



Clinical Laboratory Fee Schedule (CLFS) Data Collection and Reporting Webinar

April 16, 2026

Welcome



Thank you for joining our **Clinical Laboratory Fee Schedule (CLFS) Data Collection and Reporting Webinar.**

This session will be recorded and posted.

- Participants can submit questions via the Q&A feature.
- This is approximately a 1-hour session with time for questions at the end.

Agenda

Topic	Presenter
Introductory Remarks	Sarah Shirey-Losso, CMS
<ul style="list-style-type: none">• Program Overview• Data Collection and Reporting Process• CLFS System Overview	Sarah Harding, CMS
<ul style="list-style-type: none">• Timeline• Resources• Next Steps	Maria Durham, CMS
Q&A Session	CMS and Contractor Team

Goals



- Provide an overview of the:
 - Laboratory reporting requirements
 - Registration process
 - Available resources
- Demonstrate how to:
 - Prepare for data collection
 - Access the CLFS Data Collection System
 - Report clinical diagnostic laboratory tests (CDLT) data to CMS
- Answer your questions

PAMA Requirement



- Section 1834A of the Social Security Act (the Act), as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), requires applicable laboratories to report applicable information to CMS for each clinical diagnostic laboratory test that the laboratory furnishes.
- The first round of data collection and reporting took place in 2017.
- On February 3, 2026, section 6226 of the Consolidated Appropriations Act (CAA) was passed, announcing that the next data reporting period would be from May 1, 2026, to July 31, 2026.
- This round of data collection and reporting will set the Clinical Laboratory Fee Schedule for Calendar Years 2027 to 2029.

Applicable Information

January 1, 2025, through June 30, 2025



CDLTs

Clinical diagnostic laboratory tests (CDLTs): the specific HCPCS code associated with the test



**PAYMENT
RATE**

Each private payor rate for which the final payment has been made during the data collection period



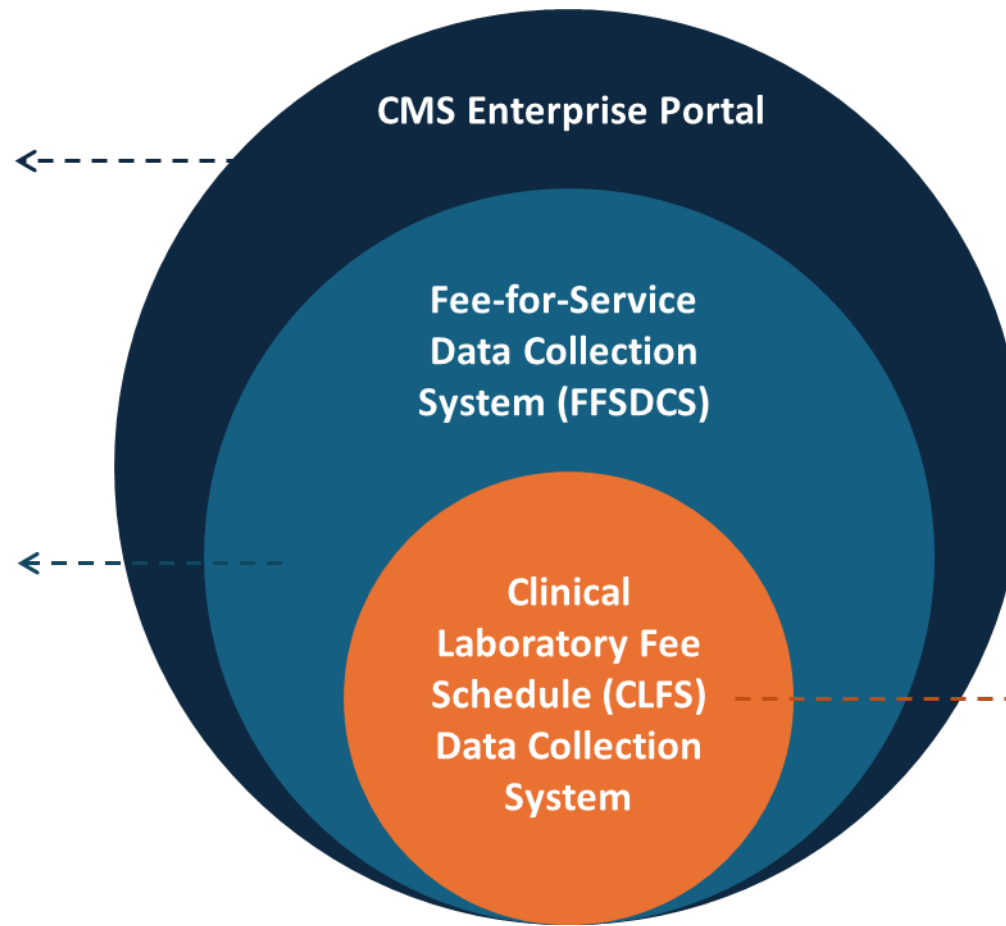
UNITS

The associated volume of tests performed corresponding to each private payor rate

Data Collection System

The CMS Enterprise Portal hosts all CMS applications and verifies individuals through the Identity Management System (IDM).

The FFSDCS collects data for Medicare Fee-for-Service Programs.



The CLFS Data Collection System collects data from applicable laboratories.

Getting Started

1



Verify Applicable Status

Confirm billing status, calculate the majority of Medicare threshold, and confirm CLFS revenues meet or exceed the low expenditure threshold.

2



Identify Submitter and Certifier

Identify two individuals to create accounts in the CMS Enterprise Portal, verify their identities, and request access to the CLFS Module.

3



Prepare Data

Work with your internal team to gather private payor data using the provided template.

4



Submit Data

Submit your CDLT data in the Data Collection System starting May 1, 2026.

Applicable Laboratory



Bill Medicare Part B

Your laboratory bills Medicare Part B either under its own National Provider Identifier (NPI), or on the Form-1450 under type of bill (TOB) 14X, if a hospital outreach laboratory.

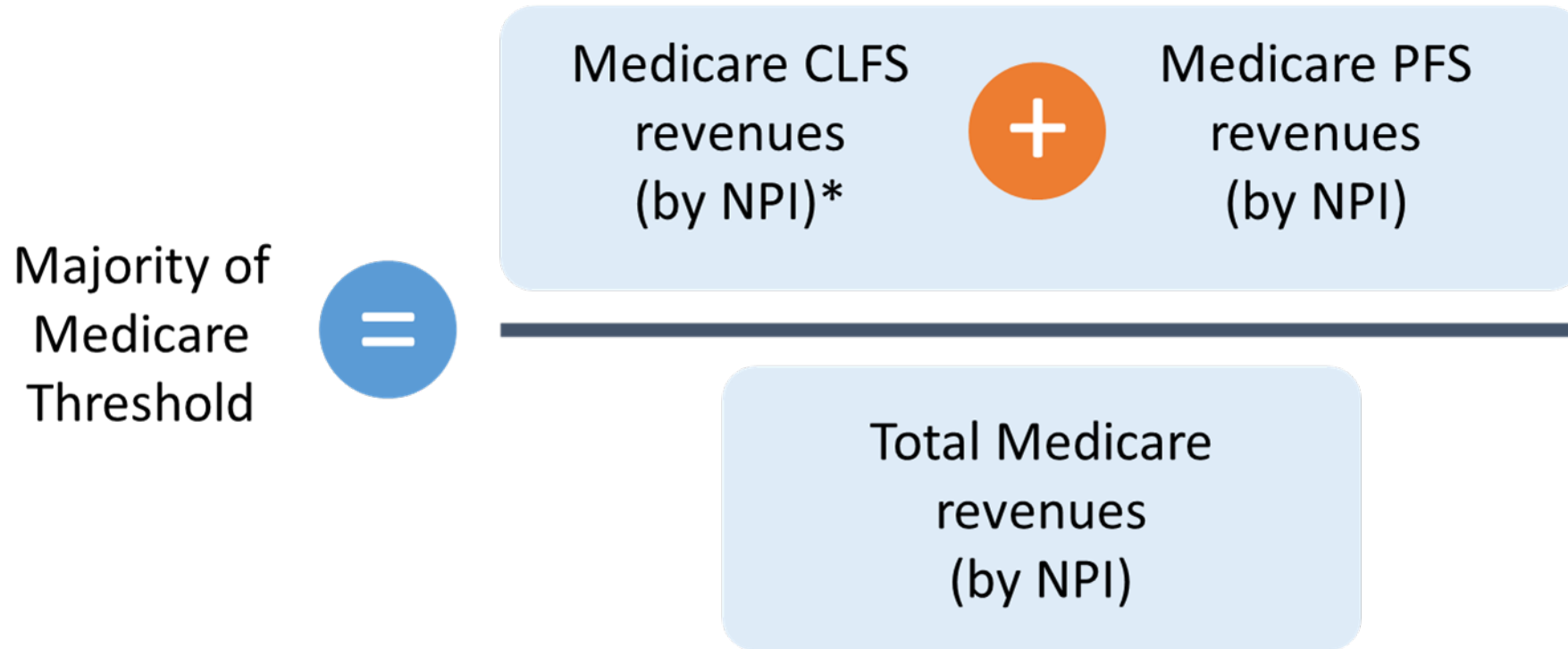
Majority of Medicare

Your laboratory meets the “majority of Medicare revenues” threshold, which means when you add your revenue from Medicare CLFS and Medicare Physician Fee Schedule (PFS), it is more than 50 percent of your total Medicare revenues.

Low Expenditure Threshold

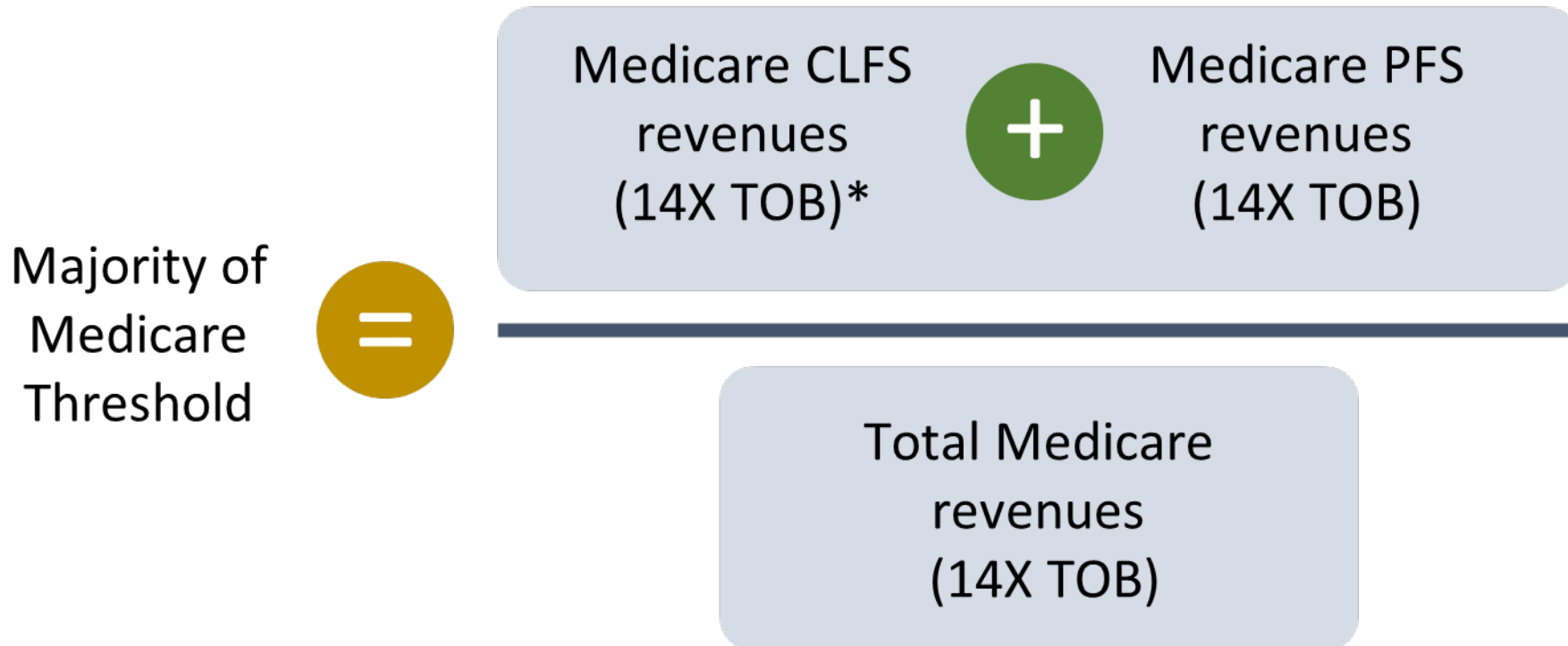
Once you complete the calculation, you are an applicable laboratory if your Medicare CLFS revenues (for billing NPI) meet or exceed the low expenditure threshold of \$12,500.

Laboratories with their own NPI



**Medicare CLFS revenues (for billing NPI) meet or exceed the low expenditure threshold of \$12,500.*

Laboratories That Share the Hospital's NPI



**Medicare CLFS revenues (for billing NPI) meet or exceed the low expenditure threshold of \$12,500.*

How to Determine Applicability

Because CMS cannot verify all information to determine applicable lab status, Independent, Physician's Office, and Hospital-outreach laboratories are asked to determine whether they are applicable labs and, if so, are required to report. CMS created several resources for labs to use when determining their applicable status.

Frequently Asked Questions (Section 3)

Quick Reference Guides: Determining Applicable Status

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Updated March 12, 2026

Clinical Laboratory Fee Schedule: PAMA Reporting Frequently Asked Questions (FAQs)

Table of Contents

- Background**
- Section 1: Current Data Collection and Reporting Dates**
- Section 2: General Information**
- Section 3: Applicable Laboratories and Reporting Entity**
- Section 4: Applicable Information & Reporting Data**
- Section 5: Condensed Reporting**
- Section 6: Penalties**

Background:

Section 1834A of the Act, as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), required significant changes to how Medicare pays for CLDTs under the CLFS. A final rule entitled "Medicare Clinical Diagnostic Laboratory Tests Payment System" (CLFS final rule), which appeared in the Federal Register on June 23, 2016 (81 FR 41036), implemented section 1834A of the Act at 42 CFR part 414, subpart G.

Under the CLFS final rule, "reporting entities" must report to CMS during a "data reporting period" "applicable information" collected during a "data collection period" for their component "applicable laboratories." The first data collection period occurred from January 1, 2016, through June 30, 2016. The first data reporting period occurred from January 1, 2017, through March 31, 2017.

In the CY 2019 Physician Fee Schedule (PFS) final rule (83 FR 59667-59681), CMS made two revisions to the regulatory definition of applicable laboratory, effective January 1, 2019: 1) Medicare Advantage (MA) plan revenues are excluded from total Medicare revenues, the denominator of the majority of Medicare revenues threshold; and (2) Hospitals that bill for their non-patient laboratory services use Medicare revenues from the Form CMS-1450 14x Type of Bill (TOB) to determine whether its hospital outreach laboratories meet the majority of Medicare revenues threshold and low expenditure threshold. In addition, for future data reporting periods, CMS will allow reporting entities the option to condense certain applicable information at the Tax Identification Number (TIN)-level, instead of reporting for each applicable laboratory individually at the National Provider Identifier (NPI) level.

Beginning in 2019, Congress passed a series of legislation to modify the statutory requirements for the data reporting period and phase-in of payment reductions under the CLFS for clinical diagnostic laboratory tests (CDLTs) that are not advanced diagnostic laboratory tests (ADLTs) under Section 1834A of the Act, including:

Quick Reference Guide for Determining Applicable Status of an Independent Laboratory

Section 1834A of the Social Security Act (the Act), as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), requires applicable laboratories to report applicable information to CMS for each clinical diagnostic laboratory test that the laboratory furnishes. On February 3, 2026, section 6226 of the Consolidated Appropriations Act (CAA) was passed, announcing that the next data reporting period would be from May 1, 2026, to July 31, 2026, and is based on an updated data collection period of January 1, 2025, through June 30, 2025. Because CMS cannot verify all information to determine applicable lab status, **Physician's Office laboratories are asked to determine whether they are applicable labs and, if so, are required to report.** Here is helpful guidance for laboratories on determining whether their facilities qualify as applicable laboratories during the collection period.

Flowchart Steps:

- Is your lab CLIA Certified, including a CLIA Certificate of Waiver?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does your lab have its own NPI?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does your lab use another lab's NPI?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Your lab is not an Applicable Lab and is not required to report. (Note: If the lab is a hospital outreach lab, it may be required to report.)

For more information, visit CLFS & PAMA Reporting Resources Website. Contact CLFS_Requests@cms.hhs.gov. Published: April 2026.

Quick Reference Guide for Determining Applicable Status of a Physician Office Laboratory (POL)

Section 1834A of the Social Security Act (the Act), as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), requires applicable laboratories to report applicable information to CMS for each clinical diagnostic laboratory test that the laboratory furnishes. On February 3, 2026, section 6226 of the Consolidated Appropriations Act (CAA) was passed, announcing that the next data reporting period would be from May 1, 2026, to July 31, 2026, and is based on an updated data collection period of January 1, 2025, through June 30, 2025. Because CMS cannot verify all information to determine applicable lab status, **Physician's Office laboratories are asked to determine whether they are applicable labs and, if so, are required to report.** Here is helpful guidance for laboratories on determining whether their facilities qualify as applicable laboratories during the collection period.

Flowchart Steps:

- Is your POL CLIA Certified, including a CLIA Certificate of Waiver?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does your POL have its own NPI?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does your POL share an NPI with the Physician or a Practitioner?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does this NPI bill Medicare Part B?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does this NPI meet the Majority of Medicare Threshold?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Medicare Clinical Lab Fee Schedule (CLFS) revenues + Medicare Physician Fee Schedule (PFS) revenues received by your NPI / Total Medicare revenues received by your NPI. Is that number greater than 0.50, or 50%?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Do the Medicare CLFS revenues for this NPI exceed \$12,000?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: You are an Applicable Lab and are required to report.

For more information, visit CLFS & PAMA Reporting Resources Website. Contact CLFS_Requests@cms.hhs.gov. Published: April 2026.

Quick Reference Guide for Determining Applicable Status of a Hospital Outreach Laboratory

Section 1834A of the Social Security Act (the Act), as established by section 216(a) of the Protecting Access to Medicare Act of 2014 (PAMA), requires applicable laboratories to report applicable information to CMS for each clinical diagnostic laboratory test that the laboratory furnishes. On February 3, 2026, section 6226 of the Consolidated Appropriations Act (CAA) was passed, announcing that the next data reporting period would be from May 1, 2026, to July 31, 2026, and is based on an updated data collection period of January 1, 2025, through June 30, 2025. Because CMS cannot verify all information to determine applicable lab status, **Hospital outreach laboratories are asked to determine whether they are applicable labs and, if so, are required to report.** Here is helpful guidance for laboratories on determining whether their facilities qualify as applicable laboratories during the collection period.

PLEASE NOTE: If you bill under the hospital's NPI, you are not determining applicable laboratory status based on its Medicare revenues from the 14x TOB; you will likely meet the majority of Medicare revenues threshold. Your Medicare revenues are not required to be reported.

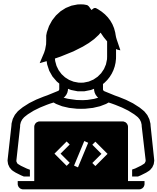
Flowchart Steps:

- Is your lab CLIA Certified, including a CLIA Certificate of Waiver?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does your lab bill Medicare Part B?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does your lab bill Medicare Part B under the 14x TOB?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Does this NPI meet the Majority of Medicare Threshold?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Medicare Clinical Lab Fee Schedule (CLFS) revenues + Medicare Physician Fee Schedule (PFS) revenues received by your NPI / Total Medicare revenues received by your NPI. Is that number greater than 0.50, or 50%?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: Do the Medicare CLFS revenues for this NPI exceed \$12,000?
 - NO: Not an Applicable Lab - Do Not Report
 - YES: You are an Applicable Lab and are required to report.

For more information, visit CLFS & PAMA Reporting Resources Website. Contact CLFS_Requests@cms.hhs.gov. Published: April 2026.

CLFS Roles

CMS has identified two main roles for this survey initiative.



The **Submitter** is an individual selected by the laboratory who will create an account in the CMS Enterprise Portal, request the Submitter role in the CLFS module, submit data on behalf of their TIN, and notify the Certifier once data have been submitted. There may only be one Submitter per TIN. A Submitter may submit on behalf of multiple TINs.



The **Certifier** is a President or Chief Financial Officer (CFO) of the applicable laboratory, or an individual designated by the President or CFO, who will create an account in the CMS Enterprise Portal, request the Certifier role in the CLFS module, review the submitted data on behalf of their TIN, and attest to the data's accuracy. There may only be one Certifier per TIN. A Certifier may certify on behalf of multiple TINs.

CMS Enterprise Portal Account

IDM Registration Guide

The Submitter and Certifier for each TIN will follow the steps as outlined in the Registration Guide to create a CMS Enterprise Portal Account and request access to the CLFS Module.

Create Username and Password



Set up Multifactor Authentication



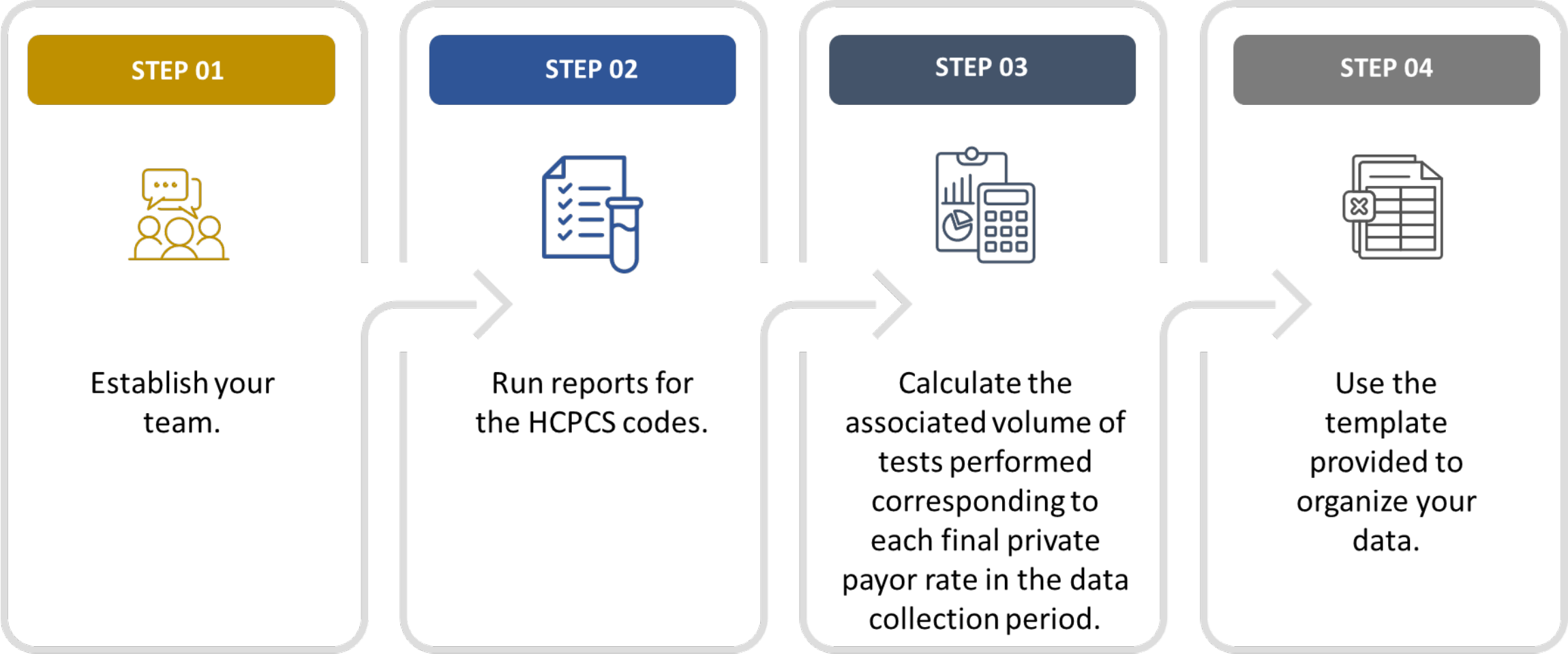
Request Access to FFSDCS as a
CLFS Submitter or CLFS Certifier



Verify Identity using **Personal
Information**



Prepare Data



CLFS Data Reporting Template

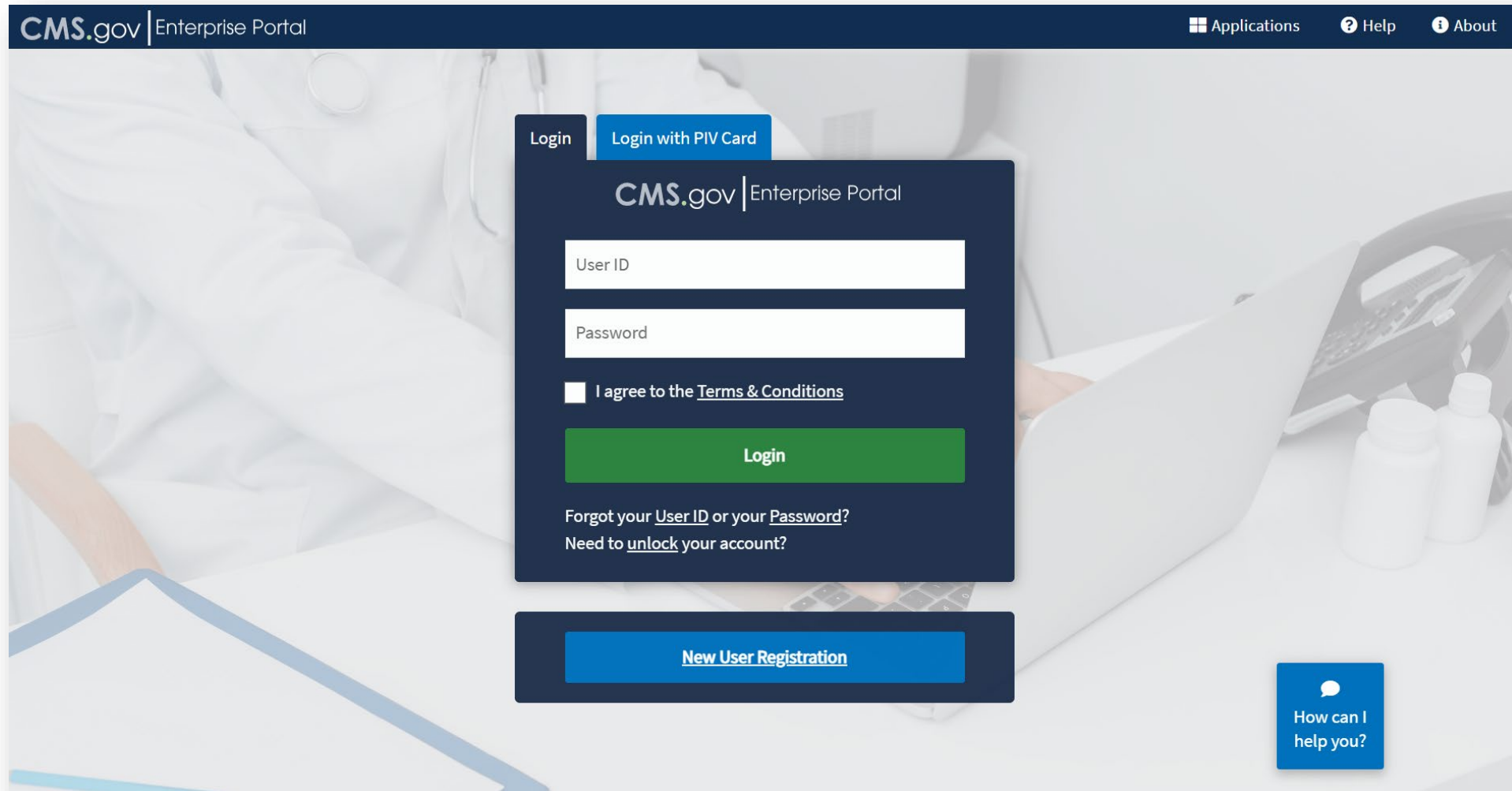
A HCPCS Code (5-alpha numeric characters)	B Payment Rate (1-5 numeric characters and two decimal places)	C Volume (1-6 numeric characters)	D NPI (National Provider Identifier) (10 numeric characters)
12345	12.34	200	1234567890
23456	23.45	315	1234567890
34567	34.56	102	1234567890
45678	4.56	2004	1234567890
56789	567.89	15	1234567890
67890	6.78	5890	1234567890

Template Tips



- Submit **only one TIN** per file.
- You may have multiple NPIs per file.
- Do not alter the **formatting** of the Excel file. The system will reject files if the formatting is incorrect.
 - Do not add additional columns to the template.
 - Do not add, remove, or otherwise change columns or column headings within the template.
 - Do not submit blank rows between data entries.
- Enter the Healthcare Common Procedure Coding System (HCPCS) Code, Payment Rate, Volume, and NPI, according to the requirements outlined in the template. They are also listed in the Submitter User Guide.

CMS Enterprise Portal



The screenshot shows the CMS.gov Enterprise Portal login interface. At the top left, the logo reads "CMS.gov | Enterprise Portal". At the top right, there are navigation links for "Applications", "Help", and "About". The main content area features a login form with the following elements:

- Two tabs: "Login" (selected) and "Login with PIV Card".
- The CMS.gov logo and "Enterprise Portal" text.
- A "User ID" input field.
- A "Password" input field.
- A checkbox labeled "I agree to the [Terms & Conditions](#)".
- A green "Login" button.
- Links for "Forgot your [User ID](#) or your [Password](#)?" and "Need to [unlock](#) your account?".
- A blue "New User Registration" button.
- A blue chat bubble icon with the text "How can I help you?".

FFSDCS Tile, CLFS Link

My Portal

[+ Add Application](#)

Previous Login: [View Login History](#)



Fee For Service Data
Collection System
(FFSDCS)

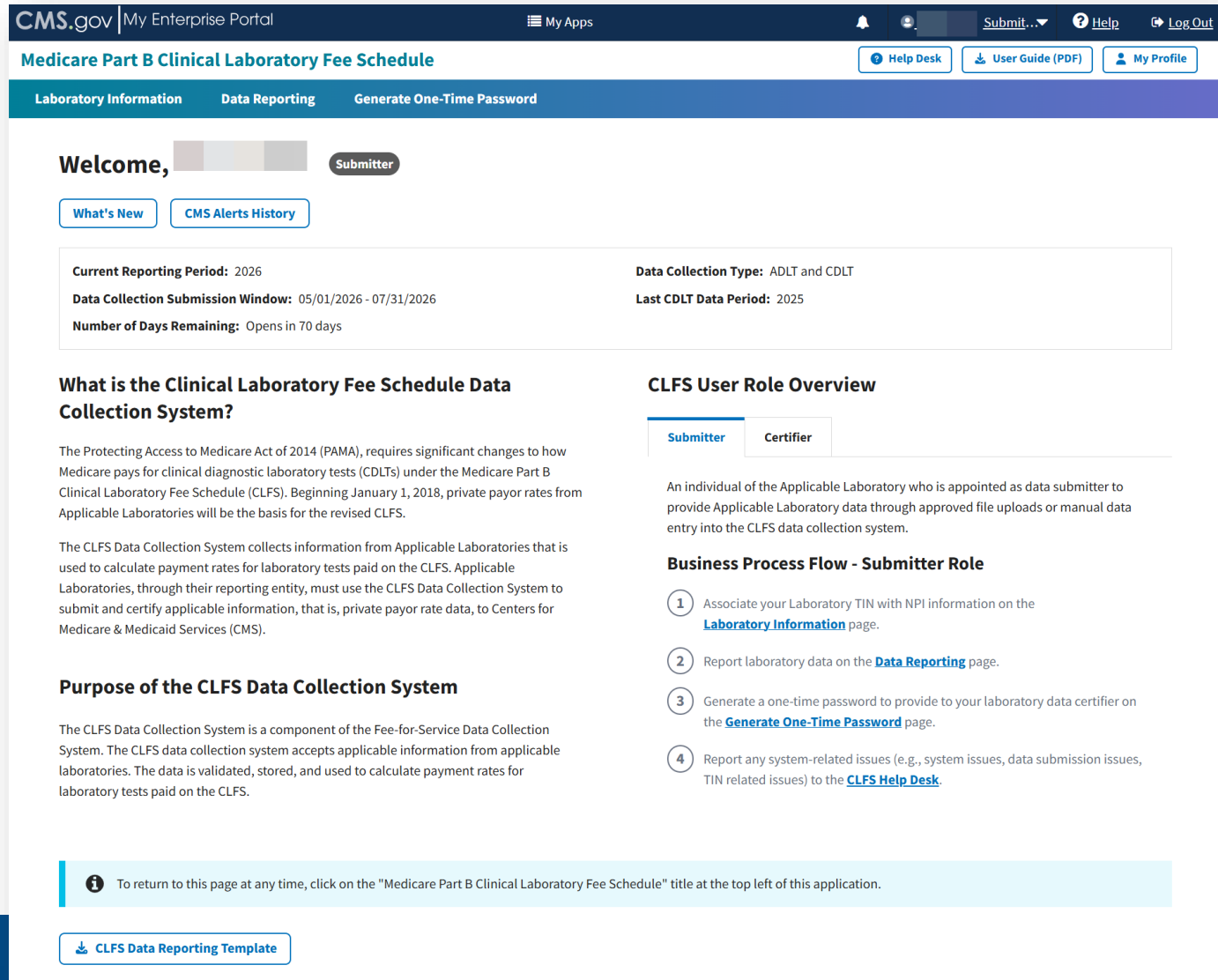


Fee For Service Data
Collection
System(FFSDCS)-IMPLP

[Fee For Service Data Collection System \(FFSDCS\)](#)

- [Medicare Ground Ambulance Data Collection System \(GADCS\)](#)
- [Average Sales Price \(ASP\) - Modernization](#)
- [Clinical Laboratory Fee Schedule \(CLFS\)](#)
- [OPPS Drug Acquisition Cost Survey \(ODACS\)](#)

CLFS Welcome Page - Submitter 4



The screenshot shows the CMS.gov My Enterprise Portal for the Medicare Part B Clinical Laboratory Fee Schedule. The user is logged in as a Submitter. The page features a navigation bar with 'Laboratory Information', 'Data Reporting', and 'Generate One-Time Password'. A central box displays reporting details for 2026, including the current reporting period, submission window, and days remaining. Below this are sections for 'What is the Clinical Laboratory Fee Schedule Data Collection System?' and 'CLFS User Role Overview'. The 'Business Process Flow - Submitter Role' section contains a 4-step list of actions. A footer note and a 'CLFS Data Reporting Template' download button are also visible.

Current Reporting Period: 2026
Data Collection Submission Window: 05/01/2026 - 07/31/2026
Number of Days Remaining: Opens in 70 days

Data Collection Type: ADLT and CDLT
Last CDLT Data Period: 2025

What is the Clinical Laboratory Fee Schedule Data Collection System?

The Protecting Access to Medicare Act of 2014 (PAMA), requires significant changes to how Medicare pays for clinical diagnostic laboratory tests (CDLTs) under the Medicare Part B Clinical Laboratory Fee Schedule (CLFS). Beginning January 1, 2018, private payor rates from Applicable Laboratories will be the basis for the revised CLFS.

The CLFS Data Collection System collects information from Applicable Laboratories that is used to calculate payment rates for laboratory tests paid on the CLFS. Applicable Laboratories, through their reporting entity, must use the CLFS Data Collection System to submit and certify applicable information, that is, private payor rate data, to Centers for Medicare & Medicaid Services (CMS).

Purpose of the CLFS Data Collection System

The CLFS Data Collection System is a component of the Fee-for-Service Data Collection System. The CLFS data collection system accepts applicable information from applicable laboratories. The data is validated, stored, and used to calculate payment rates for laboratory tests paid on the CLFS.

CLFS User Role Overview

Submitter | Certifier

An individual of the Applicable Laboratory who is appointed as data submitter to provide Applicable Laboratory data through approved file uploads or manual data entry into the CLFS data collection system.

Business Process Flow - Submitter Role

- 1 Associate your Laboratory TIN with NPI information on the [Laboratory Information](#) page.
- 2 Report laboratory data on the [Data Reporting](#) page.
- 3 Generate a one-time password to provide to your laboratory data certifier on the [Generate One-Time Password](#) page.
- 4 Report any system-related issues (e.g., system issues, data submission issues, TIN related issues) to the [CLFS Help Desk](#).

Info: To return to this page at any time, click on the "Medicare Part B Clinical Laboratory Fee Schedule" title at the top left of this application.

[CLFS Data Reporting Template](#)

Submitter: Data Entry Steps

1

Associate your laboratory TIN(s) with NPI information on the **Laboratory Information** page.

2

Report laboratory data using the template provided on the **Data Reporting** page and upload it into the system.

3

Generate a one-time password (OTP) to provide to your Certifier on the **Generate One-Time Password** page.

CLFS Welcome Page - Certifier

Medicare Part B Clinical Laboratory Fee Schedule

[Help Desk](#)[User Guide \(PDF\)](#)[My Profile](#)[Laboratory Information](#)[Certification](#)Welcome, 

Certifier

Current Reporting Year: 2026**ADLT Data Reporting Period:** 01/01/2026 - 07/31/2026**CDLT Data Reporting Period:** null - null**Number of Remaining Days in the Current Reporting Period for ADLT:** 108**Number of Remaining Days in the Current Reporting Period for CDLT:** No CDLTs were collected during the reporting year.**Last CDLT Collection Period:** 2025

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CLFS User Role Overview

[Submitter](#)[Certifier](#)

An individual appointed as data certifier, typically a President or Chief Financial Officer (CFO) of the Applicable Laboratory, Who guarantees the accuracy and completeness of applicable information submitted to CMS.

Business Process Flow - Certifier Role

- 1 Applicable Laboratory association: [Associate your Laboratory with TIN](#) and OTP provided by Submitter.
- 2 Applicable Laboratories (Certifier) review and [Certify](#).

Certifier: Certification Steps

1

Associate your laboratory TIN(s) with NPI information and the one-time password (OTP) from your submitter on the **Laboratory Information** page.

2

Review and certify your data on the **Certification** page.

3

Review the **Data Certification Statement**, click the box next to “I agree to the above certification statement,” and then click the **Submit** button.

One-Time Password (OTP)

CMS.gov | My Enterprise Portal My Apps Jenn Certifier Help Log Out

Medicare Part B Clinical Lab Fee Schedule Help Desk User Guide (PDF) My Profile

Laboratory Information **Certification**

[← Back to Welcome page](#)

Laboratory Information

TIN Registration **My TINs**

i Please register each TIN separately by entering the corresponding OTP received by the submitter. Ensure all TINs are registered before proceeding to the next step.

Tax Identification Number (TIN) (required)

OTP Provided by your data submitter (required)

Register

Data Review Tips



- Review the file **prior** to having the Submitter upload it to the system.
- After uploading, if any errors are found, they must be corrected by the Submitter.
- The OTP is valid for 7 days. After 7 days, the Submitter will need to generate and send a new OTP.
- Certification can only happen in the Data Collection System, and reporting is not complete without certification.
- Once the Certifier has certified the data for the current period, data submission is closed, and no more data can be entered for that TIN. If corrections are needed after certification, please contact the CLFS helpdesk.

Timeline and Resources

Timeline

Now

Labs determine their applicable status and begin preparing the data.

Submitters and Certifiers create an account in the CMS Enterprise Portal.

July 31, 2026

All submissions are due to CMS in the CLFS Data Collection System by 11:59 p.m. EST.

January 1, 2027

Clinical Laboratory Fee Schedule payment rates are effective.

May 1, 2026

The CLFS Data Collection System goes live. Submitters upload the template into the Data Collection System, and Certifiers verify the submission.

Summer 2026

- Data are analyzed
- Public meeting
- FACA meeting

Fall 2026

Payment determinations are proposed and finalized.

Resources

How do I report?

- Registration Guide
- Submitter User Guide
- Certifier User Guide
- HCPCS Codes
- Reporting Template
- System Videos

An official website of the United States government [Here's how you know](#) ▼

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Home > Medicare > Payment > Fee schedules > Clinical Laboratory Fee Schedule > CLFS & PAMA Reporting and Resources

Fee schedules

- Physician Fee Schedule
- Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies
- DMEPOS Competitive Bidding
- Ambulance Fee Schedule
- Clinical Laboratory Fee Schedule**
 - CLFS Advisory Panel
 - CLFS Files
 - CLFS Annual Public Meetings
 - CLFS & PAMA Reporting and Resources**
 - ADLT Information
 - CLFS Events
 - CLFS History
 - Laboratory Date of Service Policy
 - Application for Level II HCPCS Code for ADLTs and FDA Cleared or Approved CDLTs
 - Notification to CMS of an FDA Cleared or Approved Clinical Diagnostic Laboratory Test (CDLT) under the Medicare Clinical Laboratory Fee Schedule (CLFS)

CLFS & PAMA Reporting and Resources

Announcements

CMS will host a 60-minute CLFS Data Collection Webinar on Thursday, April 16, 2026, at 3 pm ET. [Register now.](#)

Mark Your Calendar: The next data reporting period starts May 1.

IMPORTANT: On February 3, 2026, Section 6226 of the CAA, 2026 was passed and updated the data reporting requirements for clinical diagnostic laboratory tests (CDLTs) that aren't advanced diagnostic laboratory tests (ADLTs). It also delayed the phase-in of payment reductions under the CLFS from private payor rate implementation:

- The next data reporting period will be from May 1, 2026 – July 31, 2026 and based on an UPDATED data collection period of January 1, 2025 through June 30, 2025.
- There is no phase-in reduction in 2026. Beginning January 1, 2027-2029, payment may not be reduced by more than 15% percent per year compared to the payment amount established for a test the preceding year.

The third step in the [CLFS data collection process](#) is report data. Reporting entities report applicable information to us. **The next data reporting period runs from May 1 – July 31, 2026.**

- > What's a reporting entity?
- > What's applicable information?
- > Do I need to report information?
- > How do I know if I'm an applicable laboratory?
- > When's the next reporting period?
- > How do I report?**
 - View the "CLFS Data Collection System User Guides"
 - [IDM Registration \(PDF\)](#)
 - [CLFS Submitter User Guide \(PDF\)](#)
 - [CLFS Certifier User Guide \(PDF\)](#)
 - Watch a system demonstration video:
 - [Video for submitters](#)
 - [Video for certifiers](#)
 - View the [CLFS applicable HCPCS codes \(ZIP\)](#) - updated 02/23/2026
 - Use the [CLFS Data Reporting Template \(ZIP\)](#) - Updated 03/12/2026

Resources (continued)

How can I get more information?

- FAQs
- Clinical Laboratory Fee Schedule and other PDFs
- Webinar Recording

Fee schedules

- Physician Fee Schedule
- Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies
- DMEPOS Competitive Bidding
- Ambulance Fee Schedule
- Clinical Laboratory Fee Schedule**
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CLFS & PAMA Reporting and Resources

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- > [What's a reporting entity?](#)
- > [What's applicable information?](#)
- > [Do I need to report information?](#)
- > [How do I know if I'm an applicable laboratory?](#)
- > [When's the next reporting period?](#)
- > [How do I report?](#)
- > [What are final paid claims?](#)
- > [How can I get more information?](#)**

[Clinical Laboratory Fee Schedule: PAMA Reporting Frequently Asked Questions \(FAQs\)](#)

Medicare Learning Network® Publications

- [Clinical Laboratory Fee Schedule \(PDF\)](#): Learn how Medicare pays for clinical diagnostic laboratory tests (CDLTs) and advanced diagnostic laboratory tests (ADLTs) under the Clinical Laboratory Fee Schedule (CLFS)
- [Clinical Laboratory Fee Schedule Annual Payment Determination Process](#): Read about the annual payment determination process
- [Complying with Documentation Requirements for Lab Services \(PDF\)](#): Understand documentation requirements
- [CLIA Program & Medicare Lab Services \(PDF\)](#): Find about the Clinical Laboratory Improvements Amendments (CLIA) Program

Outreach



- Certified letter
- Email communications
- MLN Connects news articles
- X (formerly Twitter)
- Professional organizations (such as ACLA, NILA, CLC, AAFP, AMA, POCTA, and MGMA)

Support



- **Technical Support (DCCA)**
 - clfshelpdesk@dcca.com
 - 1-844-876-0765
- **Feedback and Other Questions**
 - CLFS_Inquiries@cms.hhs.gov

What's Next?

- ✓ Verify Applicable Lab status.
- ✓ Select the Submitter and Certifier for each TIN.
- ✓ Begin creating an account in the CMS Enterprise Portal.
- ✓ Gather your data.
- ✓ Visit the [CLFS & PAMA Reporting and Resources website](#).
 - User Guides (Registration, Submitter, and Certifier)
 - FAQs
 - Data Template
 - Quick Reference Guides
 - Webinar Recording
 - System Demonstration Video



Q&A

