October 30, 2025

VIA Electronic Mail to NCCIPTPMUE@cms.hhs.gov

Center for Program Integrity
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244

RE: Request to Revise Existing NCCI Manual Language

To Whom It May Concern:

On behalf of the Point of Care Testing Association (POCTA), we are writing to request certain updates to Chapter X of the NCCI Policy Manuals for Medicare and Medicaid Services (NCCI Manuals). POCTA is a collaborative effort among manufacturers of point of care (POC) diagnostic technologies that enable clinicians to monitor chronic conditions, diagnose illnesses, and provide timely information for patients in a variety of care settings, from physician offices to pharmacies to community centers to non-hospital facilities. POCTA seeks to facilitate access to safe, effective, and cost-effective patient testing at the time of treatment. POCTA works to develop reimbursement and regulatory policies that can improve health outcomes by supporting access to POC testing.

Effective January 1, 2025, the CPT Editorial Panel (a) approved a new code for nucleic acid tests that detect and differentiate human papillomavirus (HPV) in a single laboratory procedure (87626), and (b) modified the descriptors and/or parenthetical instructions for the existing amplified probe HPV codes (87624 and 87625) to clarify their appropriate use. The updated coding scheme is as follows:

Code	Descriptor	Report content
87624	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), high-risk types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68), pooled result	Reports pooled high-risk HPV result only
87625	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed	Reports separate results for each high-risk HPV genotype only
87626	Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)	Reports both (a) pooled high-risk HPV result and (b) separate results for each high-risk HPV genotype

Chapter X, section K.3 of the NCCI Manuals currently includes instructions regarding the appropriate use of CPT codes 87624 and 87625. However, this language has not been updated to reflect the above-described updates. To assure clinical laboratories have accurate, up-to-date information on the appropriate use of these codes, we respectfully request that update NCCI section K.3 to read as follows (proposed revisions appear in green):

> *The test described by CPT code 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), pooled result) ~~generally includes detection~~ is a procedure that reports a single pooled result for HPV types 16, 18, and 45, as well as other high-risk types. CPT code 87625 (Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed) describes detection and reporting of the subset of HPV types 16, 18 and includes type 45 if performed. CPT code 87626 (Infectious agent detection by nucleic acid (DNA or RNA); Human Papillomavirus (HPV), separately reported high-risk types (eg, 16, 18, 31, 45, 51, 52) and high-risk pooled result(s)) describes a single multiplex procedure that reports individual positive or negative results for certain high-risk HPV types, and pooled results for other high-risk types. It would be incorrect to report CPT code 87625 as a component of screening for a larger number of HPV types (CPT code 87624) as CPT code 87624 specifies pooled result reporting of any combination of high risk types, and therefore shall not be broken down and billed separately for subgroups ~~when the HPV types are tested at the same time~~. However, there are some clinical scenarios defined by nationally accepted guidelines where identifying a particular subset of types (CPT code 87625) may be medically reasonable and necessary on a patient with a positive test result for the test described by CPT code 87624. In those instances in which 2 separate sequential services are medically necessary, such as when a national guideline supports the use of specific type identification after a positive result on a broad assay, CPT code 87625 may be reported separately and billed with an appropriate modifier. Category I codes 87624, 87625 differ from code 87626 because they do not report both pooled results of high-risk types and genotyping for high-risk types in a single analysis.*

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If you have any questions about this request, we would be pleased to meet to discuss at your convenience. Please contact Mike Ryan at 202.756.8088, or via e-mail to mryan@mwe.com, if we can be helpful to you in any way.

Sincerely,

Mike Ryan
On behalf of the Point of Care Testing Association