

2026 Annual Provider Notice

This annual notice is in compliance with the guidance of the Office of the Inspector General (OIG) and the regulations and requirements of the Department of Health and Human Services and the Centers for Medicare and Medicaid Services (CMS). The OIG recommends that the following information is communicated to healthcare providers.

Clinical Laboratory Fee Schedule

The 2026 Clinical Laboratory Fee Schedule is available at:

<https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs>

Medicaid reimbursement is equal to or less than Medicare reimbursement.

Medical Necessity Requirement

Medicare, Medicaid, or other federally funded programs will only pay for tests that meet their coverage criteria and are reasonable and necessary to treat or diagnose a patient. These programs do not pay for tests for which the patient records does not support that the tests were reasonable and necessary.

Medicare generally does not cover routine screening tests even if the physician or individuals authorized by law to order tests considers the tests appropriate for the patient. Please note that the OIG may decide, at any time, that a physician is subject to civil penalties for ordering unnecessary tests.

Panels

Although panels and test combinations offer convenience in ordering, they may result in the routine ordering of more tests than needed to diagnose and treat patients. Therefore, the number of panels is limited to those approved by the American Medical Association (AMA) and those that are approved by the laboratory's Pathology Medical Directors.

Please be aware of that tests are in each panel you order and do not order individual tests that might duplicate tests in the panel. Also, order individual tests rather than a panel when all tests contained in the panel are not required for diagnosis or treatment purposes.

Panel Description	CPT Code	Components	Medicare Allowance
Electrolytes	80051	Carbon dioxide, Chloride, Potassium, Sodium	\$7.01
Basic Metabolic	80048	Calcium (total), Carbon dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea nitrogen	\$8.46
Comprehensive Metabolic	80053	Albumin, Bilirubin (total), Calcium (total), Carbon dioxide, Chloride, Creatinine, Glucose, Alkaline Phosphatase, Potassium, Protein (total), Sodium, Alanine amino transferase (ALT/SGPT), Aspartate amino transferase (AST/SGOT), Urea nitrogen	\$10.56
Hepatic (Liver)	80076	Albumin, Bilirubin (total), Bilirubin (direct), Alkaline Phosphatase, Protein (total), Alanine amino transferase (ALT/SGPT), Aspartate amino transferase (AST/SGOT)	\$8.17
Lipid	80061	Cholesterol, Lipoprotein (direct measure, high density/HDL), Triglycerides	\$13.39
Renal	80069	Calcium (total), Carbon dioxide, Chloride, Creatinine, Glucose, Potassium, Sodium, Urea nitrogen, Albumin, Phosphorus	\$8.68

Reflex Testing

Reflex testing occurs when initial test results are positive or outside normal parameters and general medical practice indicates a second related test is medically appropriate to provide additional treatment information. Reflex testing is indicated in the naming of the test, e.g. CBC w/diff, Urinalysis w/reflex culture.

Customized Panel

Any grouping of laboratory tests that is not described in the Organ and Disease Panel section of the CPT Manual is considered to be a customized panel. Using a customized panel may result in the ordering of tests which are not covered, reasonable, or necessary and may result in the denial of payment. Providers should ensure that each test within a customized panel meets medical necessity and is not duplicative of another test ordered during the same encounter.

Physician Clinical Consultants

A professional staff of pathologists specializing in all areas of laboratory medicine are available to discuss laboratory testing questions, including questions regarding ordering and interpretation. If you need to contact one of our pathologists, please call 443-481-4250.