



Clinical Laboratory Fee Schedule: 2026 Annual Update

Related CR Release Date: December 5, 2025	MLN Matters Number: MM14312
Effective Date: January 1, 2026	Related Change Request (CR) Number: CR 14312
Implementation Date: January 5, 2026	Related CR Transmittal Number: R13514CP
Related CR Title: Calendar Year (CY) 2026 Annual Update for Clinical Laboratory Fee Schedule and Laboratory Services Subject to Reasonable Charge Payment	

Affected Providers

- Laboratories
- Other providers billing Medicare Administrative Contractors (MACs) for laboratory services

Action Needed

Make sure your billing staff knows about Clinical Laboratory Fee Schedule (CLFS) changes and instructions effective January 1, 2026:

- Data reporting period and the phase-in of payment reductions
- Mapping for new test codes
- Updates for tests subject to the reasonable charge payment

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Key Updates

Next CLFS Data Reporting Period for Clinical Diagnostic Laboratory Tests

- On November 12, 2025, section 6209 of the [Continuing Appropriations, Agriculture, Legislative Branch, Military Construction and Veterans Affairs, and Extensions Act, 2026](#) was passed and delayed 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 February 1, 2026 – April 30, 2026, and based on the original data collection period of January 1, 2019 – June 30, 2019.
 - A 0% payment reduction will be applied until January 30, 2026, so that a CDLT that isn't an ADLT may not be reduced compared to the payment amount for that test in CY 2024. From January 31, 2026 – 2028, payment may not be reduced by more than 15% per year compared to the payment amount established for a test the preceding year.
- Refer to [CLFS Reporting](#) for additional information.

ADLTs

See [CMS ADLT](#) for more information about these tests.

CLFS Update to Fees

- For a pap smear test, section 1833(h)(7) of the [Social Security Act](#) requires payment to be the lesser of the local fee or that national limitation amount but not less than a national minimum payment amount. Payment for pap smear tests may not exceed the actual charge. The CY 2026 national minimum payment amount is \$18.54. This value is the CY 2025 national minimum payment amount with a 1.9% increase or \$18.19 multiplied by 1.019.
- The affected codes for the national minimum payment amount are: 88142, 88143, 88147, 88148, 88150, 88152, 88153, 88164, 88165, 88166, 88167, 88174, 88175, G0123, G0143, G0144, G0145, G0147, G0148, Q0111, Q0115, and P3000.
- The annual update to payments made on a reasonable charge basis for all other laboratory services is 1.9% for CY 2026, per [42 CFR 405.509\(b\)\(1\)](#).

The Medicare Part B deductible and coinsurance don't apply for services paid under the CLFS.

Access to Data File

The [CY 2026 CLFS](#) data file will be available after January 1, 2026, in multiple formats, including spreadsheet, text, and comma delimited.

Public Comments & Final Payment Determinations

On June 27, 2025, we hosted a public meeting to solicit comments on the reconsidered code from CY 2025 codes and new CY 2026 CPT codes. A [summary](#) and the payment determinations are available.

Pricing Information

The CY 2026 CLFS includes separately payable fees for certain specimen collection methods (codes 36415, P9612, P9615, and G0471). We establish the fees based on section 1833(h)(4)(B) of the Social Security Act.

We update the fees for clinical laboratory travel codes P9603 and P9604 annually. The clinical laboratory travel codes are billable only for traveling to perform a specimen collection for either a nursing home or homebound patient. If there's a revision to the standard mileage rate for CY 2026, we'll issue separate instructions on the clinical laboratory travel fees.

The CY 2026 CLFS may also include codes that have a QW modifier to both identify codes and determine payment for tests performed by a laboratory having only a CLIA certificate of waiver.

Mapping Information

See the [table](#) in CR 14312 that lists the mapping information for codes.

Laboratory Tests Subject to Reasonable Charge Payment in CY 2026

We pay hospital outpatient claims on a reasonable charge basis per section 1842(b)(3) of the [Social Security Act](#). The reasonable charge can't exceed the lowest of the actual charge or the customary or prevailing charge for the previous 12-month period ending June 30, updated by the inflation indexed update. The Consumer Price Index for All Urban Consumers update for CY 2026 is 2.7%.

Services described by HCPCS codes in the following lists are for independent dialysis facility patients. However, when you perform these services for hospital-based renal dialysis facility patients, we pay on a reasonable cost basis. Also, when you perform these services for hospital outpatients, we pay under the Hospital Outpatient Prospective Payment System.

Blood Products, Transfusion Medicine & Reproductive Medicine Procedures

See the [table](#) in CR 14312 that lists the codes in these categories subject reasonable charge payment in CY 2026.

New Codes – Proprietary Laboratory Analysis

See the [table](#) in CR 14312 that lists the new codes effective January 1, 2026. We added these new codes to the national HCPCS file with an effective date of January 1, 2026. These new codes are MAC-priced (where applicable) until they're nationally priced. MACs will only price Proprietary Laboratory Analysis codes for laboratories within their jurisdiction.

Deleted Codes

See the [table](#) in CR 14312 that lists the codes deleted effective January 1, 2026.

More Information

We issued CR 14312 to your MAC as the official instruction for this change. For more information, find your [MAC's website](#).

Document History

Date of Change	Description
December 9, 2025	Initial article released.

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