26	\$75.96
	73720		\$378.09
	73720	TC	\$277.46
	73720	26	\$100.64
	73721		\$226.82
	73721	TC	\$162.90
	73721	26	\$63.93
	73722		\$354.17
	73722	TC	\$277.83
	73722	26	\$76.34
	73723		\$434.53
	73723	TC	\$333.52
	73723	26	\$101.01
	73725		\$378.20
	73725	TC	\$294.19
	73725	26	\$84.01
	74018		\$32.97

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	74018	TC	\$24.26
	74018	26	\$8.71
	74019		\$39.88
	74019	TC	\$29.15
	74019	26	\$10.72
	74021		\$46.83
	74021	TC	\$34.04
	74021	26	\$12.79
	74022		\$54.30
	74022	TC	\$39.31
	74022	26	\$14.98
	74150		\$150.86
	74150	TC	\$94.99
	74150	26	\$55.87
C	74160		\$260.70
C	74160	TC	\$200.90
	74160	26	\$59.80
C	74170		\$266.46
C	74170	TC	\$200.90
	74170	26	\$65.56
	74174		\$426.75
	74174	TC	\$324.29
	74174	26	\$102.46
C	74175		\$285.28
C	74175	TC	\$200.52
	74175	26	\$84.76
	74176		\$201.21
	74176	TC	\$119.63
	74176	26	\$81.58
	74177		\$340.40
	74177	TC	\$255.08
	74177	26	\$85.33
	74178		\$381.98
	74178	TC	\$287.99
	74178	26	\$93.99

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Limiting charge applies to unassigned claims by non-participating providers.

	74181		\$218.19
	74181	TC	\$149.73
	74181	26	\$68.46
	74182		\$340.27
	74182	TC	\$259.40
	74182	26	\$80.87
	74183		\$378.98
	74183	TC	\$275.95
	74183	26	\$103.03
	74185		\$379.62
	74185	TC	\$296.08
	74185	26	\$83.54
	74190	26	\$21.54
	74210		\$103.20
	74210	TC	\$75.81
	74210	26	\$27.39
	74220		\$106.16
	74220	TC	\$78.06
	74220	26	\$28.10
	74221		\$119.40
	74221	TC	\$86.72
	74221	26	\$32.69
	74230		\$137.35
	74230	TC	\$112.30
	74230	26	\$25.05
	74235	26	\$55.87
	74240		\$133.59
	74240	TC	\$95.75
	74240	26	\$37.84
	74246		\$151.34
	74246	TC	\$109.29
	74246	26	\$42.05
	74248		\$88.55
	74248	TC	\$55.87
	74248	26	\$32.69

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	74250		\$132.41
	74250	TC	\$94.62
	74250	26	\$37.79
C	74251		\$255.93
C	74251	TC	\$201.09
	74251	26	\$54.84
C	74261		\$232.60
C	74261	TC	\$120.20
	74261	26	\$112.39
C	74262		\$318.07
C	74262	TC	\$200.71
	74262	26	\$117.36
	74270		\$166.84
	74270	TC	\$118.32
	74270	26	\$48.52
	74280		\$240.06
	74280	TC	\$180.96
	74280	26	\$59.10
	74283		\$275.47
	74283	TC	\$176.26
	74283	26	\$99.21
	74290		\$93.80
	74290	TC	\$78.82
	74290	26	\$14.98
	74300	26	\$12.97
	74301	26	\$9.69
	74328	26	\$22.91
	74329	26	\$23.28
	74330	26	\$26.79
	74340	26	\$25.01
	74355	26	\$35.78
	74360	26	\$26.50
	74363	26	\$40.64
	74400		\$149.02
	74400	TC	\$126.03

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	74400	26	\$22.99
	74410		\$156.74
	74410	TC	\$133.93
	74410	26	\$22.81
	74415		\$167.27
	74415	TC	\$144.46
	74415	26	\$22.81
	74420		\$84.92
	74420	TC	\$60.76
	74420	26	\$24.17
	74425		\$150.06
	74425	TC	\$126.60
	74425	26	\$23.46
	74430		\$44.51
	74430	TC	\$29.53
	74430	26	\$14.98
	74440		\$107.62
	74440	TC	\$90.10
	74440	26	\$17.52
	74445	26	\$53.11
	74450	26	\$15.50
	74455		\$115.39
	74455	TC	\$99.88
	74455	26	\$15.50
	74470	26	\$24.25
	74485		\$129.87
	74485	TC	\$91.23
	74485	26	\$38.64
C	74712		\$408.92
C	74712	TC	\$267.67
	74712	26	\$141.24
	74713		\$219.30
	74713	TC	\$132.24
	74713	26	\$87.06
	74740		\$103.29

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	74740	TC	\$85.21
	74740	26	\$18.08
	74742	26	\$28.80
	74775	26	\$29.13
	75557		\$309.03
	75557	TC	\$199.77
	75557	26	\$109.26
	75559		\$417.66
	75559	TC	\$281.41
	75559	26	\$136.25
	75561		\$406.37
	75561	TC	\$285.36
	75561	26	\$121.02
	75563		\$474.40
	75563	TC	\$335.77
	75563	26	\$138.63
	75565		\$51.26
	75565	TC	\$39.50
	75565	26	\$11.76
	75571		\$111.71
	75571	TC	\$84.64
	75571	26	\$27.07
	75572		\$252.71
	75572	TC	\$171.36
	75572	26	\$81.35
C	75573		\$319.32
C	75573	TC	\$200.51
	75573	26	\$118.81
C	75574		\$312.16
C	75574	TC	\$200.33
	75574	26	\$111.83
	75580		\$1,014.95
	75580	TC	\$980.05
	75580	26	\$34.89
	75600		\$201.67

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	75600	TC	\$179.45
	75600	26	\$22.22
	75605		\$128.13
	75605	TC	\$76.74
	75605	26	\$51.39
	75625		\$131.33
	75625	TC	\$67.53
	75625	26	\$63.80
	75630		\$162.64
	75630	TC	\$72.60
	75630	26	\$90.04
C	75635		\$311.40
C	75635	TC	\$200.71
	75635	26	\$110.70
	75705		\$262.86
	75705	TC	\$152.55
	75705	26	\$110.32
	75710		\$155.95
	75710	TC	\$77.49
	75710	26	\$78.46
	75716		\$169.56
	75716	TC	\$80.88
	75716	26	\$88.68
	75726		\$178.23
	75726	TC	\$87.28
	75726	26	\$90.95
	75731		\$165.77
	75731	TC	\$112.29
	75731	26	\$53.48
	75733		\$186.58
	75733	TC	\$126.02
	75733	26	\$60.56
	75736		\$153.91
	75736	TC	\$103.64
	75736	26	\$50.27

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	75741		\$137.84
	75741	TC	\$79.38
	75741	26	\$58.47
	75743		\$155.50
	75743	TC	\$80.88
	75743	26	\$74.62
	75746		\$144.70
	75746	TC	\$93.30
	75746	26	\$51.41
	75756		\$177.98
	75756	TC	\$125.08
	75756	26	\$52.89
	75774		\$102.07
	75774	TC	\$57.37
	75774	26	\$44.70
	75801	26	\$40.95
	75803	26	\$55.21
	75805	26	\$38.17
	75807	26	\$51.07
	75809		\$89.11
	75809	TC	\$66.78
	75809	26	\$22.34
	75810	26	\$45.94
	75820		\$114.67
	75820	TC	\$66.78
	75820	26	\$47.89
	75822		\$140.58
	75822	TC	\$73.92
	75822	26	\$66.65
	75825		\$120.22
	75825	TC	\$69.41
	75825	26	\$50.81
	75827		\$125.68
	75827	TC	\$74.30
	75827	26	\$51.38

2024 Part B Medicare Physician Fee Schedule

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	75831		\$127.01
	75831	TC	\$77.12
	75831	26	\$49.89
	75833		\$155.36
	75833	TC	\$89.16
	75833	26	\$66.20
	75840		\$137.75
	75840	TC	\$84.27
	75840	26	\$53.48
	75842		\$169.89
	75842	TC	\$99.69
	75842	26	\$70.20
	75860		\$133.78
	75860	TC	\$82.01
	75860	26	\$51.77
	75870		\$166.10
	75870	TC	\$110.23
	75870	26	\$55.88
	75872		\$137.75
	75872	TC	\$84.27
	75872	26	\$53.48
	75880		\$116.95
	75880	TC	\$83.89
	75880	26	\$33.06
	75885		\$144.54
	75885	TC	\$81.26
	75885	26	\$63.29
	75887		\$145.67
	75887	TC	\$82.01
	75887	26	\$63.66
	75889		\$131.72
	75889	TC	\$81.26
	75889	26	\$50.46
	75891		\$132.66
	75891	TC	\$82.01

2024 Part B Medicare Physician Fee Schedule
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	75891	26	\$50.65
	75893		\$114.53
	75893	TC	\$89.91
	75893	26	\$24.62
	75894	26	\$67.79
	75898	26	\$86.22
	75901		\$253.24
	75901	TC	\$231.37
	75901	26	\$21.86
	75902		\$96.28
	75902	TC	\$78.82
	75902	26	\$17.46
	75956	26	\$307.42
	75957	26	\$264.04
	75958	26	\$173.35
	75959	26	\$153.62
	75970	26	\$36.56
	75984		\$102.20
	75984	TC	\$65.27
	75984	26	\$36.93
	75989		\$118.12
	75989	TC	\$64.14
	75989	26	\$53.98
	76000		\$45.92
	76000	TC	\$31.41
	76000	26	\$14.51
	76010		\$31.85
	76010	TC	\$23.51
	76010	26	\$8.34
	76080		\$63.75
	76080	TC	\$39.69
	76080	26	\$24.06
	76098		\$46.07
	76098	TC	\$31.03
	76098	26	\$15.03

2024 Part B Medicare Physician Fee Schedule

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	76100		\$97.23
	76100	TC	\$69.79
	76100	26	\$27.44
	76120		\$130.56
	76120	TC	\$111.55
	76120	26	\$19.01
	76125	26	\$12.97
	76145		\$1,007.36
	76376		\$26.86
	76376	TC	\$17.49
	76376	26	\$9.37
	76377		\$82.84
	76377	TC	\$45.52
	76377	26	\$37.32
C	76380		\$143.61
C	76380	TC	\$99.13
	76380	26	\$44.48
	76391		\$226.36
	76391	TC	\$174.56
	76391	26	\$51.79
	76506		\$123.12
	76506	TC	\$92.74
	76506	26	\$30.38
	76510		\$73.70
	76510	TC	\$34.04
	76510	26	\$39.66
	76511		\$60.83
	76511	TC	\$24.64
	76511	26	\$36.19
	76512		\$51.06
	76512	TC	\$20.12
	76512	26	\$30.94
	76513		\$81.34
	76513	TC	\$48.72
	76513	26	\$32.62

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	76514		\$11.72
	76514	TC	\$3.95
	76514	26	\$7.78
	76516		\$50.34
	76516	TC	\$27.65
	76516	26	\$22.69
	76519		\$73.73
	76519	TC	\$43.07
	76519	26	\$30.66
	76529		\$93.53
	76529	TC	\$60.76
	76529	26	\$32.77
	76536		\$121.03
	76536	TC	\$94.62
	76536	26	\$26.41
	76604		\$60.69
	76604	TC	\$34.04
	76604	26	\$26.64
	76641		\$111.35
	76641	TC	\$76.93
	76641	26	\$34.42
	76642		\$91.66
	76642	TC	\$59.63
	76642	26	\$32.03
	76700		\$126.20
	76700	TC	\$88.41
	76700	26	\$37.79
	76705		\$94.55
	76705	TC	\$67.15
	76705	26	\$27.39
	76706		\$116.94
	76706	TC	\$91.23
	76706	26	\$25.71
	76770		\$117.70
	76770	TC	\$82.95

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	76770	26	\$34.75
	76775		\$63.75
	76775	TC	\$36.68
	76775	26	\$27.07
	76776		\$161.43
	76776	TC	\$126.03
	76776	26	\$35.40
C	76800		\$180.26
C	76800	TC	\$120.20
	76800	26	\$60.06
	76801		\$126.64
	76801	TC	\$79.94
	76801	26	\$46.70
	76802		\$63.09
	76802	TC	\$23.70
	76802	26	\$39.39
	76805		\$147.14
	76805	TC	\$100.07
	76805	26	\$47.07
	76810		\$93.21
	76810	TC	\$46.46
	76810	26	\$46.75
	76811		\$189.54
	76811	TC	\$99.12
	76811	26	\$90.41
	76812		\$206.49
	76812	TC	\$121.51
	76812	26	\$84.98
	76813		\$124.02
	76813	TC	\$67.91
	76813	26	\$56.12
	76814		\$78.49
	76814	TC	\$31.41
	76814	26	\$47.08
	76815		\$87.48

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	76815	TC	\$56.99
	76815	26	\$30.49
	76816		\$119.43
	76816	TC	\$78.82
	76816	26	\$40.62
	76817		\$100.16
	76817	TC	\$64.52
	76817	26	\$35.64
	76818		\$127.85
	76818	TC	\$77.68
	76818	26	\$50.17
	76819		\$92.16
	76819	TC	\$55.67
	76819	26	\$36.49
	76820		\$47.59
	76820	TC	\$23.89
	76820	26	\$23.70
	76821		\$96.46
	76821	TC	\$63.01
	76821	26	\$33.45
	76825		\$285.85
	76825	TC	\$206.73
	76825	26	\$79.12
	76826		\$172.01
	76826	TC	\$132.80
	76826	26	\$39.21
	76827		\$75.60
	76827	TC	\$47.97
	76827	26	\$27.64
	76828		\$51.81
	76828	TC	\$25.39
	76828	26	\$26.42
	76830		\$130.36
	76830	TC	\$97.81
	76830	26	\$32.55

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	76831		\$127.21
	76831	TC	\$92.74
	76831	26	\$34.48
	76856		\$114.75
	76856	TC	\$82.58
	76856	26	\$32.17
	76857		\$52.67
	76857	TC	\$29.53
	76857	26	\$23.14
	76870		\$108.98
	76870	TC	\$79.19
	76870	26	\$29.78
C	76872		\$152.57
C	76872	TC	\$120.20
	76872	26	\$32.37
	76873		\$189.17
	76873	TC	\$112.86
	76873	26	\$76.31
	76881		\$55.22
	76881	TC	\$12.22
	76881	26	\$43.00
	76882		\$67.15
	76882	TC	\$34.80
	76882	26	\$32.36
	76883		\$73.26
	76883	TC	\$15.99
	76883	26	\$57.28
C	76885		\$134.06
C	76885	TC	\$99.32
	76885	26	\$34.75
	76886		\$108.70
	76886	TC	\$79.57
	76886	26	\$29.13
	76932	26	\$34.88
	76936		\$279.51

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	76936	TC	\$189.42
	76936	26	\$90.09
	76937		\$41.03
	76937	TC	\$27.65
	76937	26	\$13.38
	76940	26	\$96.41
	76941	26	\$63.99
	76942		\$61.43
	76942	TC	\$31.79
	76942	26	\$29.64
	76945	26	\$31.90
	76946		\$35.38
	76946	TC	\$17.11
	76946	26	\$18.27
	76948		\$87.39
	76948	TC	\$55.49
	76948	26	\$31.90
	76965		\$98.78
	76965	TC	\$31.03
	76965	26	\$67.75
	76975	26	\$40.62
	76977		\$7.65
	76977	TC	\$5.07
	76977	26	\$2.57
	76978		\$240.36
	76978	TC	\$164.03
	76978	26	\$76.34
	76979		\$155.92
	76979	TC	\$116.06
	76979	26	\$39.85
	76981		\$114.11
	76981	TC	\$85.96
	76981	26	\$28.15
	76982		\$101.70
	76982	TC	\$73.55

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Limiting charge applies to unassigned claims by non-participating providers.

	76982	26	\$28.15
	76983		\$66.39
	76983	TC	\$41.57
	76983	26	\$24.82
	76984	26	\$29.57
	76987	26	\$91.45
	76988	26	\$58.03
	76989	26	\$33.97
	76998	26	\$44.40
	77001		\$108.55
	77001	TC	\$91.23
	77001	26	\$17.32
	77002		\$127.52
	77002	TC	\$101.01
	77002	26	\$26.51
	77003		\$115.00
	77003	TC	\$86.72
	77003	26	\$28.28
	77011		\$242.18
	77011	TC	\$181.15
	77011	26	\$61.03
	77012		\$147.64
	77012	TC	\$79.57
	77012	26	\$68.08
	77013	26	\$177.76
	77014		\$129.96
	77014	TC	\$84.84
	77014	26	\$45.12
	77021		\$471.59
	77021	TC	\$401.43
	77021	26	\$70.16
	77022	26	\$195.55
	77046		\$238.38
	77046	TC	\$170.42
	77046	26	\$67.95

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	77047		\$244.22
	77047	TC	\$169.30
	77047	26	\$74.93
	77048		\$376.83
	77048	TC	\$278.21
	77048	26	\$98.62
	77049		\$383.57
	77049	TC	\$275.58
	77049	26	\$107.99
	77053		\$58.62
	77053	TC	\$41.57
	77053	26	\$17.05
	77054		\$75.48
	77054	TC	\$54.36
	77054	26	\$21.12
	77063		\$55.19
	77063	TC	\$27.09
	77063	26	\$28.10
	77065		\$136.55
	77065	TC	\$98.38
	77065	26	\$38.17
	77066		\$172.86
	77066	TC	\$126.03
	77066	26	\$46.83
	77067		\$139.80
	77067	TC	\$104.02
	77067	26	\$35.78
	77071		\$58.73
	77072		\$28.03
	77072	TC	\$19.00
	77072	26	\$9.04
	77073		\$49.32
	77073	TC	\$36.30
	77073	26	\$13.02
	77074		\$71.02

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	77074	TC	\$50.22
	77074	26	\$20.79
	77075		\$108.85
	77075	TC	\$82.76
	77075	26	\$26.09
	77076		\$116.58
	77076	TC	\$83.51
	77076	26	\$33.06
	77077		\$50.86
	77077	TC	\$34.42
	77077	26	\$16.44
C	77078		\$110.89
C	77078	TC	\$99.13
	77078	26	\$11.76
	77080		\$42.66
	77080	TC	\$33.29
	77080	26	\$9.37
	77081		\$34.38
	77081	TC	\$25.01
	77081	26	\$9.37
C	77084		\$342.98
C	77084	TC	\$267.67
	77084	26	\$75.31
	77085		\$58.16
	77085	TC	\$44.01
	77085	26	\$14.15
	77086		\$36.78
	77086	TC	\$28.78
	77086	26	\$8.01
	77089		\$43.97
	77090		\$2.82
	77091		\$31.41
	77092		\$9.74
	77261		\$71.50
	77262		\$109.26

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	77263		\$168.55
	77280		\$299.81
	77280	TC	\$261.66
	77280	26	\$38.15
	77285		\$491.48
	77285	TC	\$433.79
	77285	26	\$57.69
	77290		\$495.74
	77290	TC	\$412.52
	77290	26	\$83.22
	77293		\$449.01
	77293	TC	\$342.54
	77293	26	\$106.46
	77295		\$516.78
	77295	TC	\$289.10
	77295	26	\$227.68
	77300		\$70.70
	77300	TC	\$37.81
	77300	26	\$32.89
	77301		\$2,030.55
	77301	TC	\$1,606.16
	77301	26	\$424.38
	77306		\$159.05
	77306	TC	\$84.64
	77306	26	\$74.41
	77307		\$307.08
	77307	TC	\$153.11
	77307	26	\$153.97
	77316		\$269.09
	77316	TC	\$194.68
	77316	26	\$74.41
	77317		\$354.07
	77317	TC	\$256.56
	77317	26	\$97.51
	77318		\$500.25

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	77318	TC	\$346.66
	77318	26	\$153.60
	77321		\$100.88
	77321	TC	\$50.22
	77321	26	\$50.65
	77331		\$68.16
	77331	TC	\$21.63
	77331	26	\$46.53
	77332		\$41.62
	77332	TC	\$17.49
	77332	26	\$24.13
	77333		\$150.20
	77333	TC	\$110.42
	77333	26	\$39.78
	77334		\$135.07
	77334	TC	\$73.92
	77334	26	\$61.15
	77336		\$98.91
	77338		\$502.85
	77338	TC	\$274.80
	77338	26	\$228.05
	77370		\$160.40
	77372		\$1,071.79
	77373		\$1,118.24
	77401		\$46.84
	77417		\$16.74
	77427		\$193.00
	77431		\$109.43
	77432		\$425.91
	77435		\$644.66
	77469		\$321.83
	77470		\$148.25
	77470	TC	\$40.25
	77470	26	\$108.00
	77600		\$606.44

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	77600	TC	\$534.22
	77600	26	\$72.21
	77605		\$1,049.74
	77605	TC	\$952.77
	77605	26	\$96.97
	77610		\$763.88
	77610	TC	\$693.93
	77610	26	\$69.96
	77615		\$1,200.13
	77615	TC	\$1,101.92
	77615	26	\$98.21
	77620		\$703.85
	77620	TC	\$625.08
	77620	26	\$78.77
	77750		\$414.55
	77750	TC	\$148.78
	77750	26	\$265.77
	77761		\$452.72
	77761	TC	\$248.09
	77761	26	\$204.63
	77762		\$590.84
	77762	TC	\$284.58
	77762	26	\$306.26
	77763		\$831.70
	77763	TC	\$371.47
	77763	26	\$460.23
	77767		\$275.32
	77767	TC	\$219.51
	77767	26	\$55.81
	77768		\$404.14
	77768	TC	\$329.74
	77768	26	\$74.41
	77770		\$380.95
	77770	TC	\$277.26
	77770	26	\$103.70

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	77771		\$659.87
	77771	TC	\$458.01
	77771	26	\$201.86
	77772		\$986.85
	77772	TC	\$701.97
	77772	26	\$284.88
	77778		\$986.48
	77778	TC	\$521.01
	77778	26	\$465.48
	77789		\$143.58
	77789	TC	\$82.76
	77789	26	\$60.82
	77790		\$19.93
	78012		\$89.73
	78012	TC	\$81.06
	78012	26	\$8.66
	78013		\$190.42
	78013	TC	\$173.42
	78013	26	\$17.00
	78014		\$242.08
	78014	TC	\$219.32
	78014	26	\$22.76
	78015		\$234.67
	78015	TC	\$203.15
	78015	26	\$31.52
	78016		\$279.83
	78016	TC	\$247.91
	78016	26	\$31.92
	78018		\$314.81
	78018	TC	\$276.70
	78018	26	\$38.12
	78020		\$84.34
	78020	TC	\$58.68
	78020	26	\$25.66
	78070		\$298.36

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	78070	TC	\$261.27
	78070	26	\$37.09
	78071		\$353.59
	78071	TC	\$298.52
	78071	26	\$55.07
	78072		\$438.16
	78072	TC	\$366.05
	78072	26	\$72.11
	78075		\$452.14
	78075	TC	\$417.40
	78075	26	\$34.75
	78102		\$177.13
	78102	TC	\$152.73
	78102	26	\$24.40
	78103		\$188.38
	78103	TC	\$159.13
	78103	26	\$29.26
	78104		\$253.78
	78104	TC	\$217.63
	78104	26	\$36.15
	78110		\$75.99
	78110	TC	\$68.46
	78110	26	\$7.53
	78111		\$80.36
	78111	TC	\$71.84
	78111	26	\$8.52
	78120		\$77.68
	78120	TC	\$68.46
	78120	26	\$9.22
	78121		\$84.39
	78121	TC	\$71.84
	78121	26	\$12.54
	78122		\$107.26
	78122	TC	\$87.27
	78122	26	\$19.99

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	78130		\$135.63
	78130	TC	\$111.71
	78130	26	\$23.92
	78140		\$119.27
	78140	TC	\$95.35
	78140	26	\$23.92
	78185		\$171.66
	78185	TC	\$156.12
	78185	26	\$15.54
	78191		\$135.63
	78191	TC	\$111.71
	78191	26	\$23.92
	78195		\$357.16
	78195	TC	\$302.46
	78195	26	\$54.69
	78201		\$196.10
	78201	TC	\$176.43
	78201	26	\$19.67
	78202		\$215.70
	78202	TC	\$192.61
	78202	26	\$23.09
	78215		\$201.88
	78215	TC	\$179.44
	78215	26	\$22.43
	78216		\$139.97
	78216	TC	\$114.54
	78216	26	\$25.43
	78226		\$329.50
	78226	TC	\$295.13
	78226	26	\$34.37
	78227		\$442.71
	78227	TC	\$401.22
	78227	26	\$41.49
	78230		\$181.38
	78230	TC	\$160.26

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	78230	26	\$21.12
	78231		\$113.32
	78231	TC	\$93.10
	78231	26	\$20.22
	78232		\$111.30
	78232	TC	\$93.10
	78232	26	\$18.21
	78258		\$218.15
	78258	TC	\$185.46
	78258	26	\$32.68
	78261		\$204.29
	78261	TC	\$177.37
	78261	26	\$26.92
	78262		\$250.60
	78262	TC	\$218.76
	78262	26	\$31.85
	78264		\$335.09
	78264	TC	\$298.70
	78264	26	\$36.38
	78265		\$398.49
	78265	TC	\$353.63
	78265	26	\$44.86
	78266		\$453.50
	78266	TC	\$405.36
	78266	26	\$48.14
	78278		\$352.73
	78278	TC	\$306.98
	78278	26	\$45.75
	78282	26	\$14.88
	78290		\$333.93
	78290	TC	\$302.84
	78290	26	\$31.09
	78291		\$267.30
	78291	TC	\$225.90
	78291	26	\$41.40

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	78300		\$229.08
	78300	TC	\$200.33
	78300	26	\$28.75
	78305		\$275.83
	78305	TC	\$237.76
	78305	26	\$38.07
	78306		\$298.26
	78306	TC	\$258.83
	78306	26	\$39.43
	78315		\$350.32
	78315	TC	\$303.22
	78315	26	\$47.11
	78414	26	\$20.94
	78428		\$190.86
	78428	TC	\$155.37
	78428	26	\$35.50
	78429	26	\$77.54
	78430	26	\$74.04
	78431	26	\$86.64
	78432	26	\$92.39
	78433	26	\$101.06
	78434	26	\$28.52
	78445		\$208.82
	78445	TC	\$185.09
	78445	26	\$23.74
	78451		\$344.62
	78451	TC	\$281.21
	78451	26	\$63.41
	78452		\$478.50
	78452	TC	\$403.66
	78452	26	\$74.84
	78453		\$294.57
	78453	TC	\$249.61
	78453	26	\$44.96
	78454		\$440.36

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	78454	TC	\$377.89
	78454	26	\$62.47
	78456		\$318.83
	78456	TC	\$272.74
	78456	26	\$46.09
	78457		\$167.35
	78457	TC	\$133.92
	78457	26	\$33.43
	78458		\$211.34
	78458	TC	\$168.91
	78458	26	\$42.43
	78459	26	\$71.88
	78466		\$183.59
	78466	TC	\$151.98
	78466	26	\$31.61
	78468		\$201.68
	78468	TC	\$164.77
	78468	26	\$36.90
	78469		\$225.92
	78469	TC	\$183.58
	78469	26	\$42.34
	78472		\$231.08
	78472	TC	\$185.84
	78472	26	\$45.24
	78473		\$293.39
	78473	TC	\$225.90
	78473	26	\$67.49
	78481		\$180.48
	78481	TC	\$135.24
	78481	26	\$45.24
	78483		\$241.66
	78483	TC	\$173.80
	78483	26	\$67.86
	78491	26	\$70.81
	78492	26	\$83.37

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	78494		\$231.94
	78494	TC	\$177.19
	78494	26	\$54.75
	78496		\$44.39
	78496	TC	\$21.25
	78496	26	\$23.14
	78579		\$191.16
	78579	TC	\$168.73
	78579	26	\$22.43
	78580		\$239.40
	78580	TC	\$205.40
	78580	26	\$34.00
	78582		\$335.22
	78582	TC	\$286.10
	78582	26	\$49.12
	78597		\$202.49
	78597	TC	\$169.48
	78597	26	\$33.01
	78598		\$305.08
	78598	TC	\$266.91
	78598	26	\$38.17
	78600		\$186.69
	78600	TC	\$166.28
	78600	26	\$20.42
	78601		\$222.47
	78601	TC	\$199.01
	78601	26	\$23.46
	78605		\$206.00
	78605	TC	\$180.95
	78605	26	\$25.05
	78606		\$335.26
	78606	TC	\$305.85
	78606	26	\$29.41
	78608	26	\$67.90
	78610		\$180.42

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	78610	TC	\$166.65
	78610	26	\$13.77
	78630		\$342.21
	78630	TC	\$311.12
	78630	26	\$31.09
	78635		\$343.68
	78635	TC	\$314.88
	78635	26	\$28.80
	78645		\$328.83
	78645	TC	\$302.84
	78645	26	\$25.99
	78650		\$275.22
	78650	TC	\$251.30
	78650	26	\$23.92
	78660		\$146.19
	78660	TC	\$125.64
	78660	26	\$20.55
	78700		\$175.36
	78700	TC	\$154.99
	78700	26	\$20.37
	78701		\$231.22
	78701	TC	\$208.41
	78701	26	\$22.81
	78707		\$236.44
	78707	TC	\$192.99
	78707	26	\$43.46
	78708		\$189.69
	78708	TC	\$134.48
	78708	26	\$55.21
	78709		\$371.93
	78709	TC	\$307.73
	78709	26	\$64.20
	78725		\$106.29
	78725	TC	\$89.53
	78725	26	\$16.77

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Limiting charge applies to unassigned claims by non-participating providers.

	78730		\$76.20
	78730	TC	\$68.66
	78730	26	\$7.55
	78740		\$233.47
	78740	TC	\$207.29
	78740	26	\$26.18
	78761		\$217.35
	78761	TC	\$183.96
	78761	26	\$33.39
	78800		\$257.19
	78800	TC	\$227.23
	78800	26	\$29.96
	78801		\$275.94
	78801	TC	\$242.65
	78801	26	\$33.29
	78802		\$312.10
	78802	TC	\$275.76
	78802	26	\$36.34
	78803		\$384.79
	78803	TC	\$335.39
	78803	26	\$49.40
	78804		\$653.79
	78804	TC	\$607.76
	78804	26	\$46.03
	78808		\$43.51
	78811	26	\$69.77
	78812	26	\$88.18
	78813	26	\$90.09
	78814	26	\$99.83
	78815	26	\$111.26
	78816	26	\$112.29
	78830		\$481.40
	78830	TC	\$415.33
	78830	26	\$66.07
	78831		\$722.06

2024 Part B Medicare Physician Fee Schedule

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	78831	TC	\$638.61
	78831	26	\$83.45
	78832		\$913.59
	78832	TC	\$818.82
	78832	26	\$94.77
	78835		\$97.58
	78835	TC	\$76.93
	78835	26	\$20.65
	79005		\$140.35
	79005	TC	\$57.55
	79005	26	\$82.80
	79101		\$152.74
	79101	TC	\$60.19
	79101	26	\$92.55
	79200		\$136.06
	79200	TC	\$58.87
	79200	26	\$77.19
	79300	26	\$62.16
	79403		\$222.61
	79403	TC	\$113.23
	79403	26	\$109.38
	79440		\$121.58
	79440	TC	\$44.39
	79440	26	\$77.19
	79445	26	\$106.37
	80503		\$27.62
#	80503		\$21.97
	80504		\$54.04
#	80504		\$47.27
	80505		\$96.96
#	80505		\$88.68
	80506		\$42.73
	83020	26	\$17.57
	84165	26	\$17.57
	84166	26	\$17.57

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	84181	26	\$17.57
	84182	26	\$17.57
	85060		\$23.56
	85097		\$72.71
#	85097		\$47.50
	85390	26	\$35.84
	85396		\$19.25
	85576	26	\$17.57
	86077		\$53.90
#	86077		\$48.63
	86078		\$53.90
#	86078		\$48.63
	86079		\$53.90
#	86079		\$48.63
	86153	26	\$33.12
	86255	26	\$17.57
	86256	26	\$17.57
	86320	26	\$17.57
	86325	26	\$17.57
	86327	26	\$21.46
	86334	26	\$17.57
	86335	26	\$17.57
	86486		\$6.96
	86490		\$85.96
	86510		\$8.46
	86580		\$11.47
	87164	26	\$19.07
	87207	26	\$17.57
	88104		\$82.09
	88104	TC	\$54.92
	88104	26	\$27.17
	88106		\$78.13
	88106	TC	\$59.44
	88106	26	\$18.69
	88108		\$74.97

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	88108	TC	\$52.86
	88108	26	\$22.12
	88112		\$73.63
	88112	TC	\$46.46
	88112	26	\$27.17
	88120		\$647.45
	88120	TC	\$590.48
	88120	26	\$56.97
	88121		\$467.65
	88121	TC	\$420.24
	88121	26	\$47.41
	88125		\$30.70
	88125	TC	\$17.11
	88125	26	\$13.59
	88141		\$25.63
	88160		\$86.90
	88160	TC	\$61.69
	88160	26	\$25.21
	88161		\$88.78
	88161	TC	\$63.95
	88161	26	\$24.83
	88162		\$140.75
	88162	TC	\$101.76
	88162	26	\$38.99
	88172		\$59.08
	88172	TC	\$24.26
	88172	26	\$34.82
	88173		\$181.12
	88173	TC	\$112.29
	88173	26	\$68.83
	88177		\$30.87
	88177	TC	\$9.41
	88177	26	\$21.46
	88182		\$183.58
	88182	TC	\$145.77

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	88182	26	\$37.81
	88184		\$87.65
	88185		\$26.71
	88187		\$35.32
	88188		\$61.09
	88189		\$82.34
	88291		\$34.70
	88300		\$17.66
	88300	TC	\$13.35
	88300	26	\$4.31
	88302		\$36.60
	88302	TC	\$29.91
	88302	26	\$6.70
	88304		\$47.08
	88304	TC	\$35.93
	88304	26	\$11.15
	88305		\$76.85
	88305	TC	\$40.06
	88305	26	\$36.78
	88307		\$315.96
	88307	TC	\$235.13
	88307	26	\$80.83
	88309		\$472.95
	88309	TC	\$330.31
	88309	26	\$142.64
	88311		\$21.39
	88311	TC	\$9.59
	88311	26	\$11.80
	88312		\$124.15
	88312	TC	\$98.00
	88312	26	\$26.14
	88313		\$92.13
	88313	TC	\$80.32
	88313	26	\$11.80
	88314		\$97.30

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	88314	TC	\$77.49
	88314	26	\$19.81
	88319		\$151.09
	88319	TC	\$124.52
	88319	26	\$26.57
	88321		\$99.24
#	88321		\$82.31
	88323		\$120.29
	88323	TC	\$33.29
	88323	26	\$87.00
	88325		\$157.98
#	88325		\$131.27
	88329		\$58.04
#	88329		\$34.71
	88331		\$107.61
	88331	TC	\$46.46
	88331	26	\$61.15
	88332		\$58.06
	88332	TC	\$28.02
	88332	26	\$30.04
	88333		\$96.65
	88333	TC	\$35.93
	88333	26	\$60.73
	88334		\$58.70
	88334	TC	\$21.82
	88334	26	\$36.88
	88341		\$99.41
	88341	TC	\$71.86
	88341	26	\$27.55
	88342		\$115.84
	88342	TC	\$81.45
	88342	26	\$34.39
	88344		\$191.12
	88344	TC	\$153.31
	88344	26	\$37.81

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	88346		\$165.12
	88346	TC	\$129.79
	88346	26	\$35.33
	88348		\$537.18
	88348	TC	\$461.03
	88348	26	\$76.15
	88350		\$125.41
	88350	TC	\$96.88
	88350	26	\$28.53
	88355		\$132.99
	88355	TC	\$59.06
	88355	26	\$73.93
	88356		\$250.42
	88356	TC	\$130.90
	88356	26	\$119.52
	88358		\$149.04
	88358	TC	\$100.26
	88358	26	\$48.78
	88360		\$131.29
	88360	TC	\$90.48
	88360	26	\$40.81
	88361		\$129.67
	88361	TC	\$87.09
	88361	26	\$42.58
	88362		\$246.34
	88362	TC	\$136.75
	88362	26	\$109.60
	88363		\$23.77
#	88363		\$18.88
	88364		\$146.69
	88364	TC	\$113.43
	88364	26	\$33.26
	88365		\$195.28
	88365	TC	\$153.12
	88365	26	\$42.17

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	88366		\$299.81
	88366	TC	\$239.27
	88366	26	\$60.53
	88367		\$122.09
	88367	TC	\$89.73
	88367	26	\$32.36
	88368		\$162.18
	88368	TC	\$120.76
	88368	26	\$41.41
	88369		\$141.05
	88369	TC	\$108.16
	88369	26	\$32.89
	88371	26	\$19.07
	88372	26	\$17.57
	88373		\$73.35
	88373	TC	\$48.72
	88373	26	\$24.64
	88374		\$319.76
	88374	TC	\$278.59
	88374	26	\$41.17
	88375		\$47.27
	88377		\$438.61
	88377	TC	\$376.03
	88377	26	\$62.58
	88380		\$134.00
	88380	TC	\$82.57
	88380	26	\$51.43
	88381		\$223.69
	88381	TC	\$200.89
	88381	26	\$22.81
	88387		\$33.84
	88387	TC	\$8.08
	88387	26	\$25.75
	88388		\$38.05
	88388	TC	\$14.86

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	88388	26	\$23.20
	89049		\$312.33
#	89049		\$58.37
	89060	26	\$17.57
	89220		\$21.63
	89230		\$3.19
	90460		\$24.40
	90461		\$8.71
	90471		\$22.30
	90472		\$15.63
	90473		\$17.79
	90474		\$12.62
	90785		\$14.75
#	90785		\$12.87
	90791		\$173.85
#	90791		\$146.01
	90792		\$195.40
#	90792		\$167.56
	90832		\$78.77
#	90832		\$67.48
	90833		\$72.26
#	90833		\$63.23
	90834		\$104.01
#	90834		\$89.34
	90836		\$91.46
#	90836		\$80.17
	90837		\$153.27
#	90837		\$131.83
	90838		\$121.29
#	90838		\$106.25
	90839		\$147.61
#	90839		\$127.67
	90840		\$72.82
#	90840		\$63.79
	90845		\$98.53

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#	90845		\$85.74
	90846		\$96.64
#	90846		\$96.27
	90847		\$101.37
#	90847		\$100.62
	90849		\$39.10
#	90849		\$29.70
	90853		\$27.82
#	90853		\$23.68
	90865		\$166.11
#	90865		\$120.59
	90870		\$180.77
#	90870		\$103.26
	90880		\$104.04
#	90880		\$84.85
	90901		\$43.89
#	90901		\$19.06
	90912		\$85.69
#	90912		\$42.05
	90913		\$33.10
#	90913		\$23.70
	90935		\$70.05
	90937		\$100.82
	90945		\$86.03
	90947		\$120.44
	90951		\$1,158.75
	90954		\$992.65
	90955		\$519.34
	90956		\$348.55
	90957		\$763.32
	90958		\$498.23
	90959		\$326.29
	90960		\$354.12
	90961		\$294.60
	90962		\$204.84

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	90963		\$603.40
	90964		\$517.81
	90965		\$497.45
	90966		\$294.60
	90967		\$17.47
	90968		\$17.14
	90969		\$16.82
	90970		\$9.46
	90997		\$86.72
	91010		\$241.66
	91010	TC	\$177.57
	91010	26	\$64.08
	91013		\$27.52
	91013	TC	\$18.44
	91013	26	\$9.09
	91020		\$303.33
	91020	TC	\$231.18
	91020	26	\$72.15
	91022		\$187.64
	91022	TC	\$115.49
	91022	26	\$72.15
	91030		\$158.63
	91030	TC	\$112.86
	91030	26	\$45.77
	91034		\$209.68
	91034	TC	\$160.64
	91034	26	\$49.04
	91035		\$502.73
	91035	TC	\$422.87
	91035	26	\$79.85
	91037		\$184.49
	91037	TC	\$136.19
	91037	26	\$48.30
	91038		\$447.77
	91038	TC	\$392.78

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	91038	26	\$55.00
	91040		\$576.51
	91040	TC	\$528.04
	91040	26	\$48.47
	91065		\$82.16
	91065	TC	\$72.42
	91065	26	\$9.74
	91110		\$811.48
	91110	TC	\$699.60
	91110	26	\$111.88
	91111		\$982.07
	91111	TC	\$937.00
	91111	26	\$45.07
	91112		\$1,804.09
	91112	TC	\$1,699.05
	91112	26	\$105.04
	91113		\$994.99
	91113	TC	\$874.35
	91113	26	\$120.64
	91117		\$136.02
	91120		\$558.46
	91120	TC	\$510.73
	91120	26	\$47.73
	91122		\$300.57
	91122	TC	\$213.87
	91122	26	\$86.70
	91132		\$490.50
	91132	TC	\$464.45
	91132	26	\$26.05
	91133		\$515.02
	91133	TC	\$482.14
	91133	26	\$32.89
	91200		\$33.20
	91200	TC	\$22.76
	91200	26	\$10.45

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	92002		\$90.88
#	92002		\$45.74
	92004		\$157.96
#	92004		\$94.37
	92012		\$95.39
#	92012		\$50.62
	92014		\$134.14
#	92014		\$76.20
	92018		\$140.51
	92019		\$73.34
	92020		\$28.85
#	92020		\$20.58
	92025		\$38.92
	92025	TC	\$19.37
	92025	26	\$19.55
	92060		\$68.11
	92060	TC	\$30.66
	92060	26	\$37.45
	92065		\$41.11
#	92065		\$33.59
	92066		\$29.53
	92071		\$37.27
#	92071		\$32.38
	92072		\$130.34
#	92072		\$93.47
	92081		\$35.77
	92081	TC	\$19.75
	92081	26	\$16.03
	92082		\$50.71
	92082	TC	\$29.91
	92082	26	\$20.81
	92083		\$68.66
	92083	TC	\$41.57
	92083	26	\$27.09
	92100		\$92.58

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#	92100		\$32.38
	92132		\$33.52
	92132	TC	\$17.11
	92132	26	\$16.40
	92133		\$38.67
	92133	TC	\$17.11
	92133	26	\$21.56
	92134		\$42.94
	92134	TC	\$17.87
	92134	26	\$25.08
	92136		\$50.03
	92136	TC	\$19.37
	92136	26	\$30.66
	92145		\$13.80
	92145	TC	\$8.46
	92145	26	\$5.34
	92201		\$25.50
#	92201		\$22.87
	92202		\$15.85
#	92202		\$14.72
	92227		\$19.75
	92228		\$31.54
	92228	TC	\$14.86
	92228	26	\$16.68
	92229		\$46.08
	92230		\$151.13
#	92230		\$34.87
	92235		\$179.18
	92235	TC	\$136.38
	92235	26	\$42.80
	92240		\$206.75
	92240	TC	\$160.08
	92240	26	\$46.67
	92242		\$311.76
	92242	TC	\$257.15

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Limiting charge applies to unassigned claims by non-participating providers.

	92242	26	\$54.61
	92250		\$39.42
	92250	TC	\$18.62
	92250	26	\$20.81
	92260		\$20.65
#	92260		\$10.87
	92265		\$93.86
	92265	TC	\$47.59
	92265	26	\$46.27
	92270		\$127.90
	92270	TC	\$85.40
	92270	26	\$42.51
	92273		\$138.27
	92273	TC	\$101.95
	92273	26	\$36.32
	92274		\$97.47
	92274	TC	\$64.14
	92274	26	\$33.33
	92283		\$60.11
	92283	TC	\$51.73
	92283	26	\$8.38
	92284		\$41.95
	92285		\$25.71
	92285	TC	\$22.76
	92285	26	\$2.95
	92286		\$41.68
	92286	TC	\$20.12
	92286	26	\$21.56
	92287		\$158.69
	92287	TC	\$128.10
	92287	26	\$30.59
	92311		\$110.79
#	92311		\$51.35
	92312		\$132.30
#	92312		\$61.19

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	92313		\$105.93
#	92313		\$42.72
	92315		\$89.79
#	92315		\$20.56
	92316		\$110.49
#	92316		\$31.10
	92317		\$95.06
#	92317		\$20.56
	92325		\$46.08
	92326		\$44.20
	92502		\$97.93
	92504		\$31.66
#	92504		\$9.09
	92507		\$79.24
	92508		\$25.66
	92511		\$128.69
#	92511		\$38.77
	92512		\$69.16
#	92512		\$27.02
	92516		\$78.97
#	92516		\$22.53
	92517		\$82.43
#	92517		\$42.55
	92518		\$83.17
#	92518		\$42.92
	92519		\$137.10
#	92519		\$64.11
	92520		\$94.71
#	92520		\$40.16
	92521		\$138.03
	92522		\$114.95
	92523		\$236.68
	92524		\$113.06
	92526		\$88.45
	92537		\$41.46

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	92537	TC	\$10.34
	92537	26	\$31.12
	92538		\$23.36
	92538	TC	\$7.33
	92538	26	\$16.03
	92540		\$112.50
	92540	TC	\$34.80
	92540	26	\$77.70
	92541		\$25.88
	92541	TC	\$4.70
	92541	26	\$21.18
	92542		\$29.63
	92542	TC	\$4.70
	92542	26	\$24.93
	92544		\$18.24
	92544	TC	\$3.95
	92544	26	\$14.29
	92545		\$17.21
	92545	TC	\$3.95
	92545	26	\$13.26
	92546		\$147.75
	92546	TC	\$132.80
	92546	26	\$14.95
	92547		\$12.04
	92548		\$49.20
	92548	TC	\$15.61
	92548	26	\$33.59
	92549		\$67.98
	92549	TC	\$22.76
	92549	26	\$45.23
	92550		\$22.55
	92552		\$42.70
	92553		\$51.73
	92555		\$32.54
	92556		\$50.60

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	92557		\$37.70
#	92557		\$32.05
	92562		\$54.36
	92563		\$38.94
	92565		\$23.51
	92567		\$17.27
#	92567		\$10.87
	92568		\$15.32
#	92568		\$14.95
	92570		\$33.05
#	92570		\$29.29
	92571		\$34.80
	92572		\$60.00
	92575		\$83.14
	92576		\$47.97
	92577		\$24.64
	92579		\$45.86
#	92579		\$37.21
	92582		\$97.63
	92583		\$64.14
	92584		\$119.26
	92587		\$21.99
	92587	TC	\$3.95
	92587	26	\$18.04
	92588		\$34.18
	92588	TC	\$5.45
	92588	26	\$28.73
	92596		\$86.72
	92597		\$74.72
	92601		\$165.96
#	92601		\$123.82
	92602		\$105.20
#	92602		\$69.83
	92603		\$155.29
#	92603		\$120.30

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	92604		\$94.15
#	92604		\$66.69
	92607		\$129.97
	92608		\$51.13
	92609		\$108.54
	92610		\$89.20
#	92610		\$71.90
	92611		\$95.95
	92612		\$216.88
#	92612		\$66.77
	92613		\$36.40
	92614		\$161.01
#	92614		\$65.44
	92615		\$32.65
	92616		\$247.00
#	92616		\$99.89
	92617		\$40.71
	92620		\$91.04
#	92620		\$79.76
	92621		\$22.55
#	92621		\$18.79
	92622		\$82.49
#	92622		\$67.07
	92623		\$21.15
#	92623		\$17.76
	92625		\$69.24
#	92625		\$61.34
	92626		\$89.47
#	92626		\$75.17
	92627		\$21.15
#	92627		\$17.76
	92640		\$112.54
#	92640		\$94.48
	92651		\$87.46
	92652		\$117.55

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	92653		\$87.40
	92920		\$490.28
	92924		\$584.71
	92928		\$545.52
	92933		\$611.69
	92937		\$545.38
	92941		\$612.54
	92943		\$612.35
	92950		\$338.10
#	92950		\$176.32
	92953		\$0.89
	92960		\$160.04
#	92960		\$107.00
	92961		\$229.72
	92970		\$174.78
	92971		\$93.90
	92972		\$141.72
	92973		\$163.51
	92974		\$149.85
	92975		\$348.00
	92977		\$59.76
	92978	26	\$88.51
	92979	26	\$70.36
	92986		\$1,256.94
	92987		\$1,295.21
	92990		\$1,039.95
	92997		\$593.85
	92998		\$295.64
	93000		\$14.96
	93005		\$6.96
	93010		\$8.01
	93015		\$76.84
	93016		\$20.94
	93017		\$42.13
	93018		\$13.77

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	93024		\$118.98
	93024	TC	\$64.89
	93024	26	\$54.09
	93025		\$136.66
	93025	TC	\$99.69
	93025	26	\$36.96
	93040		\$13.56
	93041		\$6.96
	93042		\$6.60
	93050		\$16.84
	93050	TC	\$8.84
	93050	26	\$8.01
	93150		\$107.19
#	93150		\$42.10
	93151		\$93.14
#	93151		\$39.71
	93152		\$166.20
#	93152		\$93.21
	93153		\$55.45
#	93153		\$21.21
	93224		\$78.79
	93225		\$20.50
	93226		\$40.06
	93227		\$18.22
	93228		\$24.92
	93229		\$917.02
	93241		\$288.37
	93242		\$13.35
	93243		\$252.26
	93244		\$22.76
	93245		\$303.17
	93246		\$13.35
	93247		\$264.67
	93248		\$25.15
	93260		\$80.11

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	93260	TC	\$39.31
	93260	26	\$40.80
	93261		\$74.07
	93261	TC	\$38.94
	93261	26	\$35.13
	93264		\$52.98
#	93264		\$34.55
	93268		\$194.21
	93270		\$9.21
	93271		\$161.21
	93272		\$23.79
	93278		\$34.14
	93278	TC	\$21.63
	93278	26	\$12.51
	93279		\$71.87
	93279	TC	\$41.19
	93279	26	\$30.68
	93280		\$84.08
	93280	TC	\$47.59
	93280	26	\$36.49
	93281		\$89.14
	93281	TC	\$48.34
	93281	26	\$40.80
	93282		\$84.25
	93282	TC	\$43.83
	93282	26	\$40.42
	93283		\$102.91
	93283	TC	\$47.97
	93283	26	\$54.94
	93284		\$111.08
	93284	TC	\$51.35
	93284	26	\$59.72
	93285		\$64.23
	93285	TC	\$39.31
	93285	26	\$24.92

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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Limiting charge applies to unassigned claims by non-participating providers.

	93286		\$48.94
	93286	TC	\$34.42
	93286	26	\$14.52
	93287		\$56.11
	93287	TC	\$34.80
	93287	26	\$21.31
	93288		\$60.72
	93288	TC	\$40.44
	93288	26	\$20.28
	93289		\$76.46
	93289	TC	\$40.82
	93289	26	\$35.64
	93290		\$57.15
	93290	TC	\$36.68
	93290	26	\$20.47
	93291		\$52.74
	93291	TC	\$35.17
	93291	26	\$17.57
	93292		\$54.89
	93292	TC	\$34.42
	93292	26	\$20.47
	93293		\$47.76
	93293	TC	\$33.67
	93293	26	\$14.10
	93294		\$29.03
	93295		\$36.06
	93296		\$23.89
	93297		\$64.98
	93297	TC	\$40.44
	93297	26	\$24.54
	93298		\$111.44
	93298	TC	\$86.90
	93298	26	\$24.54
	93303		\$239.87
	93303	TC	\$179.26

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	93303	26	\$60.61
	93304		\$170.70
	93304	TC	\$135.43
	93304	26	\$35.27
	93306		\$212.94
	93306	TC	\$145.02
	93306	26	\$67.91
	93307		\$148.43
	93307	TC	\$105.71
	93307	26	\$42.72
	93308		\$108.01
	93308	TC	\$83.51
	93308	26	\$24.49
	93312		\$252.28
	93312	TC	\$148.03
	93312	26	\$104.25
	93313		\$10.76
	93314		\$242.02
	93314	TC	\$156.31
	93314	26	\$85.71
	93315	26	\$123.97
	93316		\$24.70
	93317	26	\$85.40
	93318	26	\$98.94
	93319		\$59.24
#	93319		\$22.75
	93320		\$54.95
	93320	TC	\$37.43
	93320	26	\$17.52
	93321		\$27.29
	93321	TC	\$20.32
	93321	26	\$6.98
	93325		\$25.99
	93325	TC	\$22.95
	93325	26	\$3.04

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	93350		\$200.71
	93350	TC	\$132.80
	93350	26	\$67.91
	93351		\$251.39
	93351	TC	\$170.04
	93351	26	\$81.35
	93352		\$37.82
	93355		\$218.47
	93356		\$40.21
#	93356		\$11.24
	93451		\$938.48
	93451	TC	\$815.47
	93451	26	\$123.01
	93452		\$958.48
	93452	TC	\$737.58
	93452	26	\$220.90
	93453		\$1,221.03
	93453	TC	\$926.07
	93453	26	\$294.96
	93454		\$966.37
	93454	TC	\$743.22
	93454	26	\$223.15
	93455		\$1,074.95
	93455	TC	\$815.08
	93455	26	\$259.87
	93456		\$1,200.22
	93456	TC	\$909.52
	93456	26	\$290.70
	93457		\$1,306.60
	93457	TC	\$980.05
	93457	26	\$326.54
	93458		\$1,108.40
	93458	TC	\$833.14
	93458	26	\$275.26
	93459		\$1,189.51

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
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	93459	TC	\$877.72
	93459	26	\$311.79
	93460		\$1,319.55
	93460	TC	\$970.65
	93460	26	\$348.90
	93461		\$1,455.40
	93461	TC	\$1,069.78
	93461	26	\$385.62
	93462		\$193.43
	93463		\$94.76
	93464		\$234.59
	93464	TC	\$148.04
	93464	26	\$86.54
	93503		\$83.47
	93505		\$684.42
	93505	TC	\$469.90
	93505	26	\$214.51
	93563		\$48.85
	93564		\$51.30
	93565		\$24.97
	93566		\$24.42
	93567		\$34.89
	93568		\$43.41
	93569		\$36.80
	93571	26	\$67.46
	93572	26	\$49.03
	93573		\$61.15
	93574		\$67.98
	93575		\$90.27
	93580		\$907.55
	93581		\$1,228.43
	93582		\$612.33
	93583		\$687.74
	93584		\$57.31
	93585		\$53.89

2024 Part B Medicare Physician Fee Schedule

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	93586		\$68.22
	93587		\$100.61
	93588		\$101.65
	93590		\$1,036.34
	93591		\$853.44
	93592		\$374.21
	93593	26	\$185.14
	93594	26	\$280.91
	93595	26	\$255.45
	93596	26	\$317.75
	93597	26	\$414.79
	93598	26	\$65.38
	93600	26	\$109.12
	93602	26	\$107.25
	93603	26	\$107.25
	93609	26	\$255.91
	93610	26	\$151.32
	93612	26	\$149.27
	93613		\$271.74
	93615	26	\$35.51
	93616	26	\$57.14
	93618	26	\$202.13
	93619	26	\$361.33
	93620	26	\$579.46
	93621	26	\$77.02
	93622	26	\$159.00
	93623	26	\$66.05
	93624	26	\$223.09
	93631	26	\$365.61
	93640	26	\$165.36
	93641	26	\$288.64
	93642		\$327.28
	93642	TC	\$91.60
	93642	26	\$235.68
	93644		\$197.32

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	93644	TC	\$56.99
	93644	26	\$140.32
	93650		\$544.96
	93653		\$779.73
	93654		\$939.24
	93655		\$285.83
	93656		\$884.33
	93657		\$286.20
	93660		\$171.89
	93660	TC	\$81.82
	93660	26	\$90.08
	93662	26	\$69.33
	93668		\$16.36
	93701		\$30.28
	93702		\$137.69
	93724		\$284.63
	93724	TC	\$52.10
	93724	26	\$232.53
	93750		\$51.22
#	93750		\$38.43
	93784		\$49.49
	93786		\$25.39
	93788		\$6.20
	93790		\$17.89
	93792		\$78.81
	93793		\$11.72
	93797		\$18.12
#	93797		\$8.71
	93798		\$27.22
#	93798		\$13.30
	93880		\$208.62
	93880	TC	\$171.74
	93880	26	\$36.89
	93882		\$136.73
	93882	TC	\$113.99

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	93882	26	\$22.74
	93886		\$303.66
	93886	TC	\$257.89
	93886	26	\$45.76
C	93888		\$144.46
C	93888	TC	\$120.01
	93888	26	\$24.45
	93890		\$314.13
	93890	TC	\$263.54
	93890	26	\$50.59
C	93892		\$178.71
C	93892	TC	\$120.01
	93892	26	\$58.70
C	93893		\$179.27
C	93893	TC	\$120.20
	93893	26	\$59.07
	93922		\$90.75
	93922	TC	\$79.38
	93922	26	\$11.37
	93923		\$143.18
	93923	TC	\$122.45
	93923	26	\$20.73
	93924		\$176.42
	93924	TC	\$153.68
	93924	26	\$22.74
	93925		\$265.24
	93925	TC	\$228.73
	93925	26	\$36.51
C	93926		\$142.00
C	93926	TC	\$119.82
	93926	26	\$22.18
	93930		\$217.46
	93930	TC	\$180.77
	93930	26	\$36.69
	93931		\$135.79

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Hawaii, Area 01

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	93931	TC	\$113.24
	93931	26	\$22.56
	93970		\$205.92
	93970	TC	\$173.99
	93970	26	\$31.92
	93971		\$131.16
	93971	TC	\$110.60
	93971	26	\$20.55
	93975		\$290.19
	93975	TC	\$236.63
	93975	26	\$53.56
C	93976		\$157.28
C	93976	TC	\$120.01
	93976	26	\$37.27
	93978		\$197.13
	93978	TC	\$160.83
	93978	26	\$36.31
	93979		\$129.21
	93979	TC	\$106.46
	93979	26	\$22.74
	93980		\$124.80
	93980	TC	\$65.65
	93980	26	\$59.16
	93981		\$76.84
	93981	TC	\$56.24
	93981	26	\$20.60
	93985		\$272.56
	93985	TC	\$237.01
	93985	26	\$35.55
C	93986		\$141.99
C	93986	TC	\$119.82
	93986	26	\$22.17
C	93990		\$141.80
C	93990	TC	\$119.82
	93990	26	\$21.98

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	94002		\$88.79
	94003		\$62.68
	94004		\$46.63
	94010		\$29.64
	94010	TC	\$21.63
	94010	26	\$8.01
	94011		\$83.59
	94012		\$136.50
	94013		\$18.11
	94014		\$60.09
	94015		\$35.93
	94016		\$24.17
	94060		\$42.56
	94060	TC	\$32.54
	94060	26	\$10.02
	94070		\$67.41
	94070	TC	\$40.25
	94070	26	\$27.16
	94200		\$16.30
	94200	TC	\$13.73
	94200	26	\$2.57
	94375		\$42.12
	94375	TC	\$28.02
	94375	26	\$14.10
	94450		\$87.39
	94450	TC	\$68.09
	94450	26	\$19.30
	94452		\$54.91
	94452	TC	\$41.19
	94452	26	\$13.72
	94453		\$72.90
	94453	TC	\$54.92
	94453	26	\$17.98
	94610		\$55.63
	94617		\$96.27

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	94617	TC	\$64.89
	94617	26	\$31.38
	94618		\$35.46
	94618	TC	\$13.73
	94618	26	\$21.73
	94619		\$70.40
	94619	TC	\$49.28
	94619	26	\$21.12
	94621		\$165.53
	94621	TC	\$99.12
	94621	26	\$66.40
	94625		\$81.00
#	94625		\$18.17
	94626		\$86.98
#	94626		\$26.78
	94640		\$8.84
	94644		\$66.96
	94645		\$18.24
	94660		\$68.13
#	94660		\$36.52
	94662		\$33.89
	94664		\$19.93
	94667		\$27.83
	94668		\$43.82
	94669		\$22.94
	94680		\$58.91
	94680	TC	\$46.64
	94680	26	\$12.27
	94681		\$52.62
	94681	TC	\$43.26
	94681	26	\$9.37
	94690		\$54.20
	94690	TC	\$50.60
	94690	26	\$3.60
	94726		\$61.36

2024 Part B Medicare Physician Fee Schedule
Hawaii, Area 01
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	94726	TC	\$49.65
	94726	26	\$11.71
	94727		\$48.76
	94727	TC	\$37.05
	94727	26	\$11.71
	94728		\$48.39
	94728	TC	\$36.30
	94728	26	\$12.08
	94729		\$62.65
	94729	TC	\$53.98
	94729	26	\$8.66
	94760		\$2.82
	94761		\$4.32
	94762		\$28.40
	94780		\$57.28
#	94780		\$23.04
	94781		\$23.06
#	94781		\$8.01
	95004		\$3.90
	95012		\$21.25
	95017		\$9.25
#	95017		\$3.60
	95018		\$21.70
#	95018		\$7.03
	95024		\$8.79
#	95024		\$0.89
	95027		\$5.40
	95028		\$14.10
	95044		\$5.45
	95052		\$6.96
	95056		\$58.68
	95060		\$44.20
	95065		\$32.54
	95070		\$39.12
	95076		\$130.73

2024 Part B Medicare Physician Fee Schedule

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#	95076		\$73.54
	95079		\$88.43
#	95079		\$67.73
	95115		\$11.47
	95117		\$13.73
	95144		\$18.33
#	95144		\$3.28
	95145		\$40.52
#	95145		\$2.90
	95146		\$75.89
#	95146		\$2.90
	95147		\$72.88
#	95147		\$2.90
	95148		\$108.62
#	95148		\$2.90
	95149		\$144.74
#	95149		\$2.90
	95165		\$16.07
#	95165		\$3.28
	95170		\$11.93
#	95170		\$2.90
	95180		\$144.79
#	95180		\$102.65
	95249		\$72.97
	95250		\$165.90
	95251		\$34.57
	95717		\$106.80
#	95717		\$104.92
	95718		\$135.76
#	95718		\$133.12
	95719		\$162.09
#	95719		\$159.08
	95720		\$209.02
#	95720		\$204.88
	95721		\$209.21

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Limiting charge applies to unassigned claims by non-participating providers.

#	95721		\$204.70
	95722		\$253.24
#	95722		\$247.97
	95723		\$253.57
#	95723		\$248.30
	95724		\$318.73
#	95724		\$312.33
	95725		\$294.58
#	95725		\$286.68
	95726		\$409.34
#	95726		\$400.31
	95782		\$1,086.13
	95782	TC	\$963.79
	95782	26	\$122.35
	95783		\$1,150.84
	95783	TC	\$1,017.39
	95783	26	\$133.45
	95800		\$148.39
	95800	TC	\$109.47
	95800	26	\$38.92
	95801		\$104.75
	95801	TC	\$64.33
	95801	26	\$40.42
	95803		\$147.78
	95803	TC	\$106.28
	95803	26	\$41.50
	95805		\$478.66
	95805	TC	\$422.08
	95805	26	\$56.58
	95806		\$100.97
	95806	TC	\$57.55
	95806	26	\$43.42
	95807		\$453.44
	95807	TC	\$395.18
	95807	26	\$58.26

2024 Part B Medicare Physician Fee Schedule

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	95808		\$566.12
	95808	TC	\$483.96
	95808	26	\$82.16
	95810		\$687.49
	95810	TC	\$570.86
	95810	26	\$116.62
	95811		\$718.59
	95811	TC	\$597.38
	95811	26	\$121.21
	95812		\$388.79
	95812	TC	\$332.19
	95812	26	\$56.60
	95813		\$490.12
	95813	TC	\$404.61
	95813	26	\$85.51
	95816		\$438.64
	95816	TC	\$382.04
	95816	26	\$56.60
	95819		\$506.17
	95819	TC	\$449.57
	95819	26	\$56.60
	95822		\$459.33
	95822	TC	\$402.73
	95822	26	\$56.60
	95824	26	\$38.70
	95829		\$1,958.30
	95829	TC	\$1,631.67
	95829	26	\$326.63
	95830		\$764.80
#	95830		\$90.97
	95836		\$105.02
	95851		\$23.48
#	95851		\$7.68
	95852		\$19.59
#	95852		\$5.29

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	95857		\$68.50
#	95857		\$28.25
	95860		\$121.14
	95860	TC	\$70.54
	95860	26	\$50.60
	95861		\$170.78
	95861	TC	\$90.10
	95861	26	\$80.68
	95863		\$222.78
	95863	TC	\$124.34
	95863	26	\$98.44
	95864		\$249.28
	95864	TC	\$144.46
	95864	26	\$104.81
	95865		\$158.79
	95865	TC	\$76.56
	95865	26	\$82.23
	95866		\$130.82
	95866	TC	\$67.91
	95866	26	\$62.92
	95867		\$115.20
	95867	TC	\$73.92
	95867	26	\$41.28
	95868		\$149.22
	95868	TC	\$87.09
	95868	26	\$62.13
	95869		\$104.84
	95869	TC	\$85.21
	95869	26	\$19.63
	95870		\$91.30
	95870	TC	\$71.67
	95870	26	\$19.63
	95872		\$194.88
	95872	TC	\$47.59
	95872	26	\$147.29

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	95873		\$77.39
	95873	TC	\$57.94
	95873	26	\$19.45
	95874		\$83.78
	95874	TC	\$64.34
	95874	26	\$19.45
	95875		\$131.18
	95875	TC	\$72.80
	95875	26	\$58.38
	95885		\$67.70
	95885	TC	\$49.29
	95885	26	\$18.42
	95886		\$103.58
	95886	TC	\$58.69
	95886	26	\$44.89
	95887		\$89.26
	95887	TC	\$52.67
	95887	26	\$36.59
	95905		\$37.37
	95905	TC	\$34.80
	95905	26	\$2.57
	95907		\$95.74
	95907	TC	\$43.07
	95907	26	\$52.67
	95908		\$118.78
	95908	TC	\$52.86
	95908	26	\$65.93
	95909		\$142.58
	95909	TC	\$63.77
	95909	26	\$78.81
	95910		\$186.03
	95910	TC	\$81.07
	95910	26	\$104.96
	95911		\$223.84
	95911	TC	\$92.74

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	95911	26	\$131.10
	95912		\$261.08
	95912	TC	\$104.58
	95912	26	\$156.50
	95913		\$300.85
	95913	TC	\$115.87
	95913	26	\$184.98
	95919		\$16.42
	95919	TC	\$6.58
	95919	26	\$9.84
	95921		\$93.79
	95921	TC	\$49.85
	95921	26	\$43.94
	95922		\$101.20
	95922	TC	\$55.67
	95922	26	\$45.53
	95923		\$132.35
	95923	TC	\$88.22
	95923	26	\$44.13
	95924		\$159.87
	95924	TC	\$74.11
	95924	26	\$85.77
	95925		\$194.86
	95925	TC	\$167.22
	95925	26	\$27.64
	95926		\$174.36
	95926	TC	\$147.28
	95926	26	\$27.08
	95927		\$202.01
	95927	TC	\$174.93
	95927	26	\$27.08
	95928		\$262.59
	95928	TC	\$183.97
	95928	26	\$78.62
	95929		\$265.79

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	95929	TC	\$187.35
	95929	26	\$78.44
	95930		\$73.91
	95930	TC	\$55.49
	95930	26	\$18.42
	95933		\$89.28
	95933	TC	\$58.12
	95933	26	\$31.16
	95937		\$113.44
	95937	TC	\$79.19
	95937	26	\$34.25
	95938		\$417.33
	95938	TC	\$372.26
	95938	26	\$45.07
	95939		\$615.75
	95939	TC	\$498.10
	95939	26	\$117.65
	95940		\$32.04
	95954		\$428.72
	95954	TC	\$318.63
	95954	26	\$110.09
	95955		\$208.94
	95955	TC	\$155.94
	95955	26	\$52.99
	95957		\$319.11
	95957	TC	\$217.82
	95957	26	\$101.29
	95958		\$764.38
	95958	TC	\$541.17
	95958	26	\$223.22
	95961		\$349.55
	95961	TC	\$191.12
	95961	26	\$158.43
	95962		\$293.49
	95962	TC	\$123.02

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	95962	26	\$170.47
	95965	26	\$408.39
	95966	26	\$194.49
	95967	26	\$168.35
	95970		\$18.78
#	95970		\$18.03
	95971		\$49.02
#	95971		\$38.11
	95972		\$58.52
#	95972		\$39.33
	95976		\$39.11
#	95976		\$38.36
	95977		\$52.03
#	95977		\$50.91
	95980		\$42.85
	95981		\$41.40
#	95981		\$17.32
	95982		\$61.49
#	95982		\$35.15
	95983		\$49.89
#	95983		\$48.76
	95984		\$43.47
#	95984		\$42.71
	95990		\$101.00
	95991		\$119.42
#	95991		\$38.91
	95992		\$43.54
#	95992		\$35.64
	96000		\$82.62
	96001		\$109.08
	96002		\$21.12
	96003		\$16.44
	96004		\$106.50
	96020	26	\$154.39
	96105		\$98.47

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	96112		\$124.58
#	96112		\$123.45
	96113		\$60.71
#	96113		\$56.58
	96116		\$93.22
#	96116		\$78.55
	96121		\$75.54
#	96121		\$65.00
	96125		\$106.05
	96127		\$5.07
	96130		\$120.64
#	96130		\$107.47
	96131		\$86.17
#	96131		\$74.13
	96132		\$130.63
#	96132		\$103.91
	96133		\$99.33
#	96133		\$74.50
	96136		\$43.96
#	96136		\$22.89
	96137		\$40.08
#	96137		\$17.50
	96138		\$38.56
	96139		\$39.69
	96146		\$2.44
	96156		\$99.66
#	96156		\$86.87
	96158		\$67.44
#	96158		\$58.03
	96159		\$22.85
#	96159		\$19.47
	96160		\$3.39
	96161		\$3.39
	96164		\$10.40
#	96164		\$9.27

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

Effective January 1, 2024

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	96165		\$4.78
#	96165		\$4.03
	96167		\$71.09
#	96167		\$61.31
	96168		\$25.57
#	96168		\$21.81
	96202		\$24.42
#	96202		\$21.41
	96203		\$5.81
	96360		\$35.47
	96361		\$13.29
	96365		\$68.94
	96366		\$21.88
	96367		\$30.86
	96368		\$21.18
	96369		\$157.92
	96370		\$16.99
	96371		\$67.91
	96372		\$15.16
	96373		\$20.05
	96374		\$40.12
	96375		\$16.63
	96377		\$19.67
	96380		\$24.22
	96381		\$21.18
	96401		\$79.09
	96402		\$38.57
	96405		\$90.57
#	96405		\$28.86
	96406		\$141.30
#	96406		\$44.60
	96409		\$110.54
	96411		\$59.77
	96413		\$143.26
	96415		\$29.92

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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	96416		\$141.35
	96417		\$70.07
	96420		\$113.14
	96422		\$173.51
	96423		\$80.23
	96425		\$187.05
	96440		\$828.97
#	96440		\$137.83
	96446		\$176.68
#	96446		\$19.41
	96450		\$172.31
#	96450		\$74.87
	96521		\$137.59
	96522		\$130.44
	96523		\$27.83
	96542		\$142.67
#	96542		\$42.21
	96567		\$154.44
	96570		\$48.96
	96571		\$24.39
	96573		\$253.11
	96574		\$307.51
	96900		\$28.02
	96904		\$77.31
	96910		\$133.55
	96912		\$113.61
	96913		\$172.11
	96920		\$169.13
#	96920		\$64.16
	96921		\$185.13
#	96921		\$72.64
	96922		\$250.25
#	96922		\$117.07
	96931		\$186.83
	96932		\$143.15

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	96933		\$43.68
	96934		\$128.52
	96935		\$87.29
	96936		\$41.24
	97012		\$14.39
	97016		\$12.10
	97018		\$5.91
	97022		\$18.17
	97024		\$7.79
	97026		\$7.04
	97028		\$8.82
	97032		\$14.77
	97033		\$20.36
	97034		\$14.58
	97035		\$14.58
	97036		\$37.95
	97110		\$30.72
	97112		\$35.37
	97113		\$38.85
	97116		\$30.72
	97124		\$32.34
	97129		\$22.58
#	97129		\$22.20
	97130		\$21.54
#	97130		\$21.17
	97140		\$28.18
	97150		\$18.71
	97161		\$104.96
	97162		\$104.96
	97163		\$104.96
	97164		\$73.37
	97165		\$106.09
	97166		\$106.09
	97167		\$106.09
	97168		\$73.75

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	97530		\$39.05
	97533		\$67.82
	97535		\$34.48
	97537		\$33.21
	97542		\$33.21
	97550		\$54.36
	97551		\$26.90
#	97551		\$24.64
	97552		\$23.89
	97597		\$109.09
#	97597		\$34.59
	97598		\$47.20
#	97598		\$23.87
	97605		\$45.66
#	97605		\$24.21
	97606		\$54.44
#	97606		\$26.60
	97607		\$390.01
#	97607		\$20.55
	97608		\$402.73
#	97608		\$23.86
	97610		\$480.56
#	97610		\$17.80
	97750		\$35.99
	97755		\$39.86
	97760		\$51.17
	97761		\$44.40
	97763		\$56.53
	97802		\$38.23
#	97802		\$32.96
	97803		\$33.35
#	97803		\$28.09
	97804		\$17.40
#	97804		\$15.89
	97810		\$39.57

2024 Part B Medicare Physician Fee Schedule

Hawaii, Area 01

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#	97810		\$30.54
	97811		\$28.96
#	97811		\$25.58
	97813		\$47.23
#	97813		\$33.31
	97814		\$37.93
#	97814		\$28.15
	98925		\$32.54
#	98925		\$22.76
	98926		\$46.56
#	98926		\$34.52
	98927		\$60.57
#	98927		\$45.90
	98928		\$73.64
#	98928		\$57.84
	98929		\$86.52
#	98929		\$69.22
	98940		\$28.41
#	98940		\$22.02
	98941		\$40.74
#	98941		\$33.97
	98942		\$52.31
#	98942		\$45.54
	98966		\$13.26
#	98966		\$11.38
	98967		\$24.26
#	98967		\$22.01
	98968		\$33.20
#	98968		\$30.57
	98970		\$11.76
	98971		\$20.79
	98972		\$30.86
#	98972		\$30.49
	98975		\$22.19
	98976		\$53.23

2024 Part B Medicare Physician Fee Schedule

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	98977		\$53.23
	98980		\$53.39
#	98980		\$30.44
	98981		\$41.40
#	98981		\$30.11
	99091		\$53.67
	99151		\$65.46
#	99151		\$23.70
	99152		\$55.01
#	99152		\$11.75
	99153		\$12.78
	99155		\$78.86
	99156		\$72.20
	99157		\$58.00
	99170		\$175.39
#	99170		\$83.59
	99175		\$33.67
	99183		\$102.84
	99184		\$210.61
	99195		\$106.82
	99202		\$75.56
#	99202		\$46.97
	99203		\$115.15
#	99203		\$80.91
	99204		\$171.56
#	99204		\$132.06
	99205		\$225.64
#	99205		\$179.73
	99211		\$25.27
#	99211		\$8.71
	99212		\$59.39
#	99212		\$34.93
	99213		\$94.44
#	99213		\$65.47
	99214		\$132.79

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#	99214		\$96.67
	99215		\$186.02
#	99215		\$143.51
	99221		\$81.13
	99222		\$128.86
	99223		\$171.30
	99231		\$48.69
	99232		\$77.97
	99233		\$117.26
	99234		\$96.08
	99235		\$157.53
	99236		\$205.37
	99238		\$81.24
	99239		\$114.54
	99281		\$10.99
	99282		\$40.19
	99283		\$68.31
	99284		\$116.12
	99285		\$168.04
	99291		\$277.72
#	99291		\$207.36
	99292		\$119.28
#	99292		\$104.24
	99304		\$80.48
	99305		\$133.89
	99306		\$182.41
	99307		\$40.77
	99308		\$75.45
	99309		\$108.90
	99310		\$154.80
	99315		\$82.18
	99316		\$131.26
	99341		\$49.46
	99342		\$78.07
	99344		\$142.06

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	99345		\$202.37
	99347		\$45.44
	99348		\$76.92
	99349		\$127.61
	99350		\$185.49
	99406		\$15.00
#	99406		\$11.61
	99407		\$27.64
#	99407		\$24.63
	99415		\$22.94
	99416		\$10.72
	99421		\$15.33
#	99421		\$12.69
	99422		\$29.90
#	99422		\$25.01
	99423		\$47.61
#	99423		\$40.09
	99424		\$84.11
#	99424		\$73.95
	99425		\$61.49
#	99425		\$50.96
	99426		\$63.56
#	99426		\$48.89
	99427		\$49.00
#	99427		\$34.33
	99437		\$61.12
#	99437		\$50.21
	99439		\$49.80
#	99439		\$34.75
	99441		\$59.21
#	99441		\$34.75
	99442		\$94.26
#	99442		\$65.29
	99443		\$132.79
#	99443		\$96.67

2024 Part B Medicare Physician Fee Schedule

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	99446		\$17.66
	99447		\$35.87
	99448		\$53.34
	99449		\$71.19
	99451		\$34.75
	99452		\$33.81
	99453		\$22.19
	99454		\$53.23
	99457		\$51.56
#	99457		\$29.74
	99458		\$40.65
#	99458		\$29.74
	99459		\$25.58
	99460		\$91.59
	99461		\$95.58
#	99461		\$60.22
	99462		\$40.27
	99463		\$107.49
	99464		\$71.65
	99465		\$140.25
	99466		\$228.75
	99467		\$114.82
	99468		\$881.94
	99469		\$381.41
	99471		\$763.74
	99472		\$390.77
	99473		\$15.99
	99474		\$17.74
#	99474		\$8.71
	99475		\$548.92
	99476		\$330.64
	99477		\$334.16
	99478		\$131.54
	99479		\$119.60
	99480		\$114.82

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	99483		\$284.39
#	99483		\$192.22
	99484		\$56.39
#	99484		\$43.59
	99487		\$140.48
#	99487		\$89.69
	99489		\$75.42
#	99489		\$49.83
	99490		\$64.50
#	99490		\$49.83
	99491		\$86.32
#	99491		\$75.03
	99492		\$161.58
#	99492		\$93.49
	99493		\$145.32
#	99493		\$102.05
	99494		\$62.01
#	99494		\$40.94
	99495		\$216.61
#	99495		\$139.48
	99496		\$292.92
#	99496		\$189.46
	99497		\$83.31
#	99497		\$75.03
	99498		\$71.38
#	99498		\$70.63