

# Medicare Physician Fee Schedule Database

2/20/2025

**Closed Captioning:** *Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.*

# Today's Presenters

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# Objective

Assist providers in understanding the MPFSDB, how to access the database files and use the information found in the searchable database **prior to** submitting Medicare Part B claims.



# Agenda

- [NGS Physician Fee Schedule Tool](#)
- [Database Policy Indicators](#)
- [NGS Lookup Tool Examples](#)
- [CMS MPFSDB](#)
- [CMS Lookup Tool Examples](#)
- [Resources and References](#)
- [Questions](#)

# NGS Physician Fee Schedule Lookup Tool

# Medicare Physician Fee Schedule

The screenshot displays the National Government Services website interface. At the top, there is a blue header with the logo and text "national government SERVICES" on the left, a search icon on the right, and a hamburger menu icon. Below the header, the main content area is divided into six white cards with blue borders. The "Fee Schedules" card is highlighted with a black border. Each card contains an icon, a title, and a brief description.

Category	Icon	Title	Description
Medical Policies	Open book	Medical Policies	Find LCDs and related billing and coding articles
Enrollment	Document with pencil	Enrollment	Getting started, after you enroll, and revalidating your enrollment
<b>Fee Schedules</b>	Document with \$\$\$	<b>Fee Schedules</b>	<b>Code pricing search, payment systems, limits, and fee schedule lookup</b>
Claims and Appeals	Document with magnifying glass	Claims and Appeals	Learn about claims, top errors, fees, MBI and appeals
Overpayments	Dollar sign in a circle	Overpayments	Repayment schedules, and post-pay adjustment
Medicare Compliance	Clipboard with checkmark	Medicare Compliance	Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

# Fee Schedule Lookup – Types

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Resources > Tools & Calculators

## FEE SCHEDULE LOOKUP

### Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.



Select a Fee Schedule: \*

- Select Fee Schedule--
- Select Fee Schedule
- ASC Fees
- Ambulance
- Anesthesia Conversion Factor
- CP/CSW
- Flu/PPV/Hepatitis
- Home Infusion Therapy Services (HITS)
- Medicare Physician Fee Schedule Pricing
- Opioid Treatment Program (OTP)



# Fee Schedule Lookup

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## FEE SCHEDULE LOOKUP

### Fee Schedule Lookup

To initiate a search, select a fee schedule type from the drop-down menu, complete all required fields, then select **Search**.

Select a Fee Schedule: *	<input data-bbox="1215 806 1684 849" type="text" value="Medicare Physician Fee Schedule Pricing"/>
Result Type: *	<input type="radio"/> Full Fee Schedule <input type="radio"/> Specific To Fee Code
Date of Service: *	<input data-bbox="1215 996 1684 1039" type="text" value="mm/dd/yyyy"/> 
Procedure Code: *	<input data-bbox="1215 1078 1684 1120" type="text"/>
Region: *	<input data-bbox="1215 1159 1684 1202" type="text" value="--Select Region--"/>

# Fee Schedule Lookup – Regions

To initiate a search, select a fee schedule type from the drop-down menu

Select a Fee Schedule: \*

Result Type: \*

Date of Service: \*

Procedure Code: \*

Region: \*

--Select Region--

- Connecticut
- Illinois (area 12)
- Illinois (area 15)
- Illinois (area 16)
- Illinois (area 99)
- Maine (area 03)
- Maine (area 99)
- Massachusetts (area 01)
- Massachusetts (area 99)
- Minnesota
- New Hampshire (area 40)
- New York (area 01)
- New York (area 02)
- New York (area 03)
- New York (area 04)
- New York (area 99)
- Rhode Island (area 01)
- Vermont (area 50)
- Wisconsin

--Select Region--

Search

# IL and NY Locality/County Information

Illinois Locality	Counties
12	Bond, Calhoun, Clinton, Jersey, Macoupin, Madison, Monroe, Montgomery, Randolph, St. Clair, Washington
15	DuPage, Kane, Lake, Will
16	Cook
99	All Other Counties

New York Locality	Counties
01	Manhattan
02	Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
03	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
04	Queens
99	All Other Counties

# MA and ME Locality/County Information

MA Localities	State	Counties
01	MA	Middlesex, Norfolk and Suffolk
99	MA	All Other Counties

ME Localities	State	Counties
03	ME	York and Cumberland
99	ME	All Other Counties

# Fee Schedule

## Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
33935	01/01/2025	14212	01	Transplantation heart/lung

### Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	4936.43	4689.61	5393.05	4936.43	4689.61	5393.05

# MPFSDB Policy Indicators

Payment Calculations

Policy Indicators

Modifier Selected: (blank)						
<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>	
R	32.3465	1.0000	91.78	31.93	31.93	
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>	
20.98	1.042	1.197	0.894	0.00		
<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>	
090	1	0	09.00%	84.00%	07.00%	
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>		
2	0	2	1	2		

# Database Policy Indicators



# Policy Indicators

- Procedure status indicators
- Global surgery
- Facility pricing
- Preoperative
- Interoperative
- Postoperative
- Multiple surgery
- Bilateral surgery
- Assistant at surgery
- Two surgeons
- Team surgery
- Use References: [Fee Schedule Lookup Details](#)



# Procedure Status Indicators

- Field indicates whether the code is in the fee schedule and whether it is separately payable if the service is covered
- Presence of an active (or valid) status code does not mean the service is covered by Medicare
- Service may be valid according to the list but may not be considered covered due to other criteria such as medical necessity or global surgery rules

# Procedure Status Policy Indicators

Policy Indicator	Description
A	Active code
B	Bundled code
C	Carriers price the code
E	Excluded from Physician Fee Schedule by regulation
I	Not valid for Medicare purposes
N	Noncovered Services: These services are not covered by Medicare
R	Restricted Coverage: Special coverage instructions apply

# PC/TC Indicator

- Indicator describes physician services that have global concept, professional or technical components
- These include diagnostic and therapeutic radiology services, certain diagnostic tests that involve a physician's interpretation and physician pathology services
- Indicators identify TC for technical component and 26 professional component (PC)

# PC/TC Policy Indicators

Policy Indicator	Description
0	The concept of PC/TC does not apply since physician services cannot be split into professional and technical components
1	These codes have both a professional and technical component. Modifiers 26 and TC can be used with these codes
2	Professional Component Only Codes
3	Technical Component Only Codes
4	Global Test Only Codes

# Global Surgery

- Indicator provides the postoperative time frames that apply to payment for each surgical procedure or another indicator that describes the applicability of the global concept to the service
- Global surgery, includes all the necessary services normally furnished by a surgeon before, during and after a procedure
- Medicare payment for surgical procedure includes the preoperative, intra-operative, and postoperative services routinely performed by the surgeon or by members of the same group with the same specialty
- Physicians in same group practice who are in the same specialty must bill and be paid as though they were a single physician

# Global Surgery Policy Indicators

Policy Indicator	Description
000	Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; evaluation and management services on the day of the procedure generally not payable
010	Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a ten-day postoperative period included in the fee schedule amount; evaluation and management services on the day of the procedure and during the 10-day postoperative period generally not payable
090	Major surgery with a one-day preoperative period and 90-day postoperative period included in the fee schedule payment amount

# Multiple Procedure (Modifier 51)

- Indicator for which payment adjustment rule for multiple surgical procedures applies
- Multiple surgeries are separate procedures performed by single physician or physicians in same group practice on same patient at same operative session or on same day for which separate payment may be allowed and reduced
- Providers do not use modifier 51

# Multiple Procedure Policy Indicators

Policy Indicator	Description
0	No payment adjustment rules for multiple procedures apply
1	Standard payment adjustment rules in effect before 1/1/1996, for multiple procedures apply. 100 percent, 50 percent, 25 percent, 25 percent, 25 percent
2	Standard payment adjustment rules for multiple procedures apply. 100 percent, 50 percent, 50 percent, 50 percent, 50 percent
3	Special rules for multiple endoscopic procedures apply if procedure is billed with another endoscopy in the same family (that is, another endoscopy that has the same base procedure)



# Bilateral Surgery (Modifier 50)

- Indicates services subject to a payment adjustment
- Bilateral services are procedures that can be performed on both sides of the body during same session or on same day by same physician or other qualified health care professional

# Bilateral Surgery Policy Indicators

Policy Indicator	Description
0	150 percent payment adjustment for bilateral procedures does not apply
1	150 percent payment adjustment for bilateral procedure applies
2	150 percent payment adjustment for bilateral does not apply
3	The usual payment adjustment for bilateral procedures does not apply

# Assistant At Surgery (Modifiers 80/AS)

- Indicates services where assistant at surgery may be paid
- An assistant surgeon is defined as a physician who actively assists the operating surgeon
  - Assistant may be necessary because of the complex nature of procedure(s) or the patient's condition
  - Assistant is usually trained in same specialty
  - Assistant at surgery may be physician assistant, nurse practitioner or nurse midwife acting under the direct supervision of a physician, where physician acts as surgeon and the assistant at surgery as an assistant
- Assistant at surgery modifiers include
  - 80 if the services are by a MD or DO
  - AS if by an NP, PA or CNS

# Assistant at Surgery Policy Indicators

Policy Indicator	Description
0	Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity
1	Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid
2	Payment restriction for assistants at surgery does not apply to this procedure. Assistant at surgery may be paid
9	Concept does not apply

# Co-surgeons (Modifier 62)

- Indicator for services that two surgeons, each in different specialty
- Co-surgeons are defined as two or more surgeons, where the skills of both surgeons are necessary to perform distinct parts of a specific operative procedure
- Co-surgery is always performed during the same operative session

# Co-surgeon Policy Indicators

Policy Indicator	Description
0	Co-surgeons not permitted for this procedure
1	Co-surgeons could be paid, though supporting documentation is required to establish the medical necessity of two surgeons for the procedure
2	Co-surgeons permitted and no documentation required if the two-specialty requirement is met
9	Concept does not apply

# Team Surgery (Modifier 66)

- Indicator for services for which team surgeons may be paid
- Under some circumstances, highly complex procedures may require the services of a surgical team, consisting of several physicians, often of different specialties, plus other highly skilled, specially trained personnel and complex equipment
- Benefits are allowed for medically necessary procedures and allowance(s) will be determined on an individual consideration basis

# Team Surgery Policy Indicators

Policy Indicator	Description
0	Team surgeons not permitted for this procedure
1	Team surgeons could be paid, though supporting documentation required to establish medical necessity of a team; pay by report
2	Team surgeons permitted; pay by report
9	Concept does not apply



# Fee Schedule Assistance

- The fee schedule assistance page provides access to information about fee schedule definitions
- Indicators tell whether code(s) falls in fee schedule and identify if modifier(s) is required
- Use this site as your reference [Fee schedule assistance](#)



# NGS Look-up Tool Examples

# NGS MPFS

## Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
76706	01/01/2025	14212	01	Us abdl aorta screen aaa

Parker, Carleen (AD16381@ad.wellpoint.com) is signed in

### Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	120.75	114.71	131.92	120.75	114.71	131.92
26 (Details)	26.76	25.42	29.23	26.76	25.42	29.23
TC (Details)	93.99	89.29	102.68	93.99	89.29	102.68

# MPFSDB 76706

<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>
A	32.3465	1.0000	0.55	2.61	2.61
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>
0.04	1.042	1.197	0.894	0.00	
<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>
XXX	1	1	00.00%	00.00%	00.00%
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>	
0	0	0	0	0	

# Fee Schedule 47480

## Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
47480	01/01/2025	14212	01	Incision of gallbladder

### Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	932.41	885.79	1018.66	932.41	885.79	1018.66

# MPFSDB 47480

<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>
A	32.3465	1.0000	13.25	10.15	10.15
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>
3.21	1.042	1.197	0.894	0.00	
<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>
090	1	0	09.00%	81.00%	10.00%
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>	
2	0	2	1	0	

# MPFS 33935

## Medicare Physician Fee Schedule Pricing Fee Schedule

<u>Procedure Code</u>	<u>Effective Date</u>	<u>State/Territory</u>	<u>Locality</u>	<u>Short Description</u>
33935	01/01/2025	14212	01	Transplantation heart/lung

### Non-OPPS Capped Payment Rates (NON-OPPS)

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	4936.43	4689.61	5393.05	4936.43	4689.61	5393.05

# MPFSDB 33935

<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>
R	32.3465	1.0000	91.78	31.93	31.93
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>
20.98	1.042	1.197	0.894	0.00	
<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>
090	1	0	09.00%	84.00%	07.00%
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>	
2	0	2	1	2	



# MPFSDB 99397

## Fees

<u>Modifier</u>	<u>NON FAC PAR</u>	<u>NON FAC NON PAR</u>	<u>NON FAC LC</u>	<u>FAC PAR</u>	<u>FAC NON PAR</u>	<u>FAC LC</u>
(Details)	0.00	0.00	0.00	0.00	0.00	0.00

## Payment Calculation

<u>Status</u>	<u>Conversion Factor</u>	<u>Update Factor</u>	<u>Work RVU</u>	<u>FAC PE RVU</u>	<u>NON FAC PE RVU</u>
N	0.0000	0.0000	0.00	0.00	0.00
<u>Malpractice RVU</u>	<u>Work GPCI</u>	<u>Practice GPCI</u>	<u>Malpractice GPCI</u>	<u>Reduced Therapy Amt</u>	<u>Endoscopic Base</u>
0.00	1.000	1.005	0.654	0.00	

## Policy Indicators

<u>Global Surgery</u>	<u>Facility Pricing</u>	<u>PC/TC</u>	<u>Preoperative Percentage</u>	<u>Interoperative Percentage</u>	<u>Postoperative Percentage</u>
XXX	9	9	00.00%	00.00%	00.00%
<u>Multiple Surgery</u>	<u>Bilateral Surgery</u>	<u>Assistant At Surgery</u>	<u>Two Surgeons</u>	<u>Team Surgery</u>	
9	9	9	9	9	

CMS MPFSDB

# MPFSDB

- How to Locate the Searchable Database
  - Located on [CMS.gov](https://www.cms.gov) official website
  - [Overview](#) of the Physician Fee Schedule Search
- Why Use the Searchable Database?
  - Find Medicare payment amounts
  - Learn if codes to be billed are affected by payment policies



# Searching the Database

- [PFS Look-Up Tool Overview](#)
- Pricing amounts
- Payment policy indicators
- RVUs
- GPCIs

PFS Look-up Tool Overview   Search the Physician Fee Schedule   Documentation and Files   Help ▾

**Fee schedules**

- Physician Fee Schedule
- PFS Look-up Tool**
- Advanced Practice Nonphysician Practitioners
- Anesthesiologists Center
- Audiology Services
- Care Management
- Cognitive Assessment
- CT Modifier Reduction List
- Diagnostic Services by Physical Therapists
- Evaluation & Management Visits
- Global surgery data collection

**Spotlight**  
Flu Shots  
Get [payment, coverage, billing, & coding](#) information for the 2024-2025 season.

## PFS Look-up Tool Overview

- > What's the PFS Look-Up Tool?
- > How Does the Tool Work?
- > Why Should I Use This Tool?
- > How Do We Adjust the PFS Pricing Amounts?

**Begin Search**

# Licensure Agreement

PFS Look-up Tool Overview Search the Physician Fee Schedule Documentation and Files Help

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# Search Criteria

[PFS Look-up Tool Overview](#)

[Search the Physician Fee Schedule](#)

[Documentation and Files](#)

[Help](#) ▾

## Search the Physician Fee Schedule

Data Updated: 01/01/2025

Use this search to view adjusted pricing amounts that reflect variations in pricing costs from area to area.

[Download Excel File for any Year of the PFS RVU with Conversion Factor File](#)

[Download CSV-TXT File for any Year of the PFS National Payment Amount File](#)

Select search parameters.

Year

2025 ▾

[See notes for selected year](#)

Type of Information

All ▾

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

HCPCS Criteria

Single HCPCS Code ▾

HCPCS Code

Modifier

All Modifiers ▾

Select Medicare Administrative Contractor (MAC) option.

MAC Option

All MACs ▾

[Search fees](#)



# CMS Lookup Tool Examples

# Search the Physician Fee Schedule

**Type of Information**

- Pricing Information ^
- ✓ Pricing Information
- Payment Policy Indicators
- Relative Value Units
- Geographic Practice Cost Index
- All

**Modifier**

- All Modifiers ^
- Global (Diagnostic Service) OR Physicians Professional Service where Professional/Technical concept does not apply.
- 26 Professional Component
- 53 Procedures which the physician terminated before completion.
- TC Technical Component
- ✓ All Modifiers

**HCPCS Criteria**

- Single HCPCS Code ^
- ✓ Single HCPCS Code
- List of HCPCS Codes
- Range of HCPCS Codes

**MAC Option**

- All MACs ^
- National Payment Amount
- Specific MAC
- Specific Locality
- ✓ All MACs

Search fees



# Search Results

## Search Results

Show default columns  Show all columns

Showing 1-10 of 330

Items per page: **10** 25 50 100

HCPCS Code ▲	Modifier ▲	Short Description ◆	Proc Stat ▲	Mac Locality ▲	Non-Facility Price ◆	Facility Price ◆	Non-Facility Limiting Charge ◆	Facility Limiting Charge ◆	Conv Fact ◆	N/Fl foi Tr No FA PE RV
76706		Us abdl aorta screen aaa	A	0000000	\$103.51	\$103.51	\$113.08	\$113.08	32.3465	
76706	26	Us abdl aorta screen aaa	A	0000000	\$24.91	\$24.91	\$27.21	\$27.21	32.3465	
76706	TC	Us abdl aorta screen aaa	A	0000000	\$78.60	\$78.60	\$85.87	\$85.87	32.3465	
76706		Us abdl aorta screen aaa	A	0111205	\$139.73	\$139.73	\$152.66	\$152.66	32.3465	
76706	26	Us abdl aorta screen aaa	A	0111205	\$28.51	\$28.51	\$31.15	\$31.15	32.3465	
76706	TC	Us abdl aorta screen aaa	A	0111205	\$111.22	\$111.22	\$121.51	\$121.51	32.3465	
76706		Us abdl aorta screen aaa	A	0111209	\$141.26	\$141.26	\$154.33	\$154.33	32.3465	
76706	26	Us abdl aorta screen aaa	A	0111209	\$28.80	\$28.80	\$31.46	\$31.46	32.3465	
76706	TC	Us abdl aorta screen aaa	A	0111209	\$112.47	\$112.47	\$122.87	\$122.87	32.3465	
76706		Us abdl aorta screen aaa	A	0111251	\$130.09	\$130.09	\$142.13	\$142.13	32.3465	

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1 2 3 4 ... 35

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# Searching Payment Policy Indicators

- Professional/technical modifiers
- Postoperative days
- If a code is payable by Medicare
- Level of physician supervision required
- If a service can be billed bilaterally

# Payment Policy Indicators

Select search parameters.

Year

[See notes for selected year](#)

Type of Information

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

HCPCS Criteria

HCPCS Code

Modifier

[Search fees](#)

Page Last Modified: 10/17/2024 10:44 AM

[Help with File Formats and Plug-Ins](#)



# 76706 Search Results

## Search Results

Showing 1-3 of 3

HCPCS Code	Modifier	Short Description	Proc Stat	PCTC	Global	MULT SURG	BILT SURG	ASST SURG	CO SURG	Team SURG	PHYS SUPV	DIAG Imaging Family IND
76706		Us abdl aorta screen aaa	A	1	XXX	0	0	0	0	0	09	99
76706	TC	Us abdl aorta screen aaa	A	1	XXX	0	0	0	0	0	09	99
76706	26	Us abdl aorta screen aaa	A	1	XXX	0	0	0	0	0	09	99

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# 47480 Search Results

## Search Results

Showing 1-1 of 1

HCPCS Code ▲	Modifier ▲	Short Description ◆	Proc Stat ▲	PCTC ◆	Global ◆	MULT SURG ◆	BILT SURG ◆	ASST SURG ◆	CO SURG ◆	Team SURG ◆	PHYS SUPV ◆	DIAG Imaging Family IND ◆
47480		Incision of gallbladder	A	0	090	2	0	2	1	0	09	99



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# 33935 Search Results

## Search Results

Showing 1-1 of 1

HCPCS Code ▲	Modifier ▲	Short Description ◆	Proc Stat ▲	PCTC ◆	Global ◆	MULT SURG ◆	BILT SURG ◆	ASST SURG ◆	CO SURG ◆	Team SURG ◆	PHYS SUPV ◆	DIAG Imaging Family IND ◆
33935		Transplantation heart/lung	R	0	090	2	0	2	1	2	09	99

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# 99397 Search Results

Select search parameters.

**Year**  
2025

**Type of Information**  
Payment Policy Indicators

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

**HCPCS Criteria**      **HCPCS Code**  
Single HCPCS Code      99397

**Modifier**  
All Modifiers

**Search fees**

[Reset search inputs](#)

## Search Results

**⚠ No results**  
99397: The current Physician Fee Schedule does not price the requested HCPCS Code.

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# Resources and References



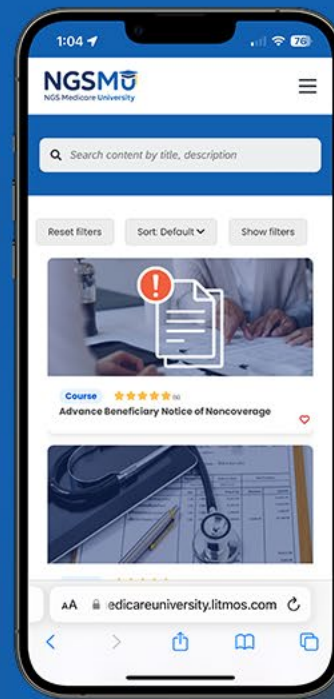
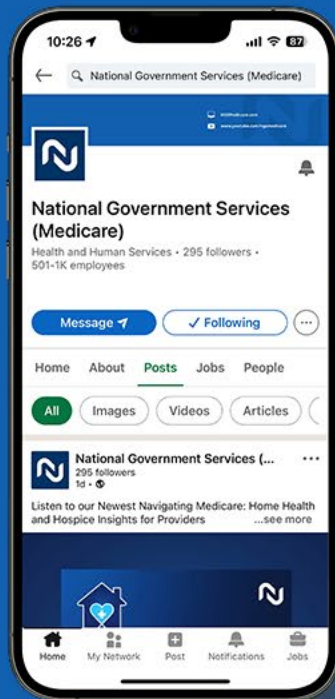
# CMS and NGS Resources and References

- CMS References
  - [CMS website](#)
  - [Physician Fee Schedule Look-Up](#)
- NGS References
  - [Fee Schedule Assistance](#)
    - Locality and County Information for IL-ME-MA-NY
    - Description of Medicare Physician Fee Schedule Database Policy Indicators



# Questions?

Thank you!



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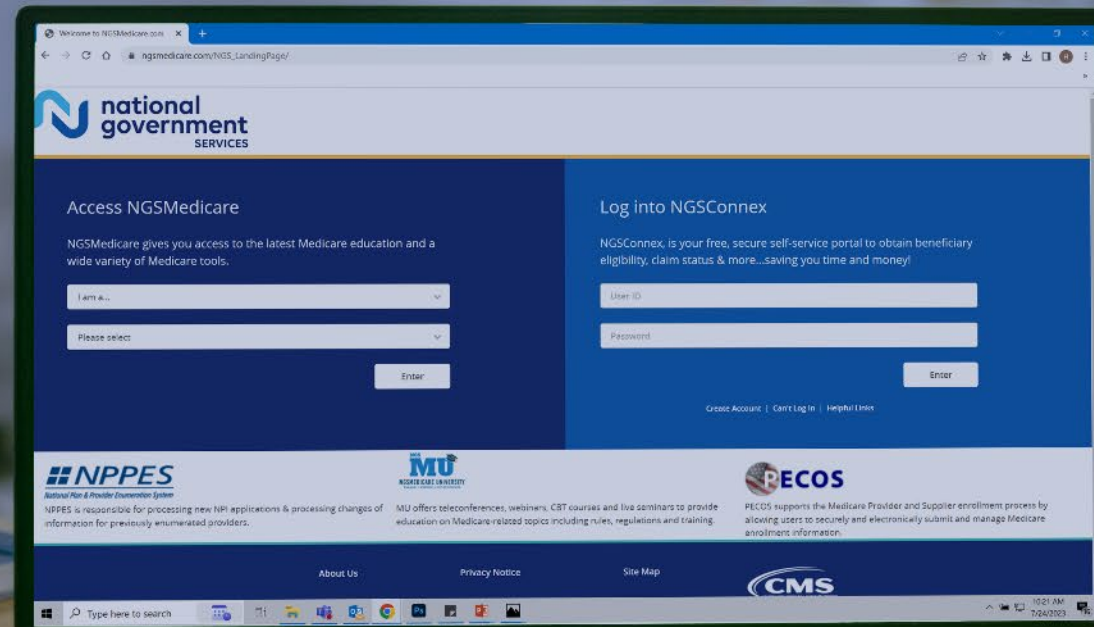


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