

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-04 Medicare Claims Processing	Centers for Medicare & Medicaid Services (CMS)
Transmittal 13474	Date: November 14, 2025
	Change Request 14271

SUBJECT: Calendar Year (CY) 2026 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to furnish contractors with the information needed for the 2026 participation enrollment. The attached recurring update notification applies to chapter 1, section 30.3.12.

EFFECTIVE DATE: November 14, 2025

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

IMPLEMENTATION DATE: November 15, 2025 - for all other requirements; no later than 10 days from receipt of the files for BRs related to disclosure reports and MPFS; 30 days following the close of the annual participation enrollment process for BRs related to MEDPARD and the processing of participation elections and withdrawals; within 10 business days of receiving the Participation Announcement Letter for BRs related to the letter

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

Pub. 100-04	Transmittal: 13474	Date: November 14, 2025	Change Request: 14271
-------------	--------------------	-------------------------	-----------------------

SUBJECT: Calendar Year (CY) 2026 Participation Enrollment and Medicare Participating Physicians and Suppliers Directory (MEDPARD) Procedures

EFFECTIVE DATE: November 14, 2025

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

IMPLEMENTATION DATE: November 15, 2025 - for all other requirements; no later than 10 days from receipt of the files for BRs related to disclosure reports and MPFS; 30 days following the close of the annual participation enrollment process for BRs related to MEDPARD and the processing of participation elections and withdrawals; within 10 business days of receiving the Participation Announcement Letter for BRs related to the letter

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to furnish contractors with the information needed for the 2026 participation enrollment. The attached recurring update notification applies to chapter 1, section 30.3.12.

II. GENERAL INFORMATION

A. Background: Contractors conduct an enrollment period on an annual basis in order to provide eligible physicians, practitioners and suppliers with an opportunity to make their calendar year Medicare participation decision by December 31. Providers (physicians, practitioners, or suppliers) who want to maintain their current Participating (PAR) status (PAR or non-PAR) do not need to take any action in the upcoming annual participation enrollment program. To sign a participating agreement is to agree to accept assignment for all covered services that are provided to Medicare patients. After the enrollment period ends, contractors publish an updated list of participating physicians, practitioners, and suppliers in their local MEDPARDs on their websites.

B. Policy: The annual participation enrollment program for CY 2026 will commence on November 15, 2025, and will run through December 31, 2025.

The purpose of this recurring update notification is to furnish contractors with information needed for the CY 2026 participation enrollment effort. The following documents are attached:

- CMS-460

Contractors shall send the Participation Announcement Letter via email or, for providers without a reliable email address, contractors shall mail a hard copy letter through the U.S. Postal Service. **PLEASE NOTE: POST CARDS WILL NOT BE MAILED.** The IOM will be updated to comport with information found in this CR. In CR 7412 (Postcard Mailing for the Annual Participation Open Enrollment Period), CMS directed contractors to mail a postcard instead of a Compact Disc (CD). With this CR, CMS is directing contractors to send the Participation Announcement Letter. Postcards will **NOT** be mailed. The letter shall be sent no later than 10 business days after receipt from CMS.

The Participation Announcement Letter is also hosted on the CMS website. The MACs will not be directed to post it to their website. Instead, the MACs will be directed to post a CMS weblink. Once it is cleared by CMS, the letter will be sent to the MACs through an email notification via the Part B Functional Work Group (FWG).

Contractors shall place the new fees (physician fee schedule fees and anesthesia conversion factors) on their website for providers to access and download. The information contained in this recurring update notification must be kept CONFIDENTIAL until the Medicare Physician Fee Schedule (MPFS) Final Rule is put on display. Fees should not be posted on the Web or be mailed until after the final rule is put on display.

CMS will send all contractors an e-mail notice when the January 2026 MPFSDB files (including anesthesia) are available for downloading, along with the file names, through an email notification via the FWGs as soon as the 2026 final rule goes on display (around November 1).

III. BUSINESS REQUIREMENTS TABLE

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

Number	Requirement	Responsibility								
		A/B MAC			DM E	Shared-System Maintainers				Other
		A	B	HH H	MA C	FIS S	MC S	VM S	CW F	
14271.1	Contractors shall send the Participation Announcement Letter to all physicians, practitioners, and suppliers announcing the annual open participation enrollment no later than 10 business days after receipt from CMS. NOTE: The letter will be sent through an email notification via the Part B FWG.		X							NPEAS T, NPWE ST
14271.1.1	Contractors shall determine if they have a reliable email address for providers identified in business requirement (BR) 14271.1.		X							NPEAS T, NPWE ST
14271.1.1.1	For those providers without a reliable email address, contractors shall obtain the best mailing address on file.		X							
14271.1.2	For active providers without a reliable email address, contractors shall mail a hard copy letter through the U.S. Postal Service taking the following actions: <ul style="list-style-type: none">• Apply provider mailing addresses directly to the letter or use address inserts• Duplicate the letter in hard copy using black		X							

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	
	<div>font used to produce provider correspondence</div> <ul style="list-style-type: none">• Make no changes to the letter beyond inserting addresses• Use envelopes typically used to send provider correspondence• Include only the letter in the mailing• Send a single letter to groups									
14271.1.3	<div>For active providers with a reliable email address, contractors shall send an electronic letter instead of mailing it through the U.S. Postal Service taking the following actions:</div> <ul style="list-style-type: none">• Add the letter to the body of the email used for provider correspondence• Make no changes to the letter, except embedding hyperlinks• Include only the letter in the email• Send a single email to groups		X							NPEAS T, NPWE ST
14271.1.4	<div>Contractors shall follow their standard internal procedures for undeliverable postal mail. Contractors shall not send a hard copy letter to providers with undeliverable email addresses.</div>		X							NPEAS T, NPWE ST
14271.1.5	<div>Contractors shall report information about the hard copy direct mailing into the Provider Customer Service Program Contractor Information Database (PCID) in accordance with IOM Pub 100-09, Chapter 6, Section 80.2.3.12.</div>		X							

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	
14271.1.5.1	Contractors shall not make multiple entries into PCID regarding this direct mailing. If contractors need to change the numbers reported in PCID, contractors shall send corrections to the PCID resource mailbox at pcid@cms.hhs.gov .		X							
14271.2	<p>Contractors shall display the fee data prominently on their website.</p> <p>For CY 2026 disclosure reports, contractors shall use the following format for displaying fees on the Web and/or hardcopy:</p> <ul style="list-style-type: none">• Procedure code (including professional and technical component modifiers, as applicable);• Par amount (non-facility);• Par amount (facility-based);• Non-par amount (non-facility);• Limiting charge (non-facility);• Non-par amount (facility-based);• Limiting charge (facility-based)		X							
14271.3	<p>Contractors shall provide a link to the 2026 Medicare Fee Schedule on their website.</p> <p>NOTE: Disclosure materials should not be posted on your website until you receive an email notification from CMS via the FWGs that the MPFS Database (DB) files (including anesthesia) are available for downloading, along with the file names, as soon as the 2026 final rule goes on display (around November 1).</p>		X							

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	
14271.4	For CY 2026 disclosure reports, contractors shall provide the anesthesia conversion factors on their website.		X							
14271.5	Contractors shall display the fee schedule using a provider friendly format from which, providers can download their particular locality. Providers should not have to download the whole fee schedule file.		X							
14271.6	Effective immediately, contractors shall educate providers via their website and whatever other provider outreach that can be utilized that the fees will be placed on the contractor website after the CY 2026 physician fee schedule regulation is put on display.		X							
14271.7	Contractors shall prominently display a weblink to the Participation Announcement on their website. The Participation Announcement will be found at the following CMS web address: https://www.cms.gov/medicare/p rovider-enrollment-and- certification/annual-medicare- participation-announcement NOTE: Contractors are permitted to use an appropriate hyperlink to the URL above.		X							NPEAS T, NPWE ST
14271.8	Contractors shall prominently display the participation agreement on the website.		X							NPEAS T, NPWE ST
14271.9	Contractors shall inform providers via their listserv when the CY 2026 fees are posted to their website.		X							
14271.10	Contractors shall NOT produce hard copy disclosures until January 1, 2026, unless otherwise notified by CMS.		X							

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	
	NOTE: Contractors should produce no more than 2 percent hardcopy if needed.									
14271.10.1	Contractors shall keep track of any requests for hard copy paper disclosures.		X							
14271.10.2	Contractors shall not charge providers requesting hard copy disclosures who do not have internet access.		X							
14271.10.2.1	For providers who have verified internet access, who request hard copy disclosures, contractors shall inform providers that they may be charged, allowing the provider the opportunity to rescind the request.		X							
14271.10.3	Contractors shall mail the hard copy disclosures via first class or equivalent delivery service.		X							
14271.11	<p>The Medicare Physician Fee Schedule Database (MPFSDB) will contain the CY 2026 fee schedule amounts. Contractors shall include fee amounts for procedure codes with status indicators of A, T, and R (if Relative Value Units (RVUs) have been established by CMS). The following statements shall be included on the fee disclosure reports:</p> <p>“Current Procedural Terminology (CPT) codes, descriptions, and other data only are copyrighted 2025 by the American Medical Association. All rights reserved”</p> <p>“These amounts apply when service is performed in a facility setting.” (This statement should be made applicable to those services subject to a differential based on place of service).</p> <p>“The payment for the technical component is capped at the OPPS amount.” (This statement should</p>		X							

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	
	be made applicable to services in which the technical portion was capped at the Outpatient Prospective Payment System amount). See the Internet Only Manual (IOM) Pub. 100-04, chapter 1, section 30.3.12.1.									
14271.12	Contractors shall use the short descriptors contained in the Healthcare Common Procedure Coding System (HCPCS) file and the MPFSDB if they choose to use code descriptors on their website and shall use the HCPCS file short descriptor If there are descriptor discrepancies between these two files. NOTE: The CMS has signed agreements with the American Medical Association regarding use of CPT, and the American Dental Association regarding use of Current Dental Terminology (CDT), on Medicare contractor websites, CD-ROMs, bulletin boards, and other electronic communications (refer to the IOM Pub. 100-04, chapter 23, section 20.7). The following statements shall be included: "CPT codes, descriptions, and other data only are copyright 2025 American Medical Association. All rights reserved." "Current Dental Terminology © 2025 American Dental Association. All rights reserved."		X							
14271.13	Contractors shall process participation elections and withdrawals post-marked before January 1, 2026.		X							NPEAS T, NPWE ST
14271.14	Contractors shall not print hardcopy participation directories		X							NPEAS T,

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	
	(i.e., MEDPARDs) for CY 2026 without regional office prior authorization and advanced approved funding for this purpose.									NPWE ST
14271.15	Contractors shall ascertain the nature and scope of each request and furnish the desired MEDPARD participation information via phone or letter if they receive inquiries from a customer who does not have access to the contractor website.		X							NPEAS T, NPWE ST
14271.16	Contractors shall load their local MEDPARD information for providers on their website within 30 days following the close of the annual participation enrollment process.		X							
14271.17	Contractors shall notify providers via regularly scheduled newsletters or web postings as to the availability of the MEDPARD information and how to access it electronically.		X							
14271.18	Contractors shall also inform hospitals and other organizations (i.e., Social Security offices, area Administration on Aging offices, and other beneficiary advocacy organizations) how to access MEDPARD information on your website.		X							
14271.19	Contractors shall make sure that the Form CMS-460 is readily available on their websites in order for their providers to complete the information needed and download for their use.		X							
14271.19.1	Contractors shall allow providers to enter all required information (except for the signature and effective date in item 2) before printing. Then, the provider will only have to print out the Form CMS-460, sign it, and transmit it to the contractor by mail or via web-based application submission upload in PECOS.		X							

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	
14271.20	Contractors shall protect all parts of the Form CMS-460 that do not require data entry from being altered. (The provider can only be allowed to enter their required information and not change any other parts of the Form CMS-460).		X							
14271.21	Contractors shall continue to plug-in the January 1, (appropriate year), effective date in item 2 of the Form CMS-460 included on your website.		X							
14271.22	Contractors shall refer to the IOM Pub. 100-04, Chapter 1, section 30.3.12.1 for more information.		X							

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

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:
--------------------------------	--

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):

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.

ATTACHMENTS: 1

MEDICARE PARTICIPATING PHYSICIAN OR SUPPLIER AGREEMENT

Name(s) and Address of Participant*	National Provider Identifier (NPI)*
<hr/>	<hr/>
<hr/>	
<hr/>	

*List all names and the NPI under which the participant files claims with the Medicare Administrative Contractor (MAC) with whom this agreement is being filed.

The above named person or organization, called “the participant,” hereby enters into an agreement with the Medicare program to accept assignment of the Medicare Part B payment for all services for which the participant is eligible to accept assignment under the Medicare law and regulations and which are furnished while this agreement is in effect.

- 1. Meaning of Assignment:** For purposes of this agreement, accepting assignment of the Medicare Part B payment means requesting direct Part B payment from the Medicare program. Under an assignment, the approved charge, determined by the MAC, shall be the full charge for the service covered under Part B. The participant shall not collect from the beneficiary or other person or organization for covered services more than the applicable deductible and coinsurance.
- 2. Effective Date:** If the participant files the agreement with any MAC during the enrollment period, the agreement becomes effective _____.
- 3. Term and Termination of Agreement:** This agreement shall continue in effect through December 31 following the date the agreement becomes effective and shall be renewed automatically for each 12-month period January 1 through December 31 thereafter unless one of the following occurs:
 - a. During the enrollment period provided near the end of any calendar year, the participant notifies in writing every MAC with whom the participant has filed the agreement or a copy of the agreement that the participant wishes to terminate the agreement at the end of the current term. In the event such notification is mailed or delivered during the enrollment period provided near the end of any calendar year, the agreement shall end on December 31 of that year.
 - b. The Centers for Medicare & Medicaid Services may find, after notice to and opportunity for a hearing for the participant, that the participant has substantially failed to comply with the agreement. In the event such a finding is made, the Centers for Medicare & Medicaid Services will notify the participant in writing that the agreement will be terminated at a time designated in the notice. Civil and criminal penalties may also be imposed for violation of the agreement.

Signature of participant (or authorized representative of participating organization)		Date
Title (if signer is authorized representative of organization)		Office Phone Number (including area code)
Received by (name of MAC)	Initials of MAC Official	Effective Date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0373 (Expires 11/30/2025). The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

INSTRUCTIONS FOR THE MEDICARE PARTICIPATING PHYSICIAN AND SUPPLIER AGREEMENT (CMS-460)

To sign a participation agreement is to agree to accept assignment for all covered services that you provide to Medicare patients.

WHY PARTICIPATE?

If you bill for physicians' professional services, services and supplies provided incident to physicians' professional services, outpatient physical and occupational therapy services, diagnostic tests, or radiology services, your Medicare fee schedule amounts are 5 percent higher if you participate. Also, providers receive direct and timely reimbursement from Medicare.

Regardless of the Medicare Part B services for which you are billing, participants have "one stop" billing for beneficiaries who have Medigap coverage not connected with their employment and who assign both their Medicare and Medigap payments to participants. After we have made payment, Medicare will send the claim on to the Medigap insurer for payment of all coinsurance and deductible amounts due under the Medigap policy. The Medigap insurer must pay the participant directly.

Currently, the large majority of physicians, practitioners and suppliers are billing under Medicare participation agreements.

WHEN THE DECISION TO PARTICIPATE CAN BE MADE:

- Toward the end of each calendar year, all MAC have an open enrollment period. The open enrollment period generally is from mid-November through December 31. During this period, providers who are currently enrolled in the Medicare Program can change their current participation status beginning the next calendar year on January 1. This is the only time these providers are given the opportunity to change their participation status. These providers should contact their MAC to learn where to send the agreement, and get the exact dates for the open enrollment period when the agreement will be accepted.
- New physicians, practitioners, and suppliers can sign the participation agreement and become a Medicare participant at the time of their enrollment into the Medicare Program. The participation agreement will become effective on the date of filing; i.e., the date the participant mails (post-mark date) the agreement to the MAC or delivers it to the MAC.

Contact your MAC to get the exact dates the participation agreement will be accepted, and to learn where to send the agreement.

WHAT TO DO DURING OPEN ENROLLMENT:

If you choose to be a participant:

- Do nothing if you are currently participating, or
- If you are not currently a Medicare participant, complete the blank agreement (CMS-460) and mail it (or a copy) to each to which you submit Part B claims. (On the form show the name(s) and identification number(s) under which you bill.)

If you decide not to participate:

- Do nothing if you are currently not participating, or
- If you are currently a participant, write to each MAC to which you submit claims, advising of your termination effective the first day of the next calendar year. This written notice must be postmarked prior to the end of the current calendar year.

WHAT TO DO IF YOU'RE A NEW PHYSICIAN, PRACTITIONER OR SUPPLIER:

If you choose to be a participant:

- Complete the blank agreement (CMS-460) and submit it with your Medicare enrollment application to your MAC.
- If you have already enrolled in the Medicare program, you have 90 days from when you are enrolled to decide if you want to participate. If you decide to participate within this 90-day timeframe, complete the CMS-460 and send to your MAC.

If you decide not to participate:

- Do nothing. All new physicians, practitioners, and suppliers that are newly enrolled are automatically non-participating. You are not considered to be participating unless you submit the CMS-460 form to your MAC.

We hope you will decide to be a Medicare participant.

Please call the MAC in your jurisdiction if you have any questions or need further information on participation.

DO NOT SEND YOUR CMS-460 FORM TO CMS, SEND TO YOUR MAC. IF YOU SEND YOUR FORMS TO CMS, IT WILL DELAY PROCESSING OF YOUR CMS-460 FORMS.

To view updates and the latest information about Medicare, or to obtain telephone numbers of the various Medicare Administrative Contractor (MAC) contacts including the MAC medical directors, please visit the CMS web site at <http://www.cms.gov/>.