2026 CPT Code Changes

Across the healthcare spectrum of services, the AMA released 288 new, 84 deleted, and 46 revised CPT codes that took effect on January 1, 2026. Specific to clinical laboratory procedures, code changes were minimal for 2026, requiring limited revisions. The majority of updates applicable to laboratory coding pertain to advanced diagnostic laboratory tests (ADLT), specifically those defined as proprietary laboratory analysis (PLA), which fall outside the standard CPT Category I criteria.

For procedures performed by BioReference®, the addition of new laboratory technologies will require assigning new or revised CPT codes. To prepare EMR interface systems for these changes, your practice may consider the following steps:

- Update billing software to incorporate new and revised CPT codes.
- Train staff on the latest coding changes and documentation requirements.
- Review and modify current laboratory procedures to ensure compliance with updated CPT assignments.
- Monitor Medicare and payer guidelines for coverage and reporting updates related to advanced diagnostic tests.
- CPT coding is the sole responsibility of the billing party. Please direct any questions from your practice regarding CPT coding or billing requirements to the payer being billed.

New CPT / HCPCS being added to the BioReference test menu include:

0527U - Herpes simplex virus (hsv) types 1 and 2 and varicella zoster virus (vzv), amplified probe technique, each pathogen reported as detected or not detected.

- The Proprietary Laboratory Analysis (PLA) code 0527U is assigned only for the unique test performed using Abbott Alinity m HSV 1 & 2 / VZV PCR assay, which is intended to aid in the diagnosis of herpes simplex virus 1, herpes simplex virus 2, and/or varicella-zoster virus active cutaneous or mucocutaneous infections.

87494 - Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, **multiplex amplified probe technique.**

- This new CPT code describes multiplex detection procedures for **chlamydia trachomatis and Neisseria gonorrhoeae**. When the multiplex method provides for simultaneous detection and reporting of both infectious agents, a single CPT code – 87494 – will be assigned.

87626 - Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (e.g., 16, 18, 31, 45, 51, 52) and high-risk pooled result(s).

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- New, advanced technology for cervical cancer screening is defined by CPT 87626, which defines a procedure for a high-risk human papillomavirus (hrHPV) test that simultaneously provides both specific genotyping for certain types (e.g., 16, 18, 31, 45, 51, 52) and a pooled result for other high-risk types.

G0567 - Infectious agent detection by nucleic acid (DNA or RNA); **hepatitis C, screening, amplified probe technique.**

- HCPCS G0567, this code differentiates the nucleic acid screening from existing antibody screening (G0472) and became effective for Medicare billing late 2024/early 2025, following FDA approval for preventive screening benefits for beneficiaries who meet either of the following conditions:-A screening test is covered for adults at **high risk** for **Hepatitis C Virus** infection. (CMS defines "High risk" as persons with a current or past history of illicit injection drug use; and persons who have a history of receiving a blood transfusion prior to 1992.). Or for, repeat screening of high-risk persons for those individuals who have had continued illicit injection drug use since the prior negative screening test. Medicare will cover HCV screening once per year when billed with applicable diagnosis code(s) and medical record documentation supports medical indication and medical necessity criteria are met.

Test Name	Test Code	Effective Date
Urinalysis, Routine	**0159-4**	**Immediately**

The laboratory will no longer notify the ordering provider when the urinalysis results in Glucose >/= 2+ and Ketone >/= Trace.

Test Name	Test Code	Effective Date
HLA-B27 (Retired)	**0375-6**	**Immediately**

Test code 0375-6 HLA-B27 has been retired. The recommended alternate code is TU60-9 HLA-B27 (see below).

	New Test Information
Primary Container	Lavender Top
Minimum Volume	0.5 mL
Turn Around Time*	4 days
Transportation Temp	Ambient
Stability	3 days Room Temperature
Methodology	Flow Cytometry
Reference Range	Negative
Specimen Comments	Specimens must be analyzed within 72 hours of collection. An additional lavender-top tube is required if further testing is ordered. Frozen or refrigerated specimens, specimens older than 72 hours, and clotted or hemolyzed specimens will be rejected.
CPT Code(s)**	86812

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Clinical Utility	Not a diagnostic test for ankylosing spondylitis, juvenile rheumatoid arthritis, or Reiter syndrome. May assist in the diagnosis of these conditions only if other clinical signs and symptoms are present.

Test Name	Test Code	Effective Date
Antithrombin III Anti-Xa Assay	**5723-2**	**Immediately**

Test code 5723-2 Antithrombin III Anti-Xa Assay has been retired. The recommended alternate code is 5714-1 Antithrombin III Activity (see below).

	New Test Information
Primary Container	ALQC
Minimum Volume	2 mL
Turn Around Time*	4 days
Transportation Temp	Strict Frozen
Stability	30 days
Methodology	Chromogenic
Collection Instructions	Collect a full blue-top (citrated) tube. Centrifuge Blue-top at high speed for 15 minutes. Transfer plasma into plastic transfer tube. Label with date/time collected, PLASMA, patient's full name and date of birth (DOB), and freeze.
Specimen Comments	Specimen must be received frozen
CPT Code(s)**	85300
Clinical Utility	Aids in determining the cause of recurrent venous thrombosis.

Test Name	Test Code	Effective Date
Factor XIII Activity (Retired)	**5739-8**	**Immediately**

Test code 5739-8 Factor XIII Activity has been retired. The recommended alternate code is TU64-1 Factor XIII, Functional (see below).

	New Test Information
Primary Container	ALQC
Minimum Volume	2 mL
Turn Around Time*	5 days
Transportation Temp	Strict Frozen
Stability	30 days
Methodology	Chromogenic
Collection Instructions	Collect a full blue-top (citrated) tube. Centrifuge Blue-top at high speed for 15 minutes. Transfer plasma into plastic transfer tube. Label with date/time collected, PLASMA, patient's full name and date of birth (DOB), and freeze.
Specimen Comments	Specimen must be received frozen
CPT Code(s)**	85290

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Clinical Utility	Factor XIII, Functional - Low Factor XIII levels, i.e., <15%, may cause a bleeding disorder and levels <2% have been associated with spontaneous intracranial hemorrhage

Test Name	Test Code	Effective Date
Occult Blood, Stool, Immunochemical (FIT)	**6182-0**	**Immediately**

As a friendly reminder, BioReference must receive a signed and completed test requisition form including the patient's full name and date of birth, demographics, diagnosis (DX) codes to the highest level of specificity, insurance information, and a properly labeled specimen bottle with the patient's name, date of birth, and specimen collection date, when ordering tests for colorectal cancer screening.

At BioReference, we offer clients the option to send specimens for colorectal cancer screening via:

1. **Courier pick-up***
    - The healthcare provider must send the completed test requisition form and the properly labeled specimen bottle
2. **Patient mailers**
    - In instances where patient mailers are preferred or more appropriate, please ensure that patients are:
        - Provided with the completed test requisition form
        - Instructed to label the specimen bottle with their full name, date of birth (DOB), and the specimen collection date
        - **Instructed to send BioReference the issued patient mailer with the labeled specimen bottle and completed test requisition form issued by your office**

BioReference is committed to providing test results on time every time. Submission of a signed and completed test requisition form, complete patient information, and properly labeled specimen collection bottles will help avoid delays in specimen processing and test results release.

Questions? Please contact your Account Executive or Customer Service directly at 800-229-5227.

Best regards,
The BioReference® Team

*TAT is based upon receipt of the specimen at the laboratory.
**CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.
Healthcare providers should only order panels if each test in the panel is medically necessary.

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