

Reimbursement Policy

Policy Number: RPLAB032

Policy Title: Oral Cancer Screening and Testing

Approval Date: Aug. 6, 2026

Effective Date: Dec. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. To establish HPV tumor status for individuals with oropharyngeal squamous cell carcinoma or with metastatic squamous cell carcinoma of unknown primary origin in a cervical lymph node, testing for high-risk HPV testing with either MRNA expression testing for HPV E6/E7 or immunohistochemistry for p16 expression **may be reimbursable**.
2. Noninvasive tests designed to screen for, detect, or diagnose oral cancer (e.g., mRNA CancerDetect™, OmniPathology Oropharyngeal HPV PCR Test) **are not reimbursable**.
3. To screen for, detect, or diagnose oral cancer, the following testing **is not reimbursable**:
 - a. Salivary biomarker testing (e.g., peptides/proteins, nucleic acids, metabolites.
 - b. Panels that incorporate genetic risk factors with nongenetic biomarkers.
 - c. Detection of HPV for an oropharyngeal swab.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
87624	HPV HI-RISK TYP POOLED RSLT
87625	HPV TYPES 16 & 18 ONLY
87626	HPV SEP HI-RSK TYP&POOL RSLT
0296U	ONC ORL&/OROP CA 20 MLC FEAT
0429U	HPV OROP SWAB 14 HIRISK TYP

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
08/06/2026	12/4/2026; Document updated. No changes to Reimbursement Information other than to add new #2 for clarity to indicate clearly these tests, mRNA CancerDetect and Omnipathology, are never reimbursable. Added code 0296U. Removed codes 81599, 82397, 88341, 88342. References revised.
09/26/2025	01/01/2026: New policy