

Medicare Physician Fee Schedule Database

7/13/2023

Today's Presenters

Provider Outreach and Education Consultants

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 - J6 Provider Outreach and Education
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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

Provided by CMS Annually

Updated Quarterly

Pricing and Coverage

NGS Physician Fee Schedule Tool

Questions and Answers

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



- MLN Booklet® [How to Use the PFS Look-Up Tool](#)
- Pricing amounts
- Payment policy indicators
- RVUs
- GPCIs

MPFSDB Overview and License

The screenshot shows the CMS.gov website header with navigation links for Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. A search bar is visible. Below the header, a breadcrumb trail reads: Search the Physician Fee Schedule > Overview of the Medicare Physician Fee Schedule Search. A secondary navigation bar contains links for Overview, Search the Physician Fee Schedule, Documentation and Files, and Physician Fee Schedule (PDF). The Overview link is currently selected.

Overview

This website is designed to provide information on services covered by the Medicare Physician Fee Schedule (MPFS). It provides more than 10,000 physician services, the associated relative value units, a fee schedule status indicator and various payment policy indicators needed for payment adjustment (i.e., payment of assistant at surgery, team surgery, bilateral surgery, etc.). The Medicare physician fee schedule pricing amounts are adjusted to reflect the variation in practice costs from area to area. A geographic practice cost index (GPCI) has been established for every Medicare payment locality for each of the three components of a procedure's relative value unit (i.e., the RVUs for work, practice expense, and malpractice). The GPCIs are applied in the calculation of a fee schedule payment amount by multiplying the RVU for each component times the GPCI for that component.

The Physician Fee Schedule look-up website is designed to take you through the selection steps prior to the display of the information. The site allows you to:

- Search pricing amounts, various payment policy indicators, RVUs, and GPCIs by a single procedure code, a range and a list of procedure codes.
- Search for the national payment amount, a specific Medicare Administrative Contractor (MAC) or a specific MAC locality. Each page has associated Help/Hint available to complete your selections.

NOTE: In the CY 2010 PFS final rule with comment period (74 FR 61751) we provided for a 4-year transition to the new PE RVUs resulted from using the updated PPIS PE/HR data. This new PPIS data caused payment reductions for some specialties. In order to ease this impact, we finalized a gradual 4 year transition from the previous PE RVUs to the PE RVUs developed using the new PPIS data (75 percent old/25 percent new for CY 2010, 50 percent old /50 percent new for CY 2011, 25 percent old /75 percent new for CY 2012, and 100 percent new for CY 2013). CY 2013 is the final year of the transition to the new full PE values, resulting in the elimination of the Transitional PE RVUs.

Disclaimer: Please note that this display tool is created and maintained as a helpful aid for physicians and nonpractitioners looking for a quick look-up and reference to the Physician Fee Schedule (PFS) payment rates. Users of this display tool should note that the Centers for Medicare & Medicaid Services (CMS) make no warranties, expressed or implied, regarding errors or omissions and assume no legal liability or responsibility for loss or damage resulting from the use of information contained within. For the official and definitive CMS PFS payment files, please contact the local Medicare Administrative Contractor (MAC) in your payment jurisdiction.

Begin Search

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Accept

Don't Accept

Search Criteria

Search the Physician Fee Schedule

Data Updated: 04/03/2023

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](#)

Year

2023

[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.

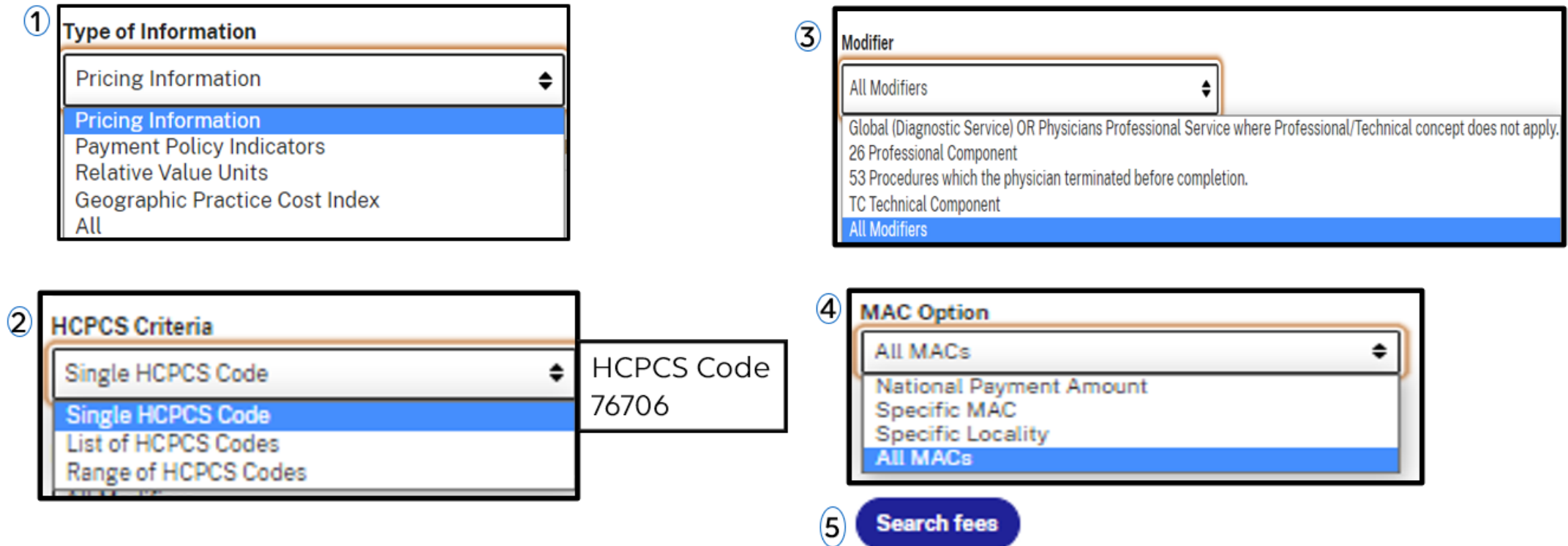
MAC Option

All MACs

[Search fees](#)



Search the Physician Fee Schedule



Search Results

HCPCS Code ▲	Modifier ▲	Short Description ⇅	Proc Stat ▲	Mac Locality ▲	Non-Facility Price ⇅	Facility Price ⇅	Non-Facility Limiting Charge ⇅	Facility Limiting Charge ⇅	Conv Fact ⇅
76706		Us abdl aorta screen aaa	A	0000000	\$108.78	NA	\$118.84	NA	33.8872
76706	26	Us abdl aorta screen aaa	A	0000000	\$26.43	\$26.43	\$28.88	\$28.88	33.8872
76706	TC	Us abdl aorta screen aaa	A	0000000	\$82.35	NA	\$89.96	NA	33.8872
76706		Us abdl aorta screen aaa	A	0111205	\$142.46	NA	\$155.63	NA	33.8872
76706	26	Us abdl aorta screen aaa	A	0111205	\$29.63	\$29.63	\$32.37	\$32.37	33.8872
76706	TC	Us abdl aorta screen aaa	A	0111205	\$112.83	NA	\$123.27	NA	33.8872
76706		Us abdl aorta screen aaa	A	0111206	\$142.46	NA	\$155.63	NA	33.8872
76706	26	Us abdl aorta screen aaa	A	0111206	\$29.63	\$29.63	\$32.37	\$32.37	33.8872
76706	TC	Us abdl aorta screen aaa	A	0111206	\$112.83	NA	\$123.27	NA	33.8872
76706		Us abdl aorta screen aaa	A	0111207	\$142.46	NA	\$155.63	NA	33.8872

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

Year

2023

[See notes for selected year](#)

Type of Information

Payment Policy Indicators

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

HCPCS Criteria

Single HCPCS Code

HCPCS Code

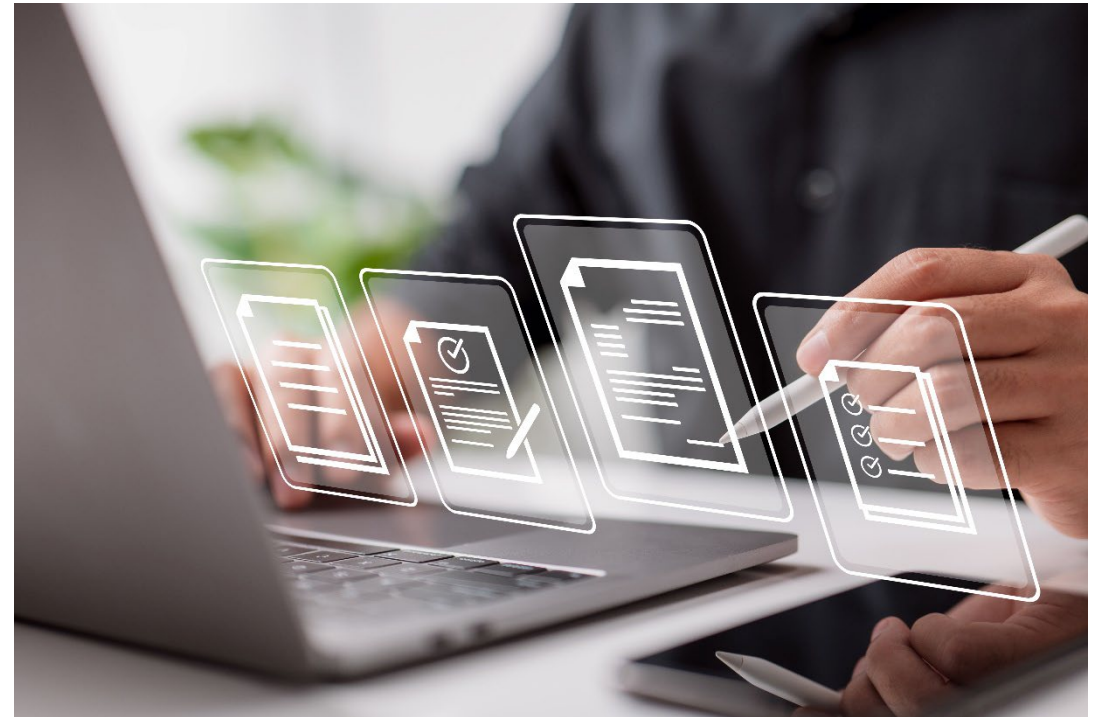
76706

Modifier

All Modifiers


[Search fees](#)


[Reset search inputs](#)



76706 Search Results


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	26	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


 Download CSV

 Copy link

47480 Search Results


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

 Download CSV

 Copy link

33935 Search Results

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

 Download CSV

 Copy link

99397 Search Results

Year

[See notes for selected year](#)

Type of Information

Select Healthcare Common Procedural Coding System (HCPCS) criteria.

HCPCS Criteria

HCPCS Code

Modifier

[Search fees](#)

Search Results

⚠ No results

99397: The current Physician Fee Schedule does not price the requested HCPCS Code.

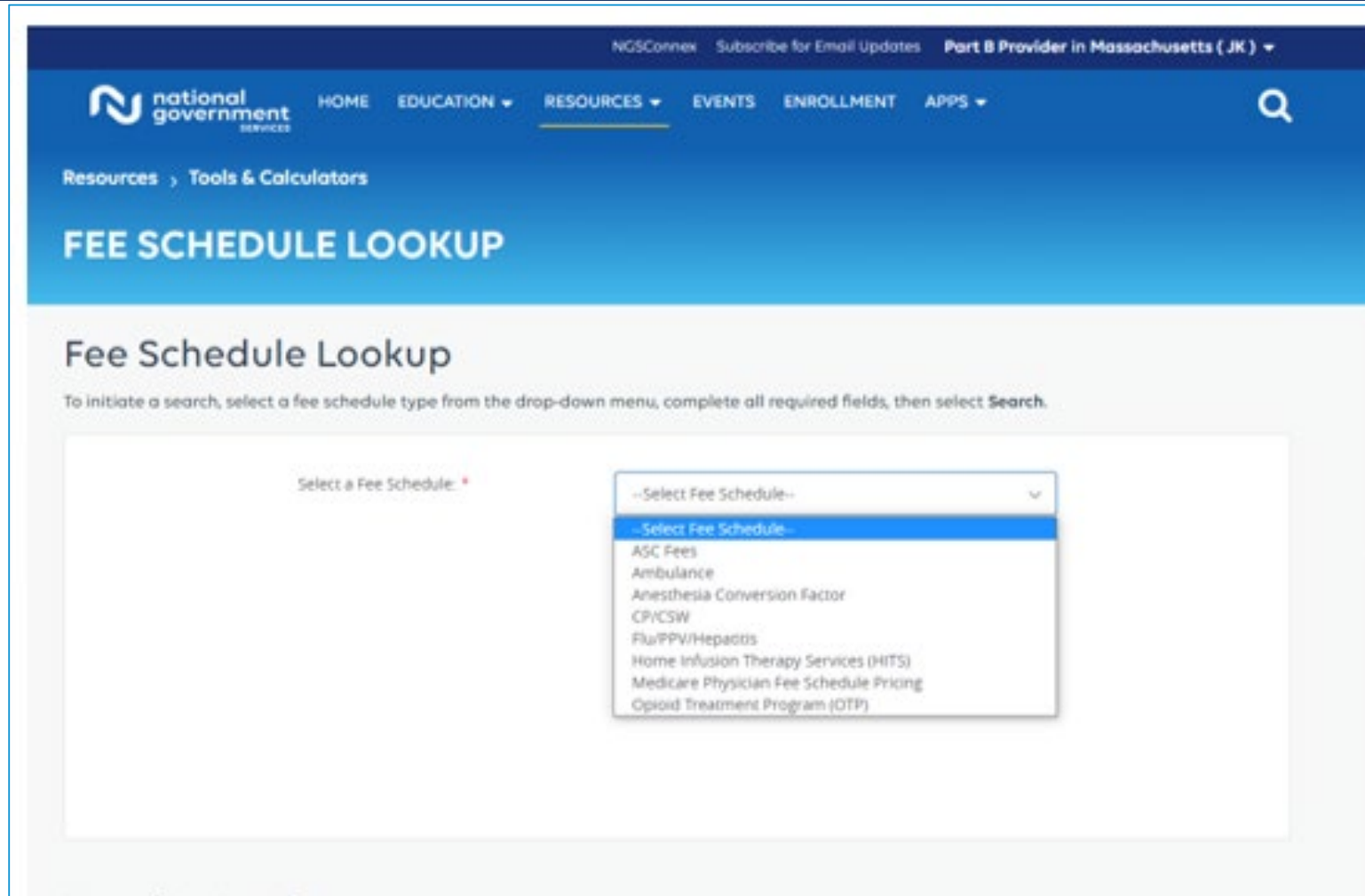
NGS Fee Schedule Lookup Tool

Medicare Physician Fee Schedule

The screenshot shows a web interface for National Government Services. The header is blue with the logo on the left and a search icon on the right. The main content area is white and contains six cards, each with a blue icon and text. The 'Fee Schedules' card is highlighted with a black border.

Category	Description
Medical Policies	Find LCDs and related billing and coding articles
Enrollment	Getting started, after you enroll, and revalidating your enrollment
Fee Schedules	Code pricing search, payment systems, limits, and fee schedule lookup
Claims and Appeals	Learn about claims, top errors, fees, MBI and appeals
Overpayments	Repayment schedules, and post-pay adjustment
Medicare Compliance	Medical Review, Prior Authorization, Fraud & Abuse, CERT, and more

Fee Schedule Lookup – Types



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national government SERVICES | HOME | EDUCATION ▾ | **RESOURCES ▾** | EVENTS | ENROLLMENT | APPS ▾ | 🔍

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--
- 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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[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: *

Result Type: * Full Fee Schedule
 Specific To Fee Code

Date of Service: * 

Procedure Code: *

Region: * ▾

Fee Schedule Lookup – Regions

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

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

Illinois Locality/Area and County Information

Locality/Area	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

Maine and Massachusetts Locality/Area and County Information

Locality/Area	State	Counties
01	MA	Middlesex, Norfolk and Suffolk
99	MA	All Other Counties
03	ME	York and Cumberland
99	ME	All Other Counties

New York Locality/Area and County Information

Locality/Area	Counties
01	Manhattan
02	Bronx, Brooklyn, Nassau, Rockland, Staten Island, Suffolk, Westchester
03	Columbia, Delaware, Dutchess, Greene, Orange, Putnam, Sullivan, Ulster
04	Queens
99	Albany, Oneida, Allegany, Onondaga, Broome, Ontario, Cattaraugus, Orleans, Cayuga, Oswego, Chautauqua, Otsego, Chemung, Rensselaer, Chenango, Saratoga, Clinton, Schenectady, Cortland, Schoharie, Erie, Schuyler, Essex, Seneca, Franklin, Steuben, Fulton, St. Lawrence, Genesee, Tioga, Hamilton, Tompkins, Herkimer, Warren, Jefferson, Washington, Lewis, Wayne, Livingston, Wyoming, Madison, Yates, Monroe Montgomery, Niagara

Policy Indicators

- Procedure status indicators
- Facility pricing
- Global surgery
- Preoperative
- Intraoperative
- Postoperative
- Multiple surgery
- Bilateral surgery
- Assistant at surgery
- Two surgeons
- Team surgery

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-surgeons 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 and acronyms



The screenshot displays the National Government Services website interface. At the top, there is a dark blue navigation bar with links for 'Contact Us', 'NGSConnex', 'Subscribe for Email Updates', and 'Part B Provider in Maine (JK)'. Below this is a lighter blue header with the 'national government SERVICES' logo and a menu including 'HOME', 'EDUCATION', 'RESOURCES', 'EVENTS', 'ENROLLMENT', and 'APPS'. A search icon is located on the right side of the header. The breadcrumb trail reads 'Resources > Tools & Calculators > Fee Schedule Lookup'. The main heading is 'FEE SCHEDULE LOOKUP DETAILS'. The content area features a section titled 'Fee Schedule Assistance' with a bulleted list of links:

- Illinois Locality/Area and County Information
- Maine, Massachusetts, New Hampshire, Rhode Island, Vermont Locality/Area and County Information
- New York Locality/Area and County Information
- Locate and Download Fee Schedule Pricing
- Description of Medicare Physician Fee Schedule Database Policy Indicators
- CMS Physician Fee Schedule Search and RVU Information

Examples

NGS Medicare Physician Fee Schedule (MPFS) Pricing and Database (DB)

Procedure Code	Effective Date	State/Territory	Locality	Short Description
76706	01/01/2022	14112	03	Us abdl aorta screen aaa

Non-OPPS Capped Payment Rates (NON-OPPS)						
Modifier	NON FAC PAR	NON FAC NON PAR	NON FAC LC	FAC PAR	FAC NON PAR	FAC LC
(Details)	110.21	104.70	120.41	110.21	104.70	120.41
26 (Details)	26.49	25.17	28.95	26.49	25.17	28.95
TC (Details)	83.72	79.53	91.46	83.72	79.53	91.46

MPFSDB 76706

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>
A	33.8872	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>
0.05	1.000	1.005	0.654	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	

MPFSDB 47480

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)	854.96	812.21	934.04	854.96	812.21	934.04

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>
A	33.8872	1.0000	13.25	9.87	9.87
<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>
3.15	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>
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	

MPFSDB 33935

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)	4642.75	4410.61	5072.20	4642.75	4410.61	5072.20

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>
R	33.8872	1.0000	91.78	31.55	31.55
<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>
20.67	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>
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	

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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	

Resources and References

■ CMS References

- [CMS website](#)
- MLN Booklet: [How to Use the PFS Look-Up Tool](#)
- [Physician Fee Schedule Look-Up](#)

■ NGS References

- [Fee Schedule Assistance](#)
- [Description of Medicare Physician Fee Schedule Database Policy Indicators](#)

Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course Code.



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