

EXHIBIT A

Chapters 12-15 Hawaii Administrative Rules

WORKERS' COMPENSATION SUPPLEMENTAL MEDICAL FEE SCHEDULE

January 1, 2026

The codes in the Workers' Compensation Supplemental Medical Fee Schedule are obtained from the American Medical Association, the American Dental Association or the State Department of Labor and Industrial Relations.

The five character codes included in the Workers' Compensation Supplemental Medical Fee Schedule are obtained from 2025 Current Procedural Terminology (CPT®), copyright 2024 by the American Medical Association (AMA). CPT is developed by the AMA as a listing of descriptive terms and five character identifying codes and modifiers for reporting medical services and procedures performed by physicians.

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SURGERY

Integumentary System

Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
10060	\$157.64	12005	\$268.32	13132	\$818.38
10061	\$275.03	12011	\$189.70	13160	\$980.01
10120	\$207.95	12013	\$209.90	14040	\$1,120.24
10121	\$389.06	12014	\$234.78	15004	\$478.26
11000	\$77.14	12031	\$365.59	15100	\$1,042.96
11043	\$311.92	12032	\$486.33	15101	\$227.04
11044	\$435.71	12034	\$472.91	15120	\$1,136.58
11602	\$309.48	12035	\$550.06	16000	\$93.91
11730	\$144.22	12041	\$352.17	16020	\$114.04
11740	\$73.79	12042	\$456.14	16025	\$201.24
11750	\$335.40	12044	\$533.29	16030	\$244.84
11760	\$315.28	12051	\$385.71	17003	\$11.57
12001	\$177.25	12052	\$432.67	17004	\$207.48
12002	\$188.55	13101	\$603.72		
12004	\$214.66	13121	\$630.55		

Musculoskeletal System

20520	\$275.03	22849	\$1,565.01	25405	\$1,275.71
20525	\$741.23	22856	\$1,961.79	25447	\$1,021.81
20526	\$101.12	23120	\$725.01	25545	\$841.64
20550	\$80.50	23350	\$207.14	25605	\$828.44
20551	\$80.50	23405	\$765.14	25607	\$922.97
20552	\$73.79	23410	\$1,204.09	25608	\$1,094.27
20553	\$83.85	23412	\$1,203.42	25609	\$1,327.47
20600	\$77.14	23420	\$1,425.45	25628	\$925.74
20605	\$90.56	23430	\$1,056.51	25825	\$984.53
20610	\$103.97	23440	\$924.08	26020	\$677.53
20612	\$80.17	23500	\$287.71	26055	\$788.19
20900	\$653.33	23620	\$348.89	26075	\$423.77
20902	\$611.91	23650	\$415.90	26080	\$486.92
20930	\$230.30	23655	\$586.95	26115	\$708.95
20931	\$132.37	23700	\$241.74	26340	\$456.61
20936	\$224.28	24149	\$1,445.40	26350	\$1,026.32
20937	\$228.07	24305	\$714.34	26356	\$1,703.83
21320	\$402.48	24341	\$1,113.53	26410	\$811.67
22551	\$2,623.25	24342	\$1,044.47	26418	\$831.79
22552	\$575.17	24343	\$896.22	26426	\$768.16
22554	\$1,846.24	24359	\$882.10	26440	\$842.17
22558	\$2,143.21	24600	\$496.39	26445	\$789.26
22600	\$1,612.67	24665	\$811.72	26480	\$987.52
22612	\$2,015.75	24666	\$933.53	26540	\$942.47
22614	\$523.22	24685	\$807.82	26600	\$409.19
22630	\$1,947.78	25000	\$494.63	26720	\$292.03
22633	\$2,286.00	25111	\$440.34	26725	\$466.21
22634	\$589.95	25246	\$245.43	26727	\$670.80
22830	\$988.38	25260	\$910.33	26735	\$868.69
22840	\$975.65	25270	\$734.92	26750	\$258.26
22842	\$1,076.63	25290	\$594.49	26765	\$684.22
22845	\$1,072.27	25295	\$676.06	26770	\$368.94

Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
26951	\$898.59	27786	\$403.11	29580	\$78.01
26952	\$873.10	27792	\$932.41	29581	\$115.57
27096	\$308.57	27810	\$572.21	29700	\$78.97
27130	\$2,049.29	27814	\$1,116.88	29806	\$1,509.30
27216	\$1,306.30	27828	\$1,677.54	29807	\$1,472.41
27227	\$2,020.01	27840	\$479.19	29822	\$751.30
27236	\$1,460.79	28090	\$585.57	29823	\$895.52
27245	\$1,843.43	28122	\$769.79	29824	\$859.14
27380	\$774.64	28300	\$801.64	29825	\$747.56
27385	\$811.67	28400	\$303.94	29826	\$297.00
27427	\$872.96	28415	\$1,390.09	29827	\$1,517.72
27446	\$1,412.69	28475	\$324.93	29828	\$1,304.71
27447	\$2,190.16	28485	\$691.72	29838	\$754.47
27486	\$1,715.47	28510	\$154.60	29846	\$665.85
27487	\$2,259.18	28725	\$960.18	29848	\$644.78
27506	\$1,891.66	28730	\$912.06	29867	\$1,623.86
27524	\$1,069.93	29065	\$140.87	29873	\$686.88
27530	\$482.72	29075	\$127.45	29874	\$700.13
27535	\$1,157.13	29105	\$127.45	29875	\$670.75
27536	\$1,452.54	29125	\$100.62	29876	\$832.92
27570	\$198.82	29130	\$60.37	29877	\$885.46
27625	\$713.94	29200	\$37.76	29879	\$942.47
27650	\$972.66	29240	\$43.06	29880	\$960.01
27658	\$463.51	29260	\$40.26	29881	\$896.85
27680	\$562.20	29280	\$39.98	29882	\$929.52
27687	\$562.38	29405	\$120.74	29884	\$788.02
27691	\$923.08	29425	\$124.10	29888	\$1,401.97
27695	\$591.50	29515	\$103.97	29898	\$746.85
27698	\$842.56	29520	\$45.70	29914	\$1,267.98
27759	\$1,301.35	29530	\$40.92	29915	\$1,295.83
27760	\$427.48	29540	\$37.38	29916	\$1,294.29
27766	\$812.38	29550	\$29.30		

Respiratory System

31231	\$295.15	31575	\$160.82	32551	\$187.59
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Cardiovascular System

35206	\$930.99	36246	\$1,162.00	36430	\$52.16
35207	\$962.38	36415	\$8.80	36620	\$60.85

Digestive System

45378	\$516.23	49507	\$708.19	49650	\$528.36
49505	\$670.38	49520	\$774.58	49651	\$672.45

Urinary System

51798	\$25.86				
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Nervous System

62362	\$513.49	63042	\$1,654.98	64405	\$129.38
62368	\$70.76	63045	\$1,545.83	64415	\$153.32
62369	\$154.95	63047	\$1,560.24	64450	\$147.58
62370	\$162.36	63048	\$301.63	64455	\$60.97
63030	\$1,368.43	63685	\$463.60	64479	\$336.86
63035	\$271.67	63688	\$453.26	64480	\$167.60

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
64483	\$345.46	64616	\$153.36	64708	\$601.10
64484	\$187.82	64633	\$566.26	64718	\$805.79
64491	\$120.46	64634	\$326.61	64721	\$607.07
64492	\$121.27	64635	\$571.71	64772	\$691.03
64495	\$112.24	64636	\$304.29	64831	\$906.97
64510	\$182.96	64640	\$305.36	64832	\$410.15
64520	\$275.85	64646	\$194.93		

Eye and Ocular Adnexa

65205	\$80.50	65222	\$100.62	67820	\$62.56
65210	\$97.27	67036	\$1,125.88		

Auditory System

69200	\$191.18	69210	\$73.79
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Operating Microscope

69990	\$305.21
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RADIOLOGY

Fees include both the technical and professional components. In the absence of any prior agreement, the professional component shall be thirty-five percent of the scheduled fee.

Diagnostic Radiology (Diagnostic Imaging)

70030	\$47.01	71120	\$53.66	72192	\$405.83
70100	\$55.85	71250	\$425.96	72193	\$506.45
70110	\$63.06	71260	\$523.22	72195	\$670.30
70140	\$46.96	71275	\$472.11	72197	\$732.21
70150	\$68.30	71550	\$669.54	72200	\$47.74
70160	\$55.22	72020	\$36.89	72202	\$56.57
70200	\$69.67	72040	\$57.00	72220	\$46.96
70220	\$63.73	72050	\$78.05	72295	\$385.71
70250	\$53.66	72052	\$97.27	73000	\$46.64
70260	\$77.14	72070	\$53.66	73010	\$43.60
70330	\$77.45	72072	\$60.37	73020	\$36.89
70355	\$40.25	72074	\$70.43	73030	\$49.91
70360	\$45.34	72080	\$57.02	73040	\$167.70
70450	\$345.46	72100	\$57.61	73050	\$54.08
70470	\$529.93	72110	\$80.50	73060	\$46.96
70480	\$368.39	72114	\$103.97	73070	\$42.07
70486	\$221.80	72120	\$73.79	73080	\$50.31
70491	\$486.33	72125	\$409.19	73090	\$43.60
70496	\$445.95	72128	\$409.19	73100	\$48.99
70498	\$446.10	72131	\$409.19	73110	\$59.47
70540	\$656.55	72132	\$523.22	73115	\$198.32
70543	\$731.69	72141	\$382.04	73120	\$45.02
70544	\$660.51	72146	\$397.51	73130	\$53.21
70547	\$740.74	72148	\$396.36	73200	\$382.36
70551	\$386.24	72149	\$505.81	73201	\$479.62
70553	\$713.21	72156	\$718.45	73218	\$656.66
71100	\$52.92	72157	\$719.04	73220	\$817.48
71101	\$60.72	72158	\$714.37	73221	\$391.01
71110	\$63.73	72170	\$43.60	73222	\$553.61
71111	\$80.50	72190	\$60.83	73223	\$790.22

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
73525	\$192.63	73650	\$41.35	74150	\$405.83
73560	\$49.61	73660	\$42.11	74160	\$533.29
73562	\$59.09	73700	\$382.36	74175	\$467.07
73564	\$67.54	73701	\$479.62	74176	\$385.14
73565	\$58.59	73706	\$465.16	74178	\$636.81
73580	\$198.41	73718	\$567.99	74181	\$669.89
73590	\$45.74	73720	\$730.42	74183	\$733.39
73600	\$46.67	73721	\$390.63	75635	\$849.89
73610	\$53.23	73722	\$554.71	76000	\$72.53
73620	\$40.78	73723	\$788.80	76376	\$42.03
73630	\$49.75	74022	\$71.86	76377	\$105.38

Diagnostic Ultrasound

76512	\$164.55	76775	\$150.93	76881	\$151.10
76514	\$19.06	76815	\$116.35	76882	\$78.44
76700	\$197.89	76856	\$167.70	76937	\$56.47
76705	\$147.58	76857	\$84.06	76942	\$105.31
76770	\$187.82	76870	\$167.70		

Radiologic Guidance

77001	\$148.02	77012	\$274.25
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Bone/Joint Studies

77073	\$65.10	77080	\$71.88
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Radiation Oncology

77290	\$674.15	77334	\$264.97	77336	\$140.87
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Nuclear Medicine

78306	\$355.52	78452	\$706.42
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MEDICINE

Fees include both the technical and professional components. In the absence of any prior agreement, the professional component shall be thirty-five percent of the scheduled fee.

Vaccines, Toxoids

90636	\$99.07	90715	\$46.96	90746	\$63.32
90714	\$21.90	90732	\$86.62		

Psychiatry

90791	\$189.93	90834	\$119.19	90847	\$151.70
90792	\$213.05				

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
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Biofeedback

90901	\$53.27				
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Gastroenterology

91110	\$1,217.70				
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Ophthalmology

92002	\$110.68	92025	\$48.21	92134	\$52.21
92004	\$201.24	92071	\$45.43	92136	\$115.85
92012	\$110.68	92082	\$62.57	92250	\$86.01
92014	\$160.99	92083	\$83.46	92286	\$49.17
92015	\$23.50	92132	\$39.75	92310	\$78.69
92020	\$42.42	92133	\$47.73		

Special Otorhinolaryngologic Services

92507	\$97.37	92542	\$67.08	92567	\$26.83
92526	\$106.68	92548	\$140.87	92610	\$106.71
92541	\$69.74	92557	\$63.40	92611	\$107.45

Cardiovascular

93000	\$33.45	93017	\$83.85	93282	\$97.51
93005	\$20.12	93018	\$20.12	93306	\$298.79
93010	\$11.21	93042	\$10.06	93308	\$137.15
93015	\$135.82	93280	\$96.61	93325	\$80.50
93016	\$26.86				

Noninvasive Vascular Diagnostic Studies

93926	\$171.42	93971	\$158.92	93976	\$250.52
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Pulmonary

94010	\$46.80	94667	\$35.44	94729	\$69.46
94060	\$80.14	94726	\$69.18	94760	\$6.71
94640	\$24.64	94727	\$54.02		

Neurology and Neuromuscular Procedures

95810	\$821.21	95908	\$157.64	95913	\$462.85
95861	\$224.72	95909	\$214.66	95930	\$172.20
95885	\$87.20	95910	\$285.09	95971	\$61.93
95887	\$107.33	95911	\$342.11	95972	\$72.10
95907	\$147.58	95912	\$399.13		

Hydration, Therapeutic, Prophylactic, Diagnostic Injections and Infusions, and Chemotherapy and Other Highly Complex Drug or Highly Complex Biologic Agent Administration

96360	\$92.58	96366	\$24.00	96376	\$20.77
96361	\$24.07	96367	\$39.97		
96365	\$91.06	96375	\$29.03		

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
Physical Medicine and Rehabilitation					
97010	\$5.04	97116	\$36.89	97545	\$119.69
97012	\$20.12	97140	\$36.89	97546	\$51.17
97014	\$16.77	97150	\$20.67	97605	\$51.27
97016	\$24.15	97530	\$46.96	97606	\$61.71
97032	\$23.48	97535	\$43.90	97750	\$40.25
97110	\$43.60	97537	\$37.31	97760	\$56.08
97112	\$43.60	97542	\$38.34		

Acupuncture					
97810	\$52.39	97811	\$35.31	97814	\$39.55

Special Services, Procedures and Reports					
99000	\$8.17	99053	\$70.50		

Other Services and Procedures					
99173	\$3.42				

DENTAL SERVICES

Diagnostic					
D0120	\$41.81	D0210	\$94.66	D0330	\$83.69
D0140	\$52.13	D0220	\$19.29		
D0150	\$57.69	D0230	\$15.07		

Restorative					
D2330	\$84.86	D2335	\$183.74	D2950	\$179.19
D2331	\$127.28	D2740	\$837.28	D2954	\$204.42

Endodontics					
D3310	\$412.71				

Prosthodontics, Removable					
D5820	\$395.17				

Implant Services					
D6010	\$1,712.90	D6059	\$1,131.93		
D6057	\$566.15	D6104	\$296.69		

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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
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Prosthodontics, Fixed

D6245	\$756.50	D6750	\$786.07
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Oral & Maxillofacial Surgery

D7140	\$92.58	D7210	\$198.03
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Adjunctive General Services

D9310	\$91.08
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EVALUATION AND MANAGEMENT

Office or Other Outpatient Services

99202	\$114.00	99211	\$37.07	99215	\$212.24
99203	\$165.55	99212	\$66.74		
99204	\$245.01	99213	\$107.83		
99205	\$304.83	99214	\$158.77		

Hospital Inpatient and Observation Care Services

99232	\$124.79
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Consultations

99242	\$99.81	99245	\$244.45	99254	\$183.81
99243	\$143.46	99252	\$87.99	99255	\$232.77
99244	\$194.76	99253	\$127.63		

Emergency Department Services

99281	\$50.31	99283	\$133.00	99285	\$322.51
99282	\$90.19	99284	\$225.58		

Critical Care Services

99292	\$147.36
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Case Management Services

99366	\$65.67	99367	\$85.93	99368	\$55.55
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Preventive Medicine Services

99395	\$116.14
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Code	Maximum Fee	Code	Maximum Fee	Code	Maximum Fee
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Special Evaluation and Management Services

Code	Description	Maximum Fee
99456A*	Complex consultation pursuant to Section 386-79, HRS - work related or medical disability examination by other than the treating physician that includes: <ul style="list-style-type: none"> ▪ completion of a medical history commensurate with the patient's condition; ▪ performance of an examination commensurate with the patient's condition; ▪ formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; ▪ development of future medical treatment plan; ▪ completion of necessary documentation/certificates and report; and ▪ review of records relating to the patient's condition. 	
	First hour	\$207.25
99456B*	Each additional 30 minute increment (an increment must be at least 30 minutes.)	\$103.63

*Department of Labor Code

Bundled Services: Certain codes, such as telephone calls, are considered by the Health Care Financing Administration (HCFA) to be "bundled" services. Bundled services are not payable, nor should they be billed, when performed incident to or in conjunction with another service even if the other service is performed on a different day. When services that are designated as bundled are denied, the physician may not collect from the patient.