

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13213	Date: May 9, 2025
	Change Request 14074

SUBJECT: Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB) - July 2025 Update

I. SUMMARY OF CHANGES: The purpose of Change Request (CR) is to amend payment files that were issued to contractors based upon the 2025 Medicare Physician Fee Schedule (MPFS) Final Rule. This recurring update notification applies to Publication (Pub.) 100-04, Medicare Claims Processing Manual, chapter 23, section 30.1.

EFFECTIVE DATE: January 1, 2025

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: July 7, 2025

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-Only One Per Row.

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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II. GENERAL INFORMATION

A. Background: The purpose of Change Request (CR) is to amend payment files that were issued to contractors based upon the 2025 Medicare Physician Fee Schedule (MPFS) Final Rule to be effective for services furnished between January 1, 2025 and December 31, 2025.

B. Policy: Section 1848(c)(4) of the Social Security Act authorizes the Secretary to establish ancillary policies necessary to implement relative values for physicians' services.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
14074.1	The CMS shall notify the Medicare contractors via e-mail when the revised payment files are available for their retrieval. Note: These files will be available on or around May 16, 2025. (See attachment for a summary of changes and effective dates.)									CMS
14074.1.1	Medicare contractors shall retrieve the revised payment files and update their systems	X	X	X		X				Hybrid Cloud Data

Number	Requirement	Responsibility								Other
		A/B MAC			DM E MA C	Shared-System Maintainers				
		A	B	HH H		FIS S	MC S	VM S	CW F	
	(manually or via provided files), as identified in this Change Request, from the cloud service or the CMS Mainframe Telecommunications System.									Center (HCDC), MAP
14074.1.1.1	Contractors shall download the MPFS revised payment data from the cloud service and implement it into their testing and production regions. Note: In the event of unexpected circumstances or issues, CMS shall provide further instruction to the MACs and Data Centers (DCs) via email to load the Mainframe Files.	X		X		X				
14074.1.1.2	Upon email notification from CMS, Data Centers shall download the MPFS revised payment data from the cloud service and work with Part B MACs to implement it into their testing and production regions. Note: In the event of unexpected circumstances or issues, CMS shall provide further instruction to the MACs and DCs via email to load the Mainframe Files.		X							Hybrid Cloud Data Center (HCDC), MAP
14074.1.1.3	Medicare contractors shall retrieve the revised payment files, as identified in this Change Request, from the CMS Mainframe Telecommunications System so that it is available if needed.	X	X	X		X				MAP

[illegible]

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	the files below to facilitate duplicate billing edits: 1) Duplicate Radiology editing; 2) Duplicate Diagnostic editing; 3) Pathology editing, and; 4) Relative Value Units (RVU) and payment indicator files.									
14074.5.1	The CWF shall compare the existing files to the new files and install any necessary changes.								X	

IV. PROVIDER EDUCATION

Medicare Learning Network® (MLN): CMS will develop and release national provider education content and market it through the MLN Connects® newsletter shortly after we issue the CR. MACs shall link to relevant information on your website and follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 for distributing the newsletter to providers. When you follow this manual section, you don't need to separately track and report MLN content releases. You may supplement with your local educational content after we release the newsletter.

Impacted Contractors: A/B MAC Part A, A/B MAC Part B, A/B MAC Part HHH

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
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Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

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ATTACHMENTS: 1

