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|----------------------------------------------|-----------------------------------------------------------|
| <b>CMS Manual System</b>                     | <b>Department of Health &amp; Human Services (DHHS)</b>   |
| <b>Pub 100-04 Medicare Claims Processing</b> | <b>Centers for Medicare &amp; Medicaid Services (CMS)</b> |
| <b>Transmittal 13149</b>                     | <b>Date: April 16, 2025</b>                               |
|                                              | <b>Change Request 13970</b>                               |

**Transmittal 13103 issued March 13, 2025, is being rescinded and replaced by Transmittal 13149, dated April 16, 2025, to revise the April Quarterly Update to the MPFSDB attachment file for current procedural terminology code 61715-26 NON-FAC PE RVU and ASST SURG indicator. All other information remains the same.**

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

**I. SUMMARY OF CHANGES:** The purpose of this 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: April 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.

| <b>R/N/D</b> | <b>CHAPTER / SECTION / SUBSECTION / TITLE</b> |
|--------------|-----------------------------------------------|
| 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: 13149 | Date: April 16, 2025 | Change Request: 13970 |
|-------------|--------------------|----------------------|-----------------------|

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## II. GENERAL INFORMATION

**A. Background:** Payment files were issued to contractors based upon the CY 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        |   |         | DME<br>MAC | Shared-System Maintainers |         |         |         | Other |
|           |                                                                                                                                                                                                                                                                      | A              | B | HH<br>H |            | FIS<br>S                  | MC<br>S | VM<br>S | CW<br>F |       |
| 13970.1   | The CMS shall notify the Medicare contractors via e-mail when the revised payment files are available for their retrieval.<br><br>Note: These files will be available on or around February 21, 2025. (See attachment for a summary of changes and effective dates.) |                |   |         |            |                           |         |         |         | CMS   |
| 13970.1.1 | Medicare contractors shall retrieve the revised payment                                                                                                                                                                                                              | X              | X | X       |            | X                         |         |         |         |       |

[illegible]

| Number    | Requirement                                                                                  | Responsibility |   |     |            |                           |    |    |     |       |
|-----------|----------------------------------------------------------------------------------------------|----------------|---|-----|------------|---------------------------|----|----|-----|-------|
|           |                                                                                              | A/B MAC        |   |     | DME<br>MAC | Shared-System Maintainers |    |    |     | Other |
|           |                                                                                              | A              | B | HHH |            | FIS                       | MC | VM | CWF |       |
|           | 4) Relative Value Units (RVU) and payment indicator files.                                   |                |   |     |            |                           |    |    |     |       |
| 13970.5.1 | 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: |
|--------------------------|--------------------------------------------------|
|--------------------------|--------------------------------------------------|

**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**

| ACTION/RATIONALE                 |  | HCPCS | MOD | STATUS | CODE                          | WORK<br>RVL | NON-FAC<br>PE RVL | FACILITY<br>PE RVL | MP<br>RVL | MULT<br>PROC. | BIAT<br>SURG | ASST<br>SURG | LO-<br>SURG | TEAM<br>SURG | PTC<br>IND | ROS | GLOBAL<br>DAYS | PRE<br>OP | INTRA<br>OP | POST<br>OP | ENDO<br>BASE | PHYSICIAN<br>SUPERVISION<br>DIAGNOSTIC<br>PROCEDURES | DIAGNOSTIC<br>IMAGING<br>FAMILY<br>INCENTIVE | NON-FACILITY<br>PE USED<br>FOR OPFS<br>PAYMENT | FACILITY<br>PE USED<br>FOR OPFS<br>PAYMENT | MP USED<br>FOR OPFS<br>PAYMENT | Record<br>Effective<br>Date<br>(YYYYMMDD) |
|----------------------------------|--|-------|-----|--------|-------------------------------|-------------|-------------------|--------------------|-----------|---------------|--------------|--------------|-------------|--------------|------------|-----|----------------|-----------|-------------|------------|--------------|------------------------------------------------------|----------------------------------------------|------------------------------------------------|--------------------------------------------|--------------------------------|-------------------------------------------|
| New code April 2025 HCPCS update |  | A9611 |     | X      | Flupirtidine 118, disp. 1 mci | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J0281 |     | E      | Im amniocoronic acid 1 gram   | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J1072 |     | E      | Inj. testosterone, azraro     | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
|                                  |  | J1094 |     | I      | Inj. desamethasone acetate    | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J1271 |     | E      | Inj. doxycycline hydrate 1 mg | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J1299 |     | E      | Inj. eculizumab, 2 mg         | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| deleted effective 04/01/2025     |  | J1300 |     | E      | Eculizumab injection          | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J1308 |     | E      | Inj. fentanyl, 0.25 mg        | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J1808 |     | E      | Inj. folic acid, 0.1 mg       | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| deleted effective 04/01/2025     |  | J1810 |     | I      | Droperidol/fentanyl inj       | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| deleted effective 04/01/2025     |  | J1890 |     | I      | Cephalothrin sodium injection | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J1938 |     | E      | Inj. dexamethasone, 1 mg      | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| deleted effective 04/01/2025     |  | J1940 |     | I      | Fusosomid injection           | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J2361 |     | E      | Inj. oreloximab 1mg hya-ocq   | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J2426 |     | E      | Inj. erzanil, 1 mg            | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J2854 |     | E      | Inj. ritampin, 1 mg           | 0.00        | 0.00              | 0.00               | 0.00      | 9             | 9            | 9            | 9           | 9            | 9          | 9   | XXX            | 0.00      | 0.00        | 0.00       | 0.00         | 09                                                   | 99                                           | 0.00                                           | 0.00                                       | 0.00                           | 20250401                                  |
| New code April 2025 HCPCS update |  | J2865 |     | E      | Inj. suflamethrim 5 mg/ml mg  | 0.00        | 0.00              | 0.00               | 0.00      | 9</           |              |              |             |              |            |     |                |           |             |            |              |                                                      |                                              |                                                |                                            |                                |                                           |