GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Hepatitis is an inflammation of the liver resulting from viruses, drugs, toxins, and other etiologies. Viral hepatitis can be due to one of at least five different viruses, designated Hepatitis A, B, C, D, and E. Most cases are caused by Hepatitis A virus (HAV), Hepatitis B virus (HBV), or Hepatitis C virus (HCV).

Hepatitis B Virus (HBV) is transmitted by exposure to blood or blood-containing body fluids such as serum, semen or saliva. HBV infection attacks the liver and leads to inflammation. An infected person may initially develop symptoms such as nausea, anorexia, fatigue, fever and abdominal pain, or may be asymptomatic. An acute HBV infection may become a chronic infection and progress to serious and potentially life-threatening complications including cirrhosis, liver failure, hepatocellular carcinoma and death.

Hepatitis C virus (HCV) is the most common cause of post-transfusion hepatitis; overall HCV is responsible for 15% to 20% of all cases of acute hepatitis, and is the most common cause of chronic liver disease. The test most commonly used to identify HCV measures HCV antibodies, which appear in blood two to four months after infection. False positive HCV results can occur. For example, a patient with a recent yeast infection may produce a false positive anti-HCV result. For this reason, at present positive results usually are confirmed by a more specific technique. Like HBV, HCV is spread exclusively through exposure to infected blood or body fluids.

The evidence is adequate to conclude that screening for HBV & HCV, consistent with the grade B recommendations by the U.S. Preventive Services Task Force (USPSTF), is reasonable and necessary for the prevention or early detection. The USPSTF recommends screening for HBV & HCV infection in persons at high risk for infection. The USPSTF also recommends offering a one-time screening for HCV infection to adults born between 1945 and 1965.

POLICY

Hepatitis B Virus Screening (86704-86706, 87340, 87341, G0499) does not require prior authorization.

Hepatitis C Virus Screening (86803, 86804, G0472) does not require prior authorization.

HMO, PPO, Individual Marketplace, Advantage, Elite

Hepatitis B Virus Screening (86704-86706, 87340, 87341, G0499)
Paramount will cover screening for HBV infection with the appropriate U.S. Food and Drug Administration (FDA) approved/cleared laboratory tests, used consistent with FDA approved labeling and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations, when ordered by the member's primary care physician or practitioner within the context of a primary care setting, and the member meets either of the following conditions.

1. A screening test is covered for asymptomatic, non-pregnant adolescents and adults at high risk for HBV infection. "High risk" is defined as persons born in countries and regions with a high prevalence of HBV infection (i.e., ≥ 2%), U.S. born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection (i.e., ≥ 8%), HIV-positive persons, men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection. In addition, repeated screening would be appropriate annually only for members with continued high risk (i.e., men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection) who do not receive hepatitis B vaccination.

2. A screening test at the first prenatal visit is covered for pregnant women and then rescreening at time of delivery for those with new or continuing risk factors. In addition, screening during the first prenatal visit would be appropriate for each pregnancy, regardless of previous hepatitis B vaccination or previous negative HBsAg test results.
The determination of "high risk for HBV" is identified by the primary care physician or practitioner who assesses the patient's history, which is part of any complete medical history, typically part of an annual wellness visit and considered in the development of a comprehensive prevention plan. The medical record should be a reflection of the service provided.

Members who are symptomatic, or who have already been diagnosed with HBV infection, or who are nonpregnant and have already received a hepatitis B vaccination are non-covered.

**Hepatitis C Virus Screening (86803, 86804, G0472)**

Paramount will cover screening for HCV with the appropriate FDA approved/cleared laboratory tests, used consistent with FDA approved labeling and in compliance with the CLIA regulations, when ordered by the member's primary care physician or practitioner within the context of a primary care setting, and the member meets either of the following conditions.

1. A screening test is covered for adults at high risk for Hepatitis C Virus infection. “High risk” is defined as persons with a current or past history of illicit injection drug use; and persons who have a history of receiving a blood transfusion prior to 1992. Repeat screening for high risk persons is covered annually only for persons who have had continued illicit injection drug use since the prior negative screening test.

2. A single screening test is covered for adults who do not meet the high risk as defined above, but who were born from 1945 through 1965.

The determination of "high risk for HCV" is identified by the primary care physician or practitioner who assesses the member's history, which is part of any complete medical history, typically part of an annual wellness visit and considered in the development of a comprehensive prevention plan. The medical record should be a reflection of the service provided.

**CODING/BILLING INFORMATION**

The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

**CPT CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>86704</td>
<td>Hepatitis B core antibody (HBcAb); total</td>
</tr>
<tr>
<td>86705</td>
<td>IgM antibody</td>
</tr>
<tr>
<td>86706</td>
<td>Hepatitis B surface antibody (HBsAb)</td>
</tr>
<tr>
<td>86803</td>
<td>Hepatitis C antibody</td>
</tr>
<tr>
<td>86804</td>
<td>Hepatitis C antibody; confirmatory test (eg, immunoblot)</td>
</tr>
<tr>
<td>87340</td>
<td>Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)</td>
</tr>
<tr>
<td>87341</td>
<td>Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization</td>
</tr>
</tbody>
</table>

**HCPCS CODES**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>G0472</td>
<td>Hepatitis C antibody screening for individual at high risk and other covered indication(s)</td>
</tr>
<tr>
<td>G0499</td>
<td>Hepatitis B screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbssag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbssag (anti-hbs) and hepatitis b core antigen (anti-hbc)</td>
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</tbody>
</table>

**REVISION HISTORY EXPLANATION**

02/10/15: Per CMS guidelines, HCPCS code G0472 effective 06/02/14. Policy created to reflect most current clinical evidence per Medical Policy Steering Committee.

06/13/17: Changed title from Hepatitis C Virus Screening to Hepatitis Screening. Added Hepatitis B codes 86704-86706, 87340, & G0499 as covered without prior authorization. Policy reviewed and updated to reflect most current clinical evidence per Medical Policy Steering Committee.

**REFERENCES/RESOURCES**

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid [http://jfs.ohio.gov/](http://jfs.ohio.gov/)
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets
Industry Standard Review