



How to Use the Provider Fee Schedule Look-up

1. Enter the website address (url) <http://cms.hhs.gov>
2. Click on Resources and Tools
3. Click on Medicare Physician Fee Schedule Look-Up under the Medicare heading
4. Click Physician Fee Schedule Search
5. Click “Accept” on End User Point and Click (Copyright) Agreement
6. Select:
 - a. Year
 - b. type of HCPC criteria (single code, list of codes or range of codes) and
 - c. type of info (select pricing)
7. Click “Next”
8. Select Carrier option:
 - a. Click in “Nation”, “Specific Carrier” or “Specific Locality” button to display HCPC code information for the nation, carrier or area covered by the CMS carrier selected
 - i. When “Nation is selected, the HCPC code information for all CMS carriers will display
 - ii. When “Specific Carrier” is selected, the HCPC code information for the CMS carrier selected will display
 1. Select 31140 for the Northern California carrier
 2. Select 31146 for the Southern California carrier
 - iii. When “Specific Locality” is selected, the HCPC code information for the region/locality covered by the CMS carrier will display
 1. Select 31140xx for Northern California
 2. Select 31146xx for Southern California
 - a. For example, 3114618 will display the information for the Los Angeles area within the Southern California carrier’s jurisdiction
 - b. Select “All Fields” in Select Field Options section
9. Click “Next”
10. Enter:
 - a. HCPC code(s) selected
 - b. Modifier (selecting “All modifiers” is easiest)
 - c. When “Specific Carrier” or “Specific Locality” is chosen (see step 8), select the desired carrier or locality from the drop down list
11. Click “Submit”. Records with information about the HCPC code(s) will display based on the carrier option selected
12. To see if CMS covers an assistant surgeon for the code(s) entered, scroll to the Assistant Surgeon column (to the right)
 - a. When a “0” appears in this column, this means that payment is restricted and medical necessity documentation is required
 - b. When a “1” appears in this column, this means that Medicare will not pay for an assistant surgeon for the selected code
 - c. When a “2” appears in this column, this means that assistant surgeon services are covered by Medicare for the code selected
 - d. When a “9” appears in this column, this means this is not applicable for the code selected