MPFS Annual Review Checklist

A step-by-step guide to reviewing the Medicare Physician Fee Schedule and keeping physician compensation accurate each year.

Use this checklist to complete your annual MPFS review. The sections build on each other, so go through them in order and check off items as you finish them. Bring it to your compensation committee to decide who owns each item and track progress.

1. Confirm how your wRVUs are calculated today

Before you analyze anything new, confirm what you have today and how your work RVUs are calculated.

- [ ] **Identify the fee schedule version tied to each model.** Map which MPFS version each compensation model and physician contract currently uses. Don't assume it's consistent across the organization.
- [ ] **Confirm your dates and provider attribution.** Decide whether calculations run on post date or service date, and determine whether work RVUs are attributed to the rendering or billing provider.
- [ ] **Account for APPs and split or shared visits.** Confirm how you credit advanced practice provider (APP) work, and how you handle split or shared visits.
- [ ] **Check that modifiers are applied correctly.** Verify modifier handling so wRVU values aren't over or understated.
- [ ] **Document your refunds and adjustments process.** Know how refunds and adjustments flow through your calculations.
- [ ] **Review any unlisted codes.** Revisit procedures not on the MPFS that you've given wRVU credit for, whether as a service in kind or another form of attribution, and confirm they still make sense.

2. Set up your review process

Put ownership and timing in place so your MPFS review happens the same way each year.

- [ ] **Assign the review to your compensation committee.** Make the annual MPFS review a defined responsibility of the physician compensation committee.
- [ ] **Build it into the annual activity calendar.** Schedule the review each year instead of treating it as ad hoc.
- [ ] **Define the scope and who performs the analysis.** Name the people responsible for your annual MPFS review, and agree on what the analysis will cover before it starts.
- [ ] **Assemble a multidisciplinary team.** Include compensation experts, coding experts, finance, and clinical and operational leaders.
- [ ] **Plan resources around the CMS release window.** CMS typically finalizes the MPFS in late October or early November. Confirm you have the right people available in November and a December committee slot to discuss it.

3. Analyze what changed

Categorize the code changes and weigh them against how much your organization uses each code.

- [ ] **Categorize every code change.** Sort codes into retained, revised, deleted, and new.
- [ ] **Add new codes and remove deleted ones.** Do this regardless of whether you adopt the updated values, so clinically used services can still be recognized.
- [ ] **Run a code utilization impact analysis.** Weigh each code change by how often your organization used it over the last 6 to 12 months.

4. Measure the impact

Turn the code analysis into wRVU variances and decide what counts as material.

- [ ] **Calculate wRVU variances at three levels.** Look at the impact across the entire organization, by specialty and location, and by individual physician.
- [ ] **Set a materiality threshold.** Many organizations start around 5%, though some use 2% or 4%. The exact number matters less than having one.
- [ ] **Flag affected physicians, clinicians, and specialties.** Identify who lands above your materiality threshold. Prioritize these individuals for follow-up and communication.

5. Check benchmarking and performance management

MPFS changes matter even if you don't pay physicians on work RVUs, because you probably use those values elsewhere.

- [ ] **Confirm survey data comparability.** Check that the fee schedule version behind your survey data matches the version you use, and adjust for any difference.
- [ ] **Normalize multi-period productivity trends.** When analyzing productivity across periods, account for fee schedule changes so they aren't mistaken for changes in output.

6. Review contracts and get approval

Confirm what your agreements require and have the committee sign off before anything changes.

- [ ] **Check whether contracts obligate or permit adoption.** Determine whether your provider agreements require you to adopt the new fee schedule each year or leave it optional.
- [ ] **Review each agreement type separately.** Employment agreements, PSAs, and community physician arrangements often carry different language. Review each type.
- [ ] **Trigger a compensation review where changes are material.** If a specialty or subspecialty will see a material change in their compensation, confirm your benchmarks and per-wRVU rates will still pay physicians the way you intended.
- [ ] **Have the committee review and approve the analysis.** Review and discuss the analysis in-depth before communicating any changes to your physicians and clinicians.

7. Build your engagement plan

Plan the communication before you announce anything. Your audience isn't just physicians.

- [ ] **Identify who's affected and how.** Know which physicians, clinicians, and specialties will be most impacted by the MPFS changes before you announce the transition.
- [ ] **Be transparent, direct, and data-driven.** Show providers what's changing and why, and clarify that MPFS changes come from CMS, not your organization.
- [ ] **Engage physicians proactively.** Reaching physicians before a change hits their paycheck will go over better than explaining it afterward. Be honest if you can't make someone whole.
- [ ] **Brief internal stakeholders, too.** Recruiters, frontline operations, clinical leaders, compliance, and contracting attorneys may all field MPFS-related questions, so they need to be aware of the changes.