

2027 Medicare Fee Schedule Checklist

MPFS reimbursement math every clinic should rerun

Tick each step as you go, write your numbers in the blanks, and hand the finished sheet to whoever owns billing for January.

PHASE 1 KNOW YOUR 2027 RATE

Start now

1

Tag every clinician with the right conversion factor

- ☐ Export every rendering NPI that bills Medicare from your practice management system.
- ☐ Look up each NPI in the CMS QPP Participation Status tool. QP status earned in 2025 sets the 2027 rate.
- ☐ Mark each clinician as QP (\$33.1693) or non-QP (\$32.8409) in your fee schedule setup.

Benchmark Nothing you sign this fall changes the rate a clinician gets in January.

QP clinicians _____ Total clinicians _____

2

Reprice your top 20 Medicare codes

- ☐ Run a 12-month Medicare volume report by CPT code and keep the top 20.
- ☐ Multiply each code's locality-adjusted RVUs by the clinician's 2027 conversion factor.
- ☐ Multiply the per-visit change by annual volume to get a yearly dollar figure per code.

Benchmark 99213 drops about \$1.59, 99214 about \$2.28, and 99215 about \$3.23 per visit nationally.

Projected yearly change \$ _____

PHASE 2 FIND THE HIDDEN EXPOSURE

Before the final rule in November

3

Total your same-day E/M and procedure exposure

- ☐ Pull office E/M claims with modifier 25 billed on the same date as a 0-, 10- or 90-day global procedure.
- ☐ Mark the lower-priced service on each date. That one would pay at 50% under the proposal.
- ☐ Total the lost dollars by provider and by procedure type.

Benchmark A 99213 beside a pricier procedure falls from about \$93.60 to \$46.80.

Same-day visits per year _____ Dollars at risk \$ _____

4

Check the visit-level mix on your G2211 claims

☐ Count G2211 claims by visit level across 99213, 99214 and 99215.

☐ Reprice each level at 16% of the E/M payment and compare with today's flat \$17.37.

☐ Spot-check that documentation supports the level billed on longitudinal visits.

Benchmark 16% pays about \$14.98 on a 99213, \$21.33 on a 99214, and \$30.27 on a 99215.

Share billed as 99213 %

Net yearly change \$

5

Map NP and PA billing paths

☐ Split office visits by billing NPI, physician versus NP or PA.

☐ Flag visits billed incident to a physician and confirm each meets Medicare's supervision rules.

☐ Adjust schedules so incident-to visits fall when a supervising physician is available.

Benchmark Under an NP or PA NPI a 99214 pays about \$113.33, against \$133.33 at the physician rate.

NP or PA visits per year

Incident-to visits per year

PHASE 3 PROTECT REVENUE BEYOND MEDICARE

Before January 1

6

Read the fee exhibit in every commercial and MA contract

☐ List every contract that pays a percentage of the Medicare fee schedule.

☐ Note whether the exhibit names a fee year or follows the current schedule.

☐ Find the reprice date, January 1 or the contract anniversary, and flag renewals to negotiate a locked year.

Benchmark A contract at 120% of Medicare pays about \$2.73 less on a 99214.

Payer	% of Medicare	Fee year in exhibit	Reprices on	Renewal date

Benchmarks use proposed national rates. Swap in your locality and the final rule once CMS publishes it.

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Pull your 2025 MIPS final score

☐ Download the 2025 performance feedback from the QPP portal for each clinician or group.
 ☐ Compare the final score with the 75-point threshold.
 ☐ Add any negative adjustment to the conversion factor cut in your 2027 forecast.

Benchmark

The maximum MIPS penalty for the 2027 payment year is 9%.

Final score

Payment adjustment %

PHASE 4 CATCH UNDERPAYMENTS IN JANUARY

Once rates go live

8

Load final rates and audit the first remittances

☐ Load the final CMS fee schedule into your practice management system as soon as it publishes.
 ☐ Update expected allowed amounts for every payer tied to Medicare.
 ☐ Compare January remittances with expected amounts, then appeal or call the payer on each variance.

Benchmark

Checking the first remits in January surfaces underpayments in weeks instead of months.

Rates loaded on

First remit audit on

PHASE 5 YOUR 2027 IMPACT SUMMARY

Bring to your budget meeting

Line item	From step	Yearly impact
Conversion factor cut on top 20 codes	2	
Same-day E/M and procedure 50% rule	3	
G2211 modifier change	4	
Contracts tied to % of Medicare	6	
MIPS payment adjustment	7	
Total projected 2027 change		