

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Oral cancer is defined as cancer occurring in the oral cavity between the vermilion border of the lips and the junction of the hard and soft palates or the posterior one third of the tongue. Squamous cell carcinoma is the most common type of oral cancer.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

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 with either mRNA expression testing for HPV E6/E7 or immunohistochemistry for p16 expression **MEETS COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

2. To screen, detect, or diagnose oral cancer, the following testing **DOES NOT MEET COVERAGE CRITERIA**:
 - a. Salivary biomarker testing (e.g., peptides/proteins, nucleic acids, metabolites).
 - b. Genotyping of HPV (e.g., OraRisk® HPV).
 - c. Gene expression profiling.
 - d. Panels that incorporate genetic risk factors with nongenetic biomarkers (e.g., mRNA CancerDetect™).
 - d.e. Detection of HPV from an oropharyngeal swab (e.g., OmniPathology Oropharyngeal HPV PCR Test).

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
CPT	Code Description
81599	Unlisted multianalyte assay with algorithmic analysis
82397	Chemiluminescent assay
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (eg, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), <u>pooled result</u>

Code	Description
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed
<u>87626</u>	<u>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) (Effective for DOS beginning June 1, 2026)</u>
88341	Immunohistochemistry or immunocytochemistry, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)
88342	Immunohistochemistry or immunocytochemistry, per specimen; initial single antibody stain procedure
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (e.g., human and/or microbial mRNA), saliva, algorithm reported as positive or negative for signature associated with malignancy Proprietary test: mRNA CancerDetect™
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68). Proprietary test: Omnipathology Oropharyngeal HPV PCR Test Lab/Manufacturer: OmniPathology Solutions, Medical Corporation

Evidence-based Scientific References

- Gross N, Lee N, Okuno S, Rao S. Treatment of stage I and II (early) head and neck cancer: The oral cavity. Updated April 11, 2025. <https://www.uptodate.com/contents/treatment-of-stage-i-and-ii-early-head-and-neck-cancer-the-oral-cavity>
- Siegel RL, Miller KD, Jemal A. Cancer statistics, 2019. CA: A Cancer Journal for Clinicians. 2019;69(1):7-34. doi:10.3322/caac.21551
- ACS. Key Statistics for Oral Cavity and Oropharyngeal Cancers. <https://www.cancer.org/cancer/oral-cavity-and-oropharyngeal-cancer/about/key-statistics.html>
- Scully C, Porter S. ABC of oral health. Oral cancer. BMJ (Clinical research ed). 2000;321(7253):97-100.
- Dhanuthai K, Rojanawatsirivej S, Thosaporn W, et al. Oral cancer: A multicenter study. Med Oral Patol Oral Cir Bucal. 2018;23(1):e23-e29. doi:10.4317/medoral.21999
- Warnakulasuriya S, Johnson NW, van der Waal I. Nomenclature and classification of potentially malignant disorders of the oral mucosa. Journal of oral pathology & medicine : official publication of the International Association of Oral Pathologists and the American Academy of Oral Pathology. 2007;36(10):575-80. doi:10.1111/j.1600-0714.2007.00582.x
- Brocklehurst P, Kujan O, O'Malley L, Ogden GR, Shepherd S, Glenny AM. Screening programmes for the early detection and prevention of oral cancer. Cochrane Database of Systematic Reviews. 2013;(11)doi:10.1002/14651858.CD004150.pub4
- van der Waal I. Potentially malignant disorders of the oral and oropharyngeal mucosa; terminology, classification and present concepts of management. Oral oncology. 2009;45(4-5):317-23. doi:10.1016/j.oraloncology.2008.05.016
- Borsetto D, Cheng J, Payne K, et al. Surveillance of HPV-Positive Head and Neck Squamous Cell Carcinoma with Circulating and Salivary DNA Biomarkers. Crit Rev Oncog. 2018;23(3-4):235-245. doi:10.1615/CritRevOncog.2018027689
- CDC. About Genital HPV Infection. <https://www.cdc.gov/sti/about/about-genital-hpv-infection.html>
- Lodi G. Oral Lesions. <https://www.uptodate.com/contents/oral-lesions>
- Lingen MW, Kalmar JR, Karrison T, Speight PM. Critical evaluation of diagnostic aids for the detection of oral cancer. Oral oncology. 2008;44(1):10-22. doi:10.1016/j.oraloncology.2007.06.011
- Patton LL, Epstein JB, Kerr AR. Adjunctive techniques for oral cancer examination and lesion diagnosis: a systematic review of the literature. Journal of the American Dental Association (1939). 2008;139(7):896-905; quiz 993-4.
- Fedele S. Diagnostic aids in the screening of oral cancer. Head & neck oncology. 2009;1:5. doi:10.1186/1758-3284-1-5
- Seoane Leston J, Diz Dios P. Diagnostic clinical aids in oral cancer. Oral oncology. 2010;46(6):418-22. doi:10.1016/j.oraloncology.2010.03.006
- Rethman MP, Carpenter W, Cohen EE, et al. Evidence-based clinical recommendations regarding screening for oral squamous cell carcinomas. Journal of the American Dental Association (1939). 2010;141(5):509-20.
- Speight PM, Epstein J, Kujan O, et al. Screening for oral cancer-a perspective from the Global Oral Cancer Forum. Oral Surg Oral Med Oral Pathol Oral Radiol. 2017;123(6):680-687. doi:10.1016/j.oooo.2016.08.021
- Macey R, Walsh T, Brocklehurst P, et al. Diagnostic tests for oral cancer and potentially malignant disorders in patients presenting with clinically evident lesions. The Cochrane database of systematic reviews. 2015;(5):Cd010276. doi:10.1002/14651858.CD010276.pub2
- Lim Y, Wan Y, Vagenas D, et al. Salivary DNA methylation panel to diagnose HPV-positive and HPV-negative head and neck cancers. BMC Cancer. 2016;16(1):749. doi:10.1186/s12885-016-2785-0
- NCCN. NCCN Clinical Practice Guidelines in Oncology - Head and Neck Cancers Version 4.2025. https://www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf

21. Liyanage C, Wathupola A, Muraleetharan S, Perera K, Punyadeera C, Udagama P. Promoter Hypermethylation of Tumor-Suppressor Genes p16(INK4a), RASSF1A, TIMP3, and PCQAP/MED15 in Salivary DNA as a Quadruple Biomarker Panel for Early Detection of Oral and Oropharyngeal Cancers. *Biomolecules*. 2019;9(4)doi:10.3390/biom9040148
22. Kaur J, Jacobs R, Huang Y, Salvo N, Politis C. Salivary biomarkers for oral cancer and pre-cancer screening: a review. *Clin Oral Investig*. 2018;22(2):633-640. doi:10.1007/s00784-018-2337-x
23. OralDNA. OraRisk® HPV Complete Genotyping. <https://www.oraldna.com/test/ohpv-complete/>
24. Omnipathology. OROPHARYNGEAL HPV TESTING. 2025. <https://www.omnipathology.com/oral-hpv-testing>
25. Lewis JS, Jr, Beadle B, Bishop JA, et al. Human Papillomavirus Testing in Head and Neck Carcinomas: Guideline Update. *Archives of Pathology & Laboratory Medicine*. 2025;149(6):e115-e150. doi:10.5858/arpa.2024-0388-CP
26. Nagi R, Reddy-Kantharaj YB, Rakesh N, Janardhan-Reddy S, Sahu S. Efficacy of light based detection systems for early detection of oral cancer and oral potentially malignant disorders: Systematic review. *Med Oral Patol Oral Cir Bucal*. 2016;21(4):e447-55. doi:10.4317/medoral.21104
27. Shaw AK, Garcha V, Shetty V, et al. Diagnostic Accuracy of Salivary Biomarkers in Detecting Early Oral Squamous Cell Carcinoma: A Systematic Review and Meta-Analysis. *Asian Pacific Journal of Cancer Prevention*. 2022;23(5):1483-1495. doi:10.31557/apjcp.2022.23.5.1483
28. Lingen MW, Abt E, Agrawal N, et al. Evidence-based clinical practice guideline for the evaluation of potentially malignant disorders in the oral cavity: A report of the American Dental Association. *The Journal of the American Dental Association*. 2017;148(10):712-727. doi:10.1016/j.adaj.2017.07.032
29. Alsarraf AH, Kujan O, Farah CS. The utility of oral brush cytology in the early detection of oral cancer and oral potentially malignant disorders: A systematic review. *Journal of oral pathology & medicine : official publication of the International Association of Oral Pathologists and the American Academy of Oral Pathology*. 2018;47(2):104-116. doi:10.1111/jop.12660
30. Jain A, Kotimoole CN, Ghoshal S, et al. Identification of potential salivary biomarker panels for oral squamous cell carcinoma. *Scientific Reports*. 2021;11(1):3365. doi:10.1038/s41598-021-82635-0
31. Mascitti M, Orsini G, Tosco V, et al. An Overview on Current Non-invasive Diagnostic Devices in Oral Oncology. *Front Physiol*. 2018;9:1510-1510. doi:10.3389/fphys.2018.01510
32. Ribeiro IP, Esteves L, Santos A, et al. A seven-gene signature to predict the prognosis of oral squamous cell carcinoma. *Oncogene*. 2021;40(22):3859-3869. doi:10.1038/s41388-021-01806-5
33. Moyer VA, Aobot, U. S. Preventive Services Task Force. Screening for Oral Cancer: U.S. Preventive Services Task Force Recommendation Statement. *Annals of Internal Medicine*. 2014;160(1):55-60. doi:10.7326/M13-2568
34. Lewis JS, Jr., Beadle B, Bishop JA, et al. Human Papillomavirus Testing in Head and Neck Carcinomas: Guideline From the College of American Pathologists. *Arch Pathol Lab Med*. 2018;142(5):559-597. doi:10.5858/arpa.2017-0286-CP
35. Fakhry C, Lacchetti C, Rooper LM, et al. Human Papillomavirus Testing in Head and Neck Carcinomas: ASCO Clinical Practice Guideline Endorsement of the College of American Pathologists Guideline. *J Clin Oncol*. 2018;36(31):3152-3161. doi:10.1200/jco.18.00684
36. Maghami E, Ismaila N, Alvarez A, et al. Diagnosis and Management of Squamous Cell Carcinoma of Unknown Primary in the Head and Neck: ASCO Guideline. *J Clin Oncol*. 2020;38(22):2570-2596. doi:10.1200/jco.20.00275
37. Machiels JP, René Leemans C, Golusinski W, Grau C, Licitra L, Gregoire V. Squamous cell carcinoma of the oral cavity, larynx, oropharynx and hypopharynx: EHNS-ESMO-ESTRO Clinical Practice Guidelines for diagnosis, treatment and follow-up. *Ann Oncol*. 2020;31(11):1462-1475. doi:10.1016/j.annonc.2020.07.011

Publication History

04/01/2025: [Annual policy review; added 87626 to coding grid, effective for DOS beginning June 1, 2026; administrative edits](#)

09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines

stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.