Primary HPV Screening for Cervical Cancer Screening: Technical Guide for Coding and Billing

As of January 2026

This resource was developed by the Insurance Coverage and Payors Workgroup as a part of the American Cancer Society National Roundtable on Cervical Cancer's Primary HPV Screening Initiative. This initiative aims to support the transition and implementation of primary HPV screening across the United States. To learn more about the transition to primary HPV screening and this initiative, please visit our webpage here.

Primary HPV Screening for Cervical Cancer Screening and Genotyping

Primary HPV screening for cervical cancer screening uses a high-risk HPV test as the first cervical screening test. If the test is negative, the patient has a very low risk of having or developing a pre-cancerous lesion within the next five years. A subsequent high-risk HPV screening test would be recommended in five-year increments. If the primary HPV test is positive for a high-risk HPV genotype, then further management (i.e., colposcopy) is based on the results of cytology.

Primary HPV screening is an FDA-approved and guideline-recommended strategy for the early detection of cervical pre-cancer. Primary HPV screening for women and other individuals with a cervix at average risk of cervical cancer should start screening at age 25 and continue until at least age 65. There are several testing options. Screening should be done every 3 to 5 years, depending on the test, according to the American Cancer Society (ACS) Guidelines for the Prevention and Early Detection of Cervical Cancer.[1] The United States Preventive Services Task Force's (USPSTF) detailed review of these data resulted in an August 2018 recommendation of primary high-risk HPV screening, with a grade of "A", to screen for cervical cancer.[2]

FDA-approved Primary HPV Test	Individual Genotypes Reported	Pooled Genotypes Reported
cobas® HPV (Roche) (approved 2014)	16 and 18	(31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, 68)
BD Onclarity™ HPV Assay (BD) (approved 2018)	16, 18, 31, 45, 51, 52	(33, 58); (35, 39, 68); (56, 59, 66)
Alinity m HR HPV (Abbott) (approved 2023)	16, 18, 45	(31, 33, 52, 58); (35, 39, 51, 56, 59, 66, 68)

There are currently three FDA-approved tests for primary HPV screening for cervical cancer screening in a clinical setting that simultaneously detect pooled high-risk HPV types and individual genotypes in a single test: the Roche cobas® HPV test, the BD Onclarity™ HPV Assay, and the Abbott Alinity m HR HPV assay. They test for the presence of oncogenic (high-risk) types of HPV DNA in patient cervical or vaginal specimens. Extensive clinical evidence supports the reasonableness, necessity, and appropriateness of the primary HPV test for cervical cancer screening.

Though primary HPV screening is now considered the preferred option, co-testing (cytology + HPV test) every five years and cytology-based screening every three years are other commonly utilized screening methods. These screening approaches are acceptable to utilize when primary HPV screening is not available and while practices and laboratories transition to primary HPV-based screening.

Benefits of Primary HPV Screening

Primary HPV screening predicts future risk of cervical pre-cancer and cancer better than cytology alone.[3] Co-testing offers little benefit over primary HPV screening. The contribution cytology makes to co-testing is minimal.[4]

In a study evaluating the cost-effectiveness of different cervical cancer screening methods in the US of 99,549 women screened, co-testing detected 14 additional cases of CIN3+ than primary HPV screening alone but require 100,277 more cytology tests and 566 more colposcopies at an additional cost of $2.38 million.[5]

Transitioning to primary HPV screening is key for implementation of self- sampling because self-collected samples are analyzed on an HPV-based platform. Self- sampling reduces barriers to cervical cancer screening and is expected to contribute to reducing health disparities. In addition to greater uptake of screening, the reported advantages of self-collection include convenience, privacy, less embarrassment and anxiety, ease of use, and less discomfort and pain compared with in-office specimen collection.[6,7,8] These advantages make self-collection a viable approach to screening.[9,10]

Insurance Coverage Analysis

Most commercial payors have extended coverage to include screening with the primary HPV test every five years, to align with the USPSTF's "A" grade recommendation. Always check with the individual payor and plan policy for specific guidance.

Primary HPV Screening Coverage for Cervical Cancer Screening	
Top 25 Commercial Payors	Represent nearly 80% of the commercially insured US population
Coverage as of January 2025	100% of the top 25 commercial payors cover primary HPV screening

Commercial

Among the top 25 commercial payors in the United States (by number of lives), 100% are now covering primary HPV screening.

Public (Medicare and Medicaid)

In 2015, the Centers for Medicare & Medicaid Services (CMS) determined that the evidence is sufficient to add HPV screening once every five years as an additional preventive service benefit under the Medicare program for asymptomatic beneficiaries aged 30-65 years in addition to cytology screening (i.e., co-testing) under a national coverage determination (NCD). The ACS Primary HPV Screening Initiative is advocating with CMS to expand national coverage of cervical cancer screening to include primary HPV screening with FDA-approved and cleared laboratory tests, used in accordance with FDA-approved labeling and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations, based on the USPSTF recommendations.

State Medicaid plans provide coverage for some form of HPV screening in all states. Many Medicaid plans follow the 2018 USPSTF recommendations and therefore cover primary HPV screening. Check with your state's Medicaid office to learn if primary HPV screening is covered for cervical cancer screening.

Coding and Billing Guidance

Currently, there are two main ways to report nucleic acid HPV screening with an FDA-approved test:

1. **The FDA approved/cleared tests for primary high-risk HPV screening, noted on page 1 (cobas® HPV, Onclarity™ HPV, and Alinity m HR HPV) may be described by CPT 87626.**

   CPT 87626, a new code effective January 2025, describes a single comprehensive assay that simultaneously delivers both a pooled high-risk HPV result and individual genotype result.

   - **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).

2. **For other HPV screening tests including co-testing, the following CPT codes may be used.**

   CPT 87624, 87625, and G0476 (Medicare only)

   - **CPT 87624**, a code whose description was modified effective January 2025, describes a test that provides a pooled high-risk HPV result only.
     - **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.

   - **CPT 87625**, a code which describes a test for HPV 16 and/or 18 genotyping (and includes type 45, if performed), and is a separate test from that which is described by CPT 87624.
     - **87625** Infectious agent detection by nucleic acid (DNA or RNA); human papillomavirus (HPV), types 16 and 18 only, includes type 45, if performed.

   - **G0476** is a code required by Medicare and which describes a test for high-risk HPV types and which, for cervical cancer screening, must be performed in addition to a pap test.
     - **G0476** 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) for cervical cancer screening, must be performed in addition to pap test. Medicare requires this code, but the HPV test is covered only in addition to a pap test.

Decisions about the specific code(s) to report are the responsibility of the performing laboratory.

As described by CPT 87626, the Roche cobas® HPV test reports a high-risk pooled result and individual results for the presence of two high-risk genotypes 16 and 18. BD Onclarity™ HPV Assay reports individual results for the presence of six high-risk genotypes: 16, 18, 45, 31, 51, and 52 and grouped results for the remaining eight high-risk genotypes. The Abbott Alinity m HR HPV assay reports individual results for the presence of three high-risk genotypes 16, 18, and 45 and two pools of 14 high-risk genotypes.

Category I CPT codes (e.g., 87624, 87625, 87626) are considered the “gold standard” for Healthcare Common Procedure Coding System (HCPCS) coding and are recognized by virtually all payors. Other categories of codes (e.g., Category III) may not be recognized by all payors and could create coverage and reimbursement challenges.

The 2025 Medicare Payment Rate for CPT code 87626 is $70.20. Medicaid and private payor rates may vary.

Additional primary HPV screening resources for laboratories and IT systems can be found here.

Other resources

1. **American Medical Association**: CPT Assistant
2. **American College of Obstetricians and Gynecologists**: Payment Advocacy & Policy Portal
3. **CMS National Coverage Determination**: Screening for Cervical Cancer with Human Papillomavirus (HPV)
4. **Kaiser Family Foundation**: Medicaid Coverage of Family Planning Benefits: Results from a State Survey

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No. 0846.42 Rev. 1/26