



2026 Coding Update

Effective January 1, 2026, two new codes will be added to the Medicare Clinical Laboratory Fee Schedule (CLFS)¹. This document is intended to inform physicians and staff of these new codes.

Test	New Code	Code Type	Description	2026 Medicare Allowable*
Xpert® CT/NG	87494	CPT® Code	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis and Neisseria gonorrhoeae, multiplex amplified probe technique	\$70.18
Xpert® HCV CLIA Waived	G0567 - QW	HCPCS Code	Infectious agent detection by nucleic acid (DNA or RNA); Hepatitis C, screening, amplified probe technique	\$35.09

*Rates listed reflect the Medicare allowable for the crosswalk code as per the CY2026 CLFS Final Payment Determinations.¹

Xpert® CT/NG: CPT 87494

The American Medical Association (AMA) CPT Editorial Panel has created CPT code 87494, which may be used to bill for the Xpert CT/NG test, effective January 1, 2026.

Currently, Xpert CT/NG is reported with either individual CPT codes 87491: *Chlamydia trachomatis, amplified probe technique* and 87591: *Neisseria gonorrhoeae, amplified probe technique*, or CPT code 87801: *Infectious agent detection by nucleic acid (DNA or RNA), multiple organisms; amplified probe(s) technique*. While none of these existing codes are being deleted, the introduction of CPT code 87494 may streamline coding for Xpert CT/NG across all payers.

CPT code 87494 has gone through the CMS payment determination process and has been cross walked to both CPT codes 87491 + 87591 which results in a 2026 Medicare Allowable of \$70.18, which is consistent with the payment for the previous codes.^{1,2}

Xpert® HCV CLIA Waived: HCPCS G0567

CMS has established a new HCPCS code G0567 to report HCV screening using a DNA/RNA test to differentiate screening procedures from diagnostic procedures. G0567 will be added to the 2026 Medicare Clinical Lab Fee Schedule but is effective for claims with date of service on or after June 27, 2024.² HCPCS code G0567 can be used to report HCV screening with Xpert HCV.

For non-screening procedures, Xpert HCV can be reported with CPT code 87521.



Additionally, the QW modifier is used to identify CLIA-waived tests and should generally be appended to both codes as Xpert HCV is a CLIA-waived test. However, not all payers utilize or require the QW modifier for CLIA-waived tests. Please check with your payers on billing requirements for CLIA-waived tests and the use of any modifiers.

HCPCS code G0567 has gone through the CMS payment determination process and has been cross walked to CPT code 87251 which results in a 2026 Medicare Allowable of \$35.09, which results in the same payment for both the diagnostic and screening codes.^{1,2}

Please note that not all State Medicaid programs and commercial health plans recognize HCPCS codes. We recommend that you consult with your payers to verify the appropriate code for reporting Xpert HCV.

Coverage Considerations

Please note that payer policies regarding billing requirements may vary and Cepheid recommends that providers consult with each payer to verify coding, coverage, and payment for the above tests. It is the provider's responsibility to determine medical necessity and submit accurate claims.

We expect payer coverage criteria to remain unaffected as part of these coding changes. However, there may be a lag in updates to medical policies and fee schedules to reflect the new CPT code. Cepheid US Market Access will monitor coverage policies and engage payers directly as needed.

Coding and Coverage Questions

The Cepheid CodeMap coding resource <https://codemap.com/cepheid/> will be updated with these changes effective January 1, 2026. For any coding, coverage, or reimbursement questions, please contact Cepheid US Field Reimbursement Team at reimbursement@cepheid.com

Sources

1. Centers for Medicare & Medicaid Services Clinical Lab Fee Schedule (CLFS) accessed at: <https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs/annual-public-meetings>
2. Centers for Medicare & Medicaid Services Hospital Outpatient Prospective Payment System April 2025 update accessed at: <https://www.cms.gov/files/document/mm13993-hospital-outpatient-prospective-payment-system-april-2025-update.pdf>

DISCLAIMER: Health economics, clinical and reimbursement information provided by Cepheid is gathered from internal and third-party sources and is subject to change without notice as a result of frequently changing laws, regulations, guidelines, rules, policies, and clinical findings. Cepheid encourages providers to submit accurate and appropriate claims for services. It is always the provider's responsibility to determine medical necessity, the proper site for delivery of any services and to submit appropriate codes, charges, and modifiers for services that are rendered. Cepheid recommends that you consult with your payer, reimbursement specialist and/or legal counsel regarding coding,



coverage, and reimbursement matters. Cepheid does not promote the use of its products outside their FDA-cleared and FDA-market authorized labeling.

Payer policies will vary and should be verified for site of service requirements and coding. Providers are responsible for making appropriate decisions related to coding and reimbursement.

Coverage and reimbursement information is as-of the date provided. Payers may change their coverage and/or reimbursement without notice. Test cost(s) also are subject to change.