Clinical Laboratory Fee Schedule & Clinical Laboratory Improvement Amendments HCPCS Codes, Waived Tests & Reasonable Charge Payments: October 2026 Quarterly Update

Related Change Request (CR) Information	
Number: 14569	**Release Date:** August 24, 2026
Effective Date: October 1, 2026	**Implementation Date:** October 5, 2026
Transmittal Number: R13884CP	
Title: October 2026 Quarterly Update to the Clinical Laboratory Fee Schedule (CLFS) and Clinical Laboratory Improvement Amendments (CLIA): Healthcare Common Procedure Coding System (HCPCS) Codes, Waived Tests, and Reasonable Charge Payments	

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) updates, effective October 1, 2026:

- Annual and quarterly Clinical Laboratory Improvement Amendments (CLIA) edits and new waived test updates
- New and deleted CPT codes

Key Updates

Advanced Diagnostic Laboratory Tests

For more details on Advanced Diagnostic Laboratory Tests (ADLTs), refer to ADLT Information.

New Codes – Proprietary Laboratory Analysis

The new codes table in CR 14569 lists new codes, effective October 1, 2026, that CMS is adding to the HCPCS file. MACs don't need to manually add these codes to the HCPCS file. However, these new codes are MAC-priced (where applicable) until they're nationally priced and undergo the CLFS annual payment determination process per sections 1833(h)(8), 1834A(c), and 1834(A)(f) of the Social Security Act. MACs only price proprietary laboratory analysis codes for laboratories within their jurisdiction.

Deleted Codes

The deleted codes table in CR 14569 lists codes we deleted, effective October 1, 2026.

Note: MACs won't search their files to retract payment or retroactively pay claims but will adjust claims you bring to their attention.

CLIA

All HCPCS codes listed in CR 14569 with an indicator of "N" in the "CLIA waived? 'Y' or 'N'" column are subject to CLIA edits. These HCPCS codes require you to have 1 of these:

- CLIA certificate of registration (certificate type code 9)
- CLIA certificate of compliance (certificate type code 1)
- CLIA certificate of accreditation (certificate type code 3)

If you have a current CLIA certificate of waiver (certificate type code 2) or a current CLIA certificate for provider-performed microscopy procedures (certificate type code 4) but don't have a valid, current CLIA certificate, we won't pay you for these tests unless you bill the appropriate HCPCS code with a QW modifier.

Note: Per the Medicare Claims Processing Manual, Chapter 16, section 70.9, this doesn't replace any previous instructions that laboratories with a valid CLIA certificate of waiver or CLIA certificate for provider-performed microscopy procedures can bill the codes with a QW modifier.

FDA approved the tests marked with an indicator of "Y" in the "CLIA waived? 'Y' or 'N'" column as waived tests under CLIA. For us to recognize the new tests as waived tests, you must include the QW modifier with the HCPCS codes, per the Medicare Claims Processing Manual, Chapter 16, section 70.8.

Background

We must appropriately certify facilities for each test they perform. To ensure we only pay for laboratory tests performed in certified facilities, we edit each claim for a HCPCS code that qualifies as a CLIA laboratory test at the CLIA certificate level. The HCPCS codes we consider laboratory tests under CLIA may change each year.

Under the CLFS final rule, reporting entities must give us certain private payor rate information for their component applicable laboratories.

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On February 3, 2026, Congress passed section 6226 of the Consolidated Appropriations Act, 2026, which specifies an updated data reporting requirement for clinical diagnostic laboratory tests that aren't ADLTs. It also delays the phase-in of payment reductions under the CLFS from private payor rate implementation.

- The last data reporting period was May 1, 2026 – July 31, 2026
- There is no phased-in reduction in CY 2026
- Starting January 1, 2027, we won't reduce payment by more than 15% compared to the payment amount established for a test the previous year

Refer to CLFS & PAMA Reporting and Resources for information on data collection and reporting.

More Information

We issued CR 14569 to your MAC as the official instruction for this change. For more information, find your MAC's website.

Document History

Date of Change	Description
August 25, 2026	Initial article released.

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