BlueCross BlueShield of Oklahoma

Reimbursement Policy

Policy Number: RPLAB038	**Policy Title:** Urinary Tumor Markers for Bladder Cancer
Approval Date: May 15, 2026	**Effective Date:** Sept. 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 Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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. As an adjunct to cystoscopy, urinary biomarkers (bladder tumor antigen/BTA test, nuclear matrix protein (NMP22) test, or fluorescence in situ hybridization/FISH UroVysion Bladder Cancer test) testing **may be reimbursable** in **any** of the following situations:
    a. In the diagnostic exclusion of bladder cancer for individuals who have an atypical or equivocal cytology;
    b. In the monitoring of high-risk, non-muscle invasive bladder cancer.

2. As an adjunct to cystoscopy or urinary cytology in the monitoring of individuals with bladder cancer, the use of fluorescence immunocytology (ImmunoCyt/uCyt) **may be reimbursable**.

3. For the evaluation of hematuria, to screen for bladder cancer in asymptomatic individuals, to diagnose bladder cancer in symptomatic individuals, or for any other indications not discussed above, the following tests **are not reimbursable:**

    a. Urinary biomarkers (bladder tumor antigen/BTA test, nuclear matrix protein (NMP22) test, or fluorescence in situ hybridization/FISH UroVysion Bladder Cancer test);
    b. Fluorescence immunocytology (ImmunoCyt/uCyt).

4. Any other urinary tumor markers for bladder cancer not mentioned above **are not reimbursable.**

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
86294	IMMUNOASSAY TUMOR QUAL
86316	IMMUNOASSAY TUMOR OTHER
86386	NUCLEAR MATRIX PROTEIN 22
88120	CYTP URNE 3-5 PROBES EA SPEC

88121	CYTP URINE 3-5 PROBES CMPTR
88346	IMFLUOR 1ST 1ANTB STAIN PX
88350	IMFLUOR EA ADDL 1ANTB STN PX
0365U	ONC BLDR 10 UR HRBR URTHL CA
0366U	ONC BLDR 10 PRB RECR BLDR CA
0367U	ONC BLDR 10 FLWG TRURL RESCJ

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following change was made to Reimbursement Information: #1and #2 were edited for clarity. References revised.
01/12/2026	05/01/2026; Removed codes 0012M, 0013M, 0363U, 0420U, 0452U, 0465U, 0549U. No other changes made.
04/28/2025	08/08/2025; Document updated with literature review. Reimbursement information unchanged. Added code 0452U. References revised.
02/04/2025	04/15/2025; Added code 0549U. No other changes.
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11/01/2022	11/01/2022: New policy