REIMBURSEMENT POLICY STATEMENT
OHIO MEDICAID

Original Issue Date	Next Annual Review	Effective Date
03/08/2017	03/08/2018	12/01/17
Policy Name		**Policy Number**
Hepatitis Panel		PY-0206
Policy Type		
Medical	Administrative	Pharmacy	**REIMBURSEMENT**

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

Contents of Policy

A. SUBJECT

Hepatitis Panel

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Hepatitis is an inflammation of the liver resulting from viruses, drugs, toxins, and other causes. Viral hepatitis can be due to one of at least five viruses, discussed here. Most cases of viral hepatitis are caused by Hepatitis A virus (HAV), Hepatitis B virus (HBV), or Hepatitis C virus (HCV), although viral hepatitis can also be caused by the less-prevalent viruses Hepatitis D and E.

HBV is spread exclusively by the member's exposure to infected blood or bodily fluids. In the United States, sexual transmission accounts for thirty to sixty percent of new cases of HBV infection. Despite the overall decline in HCV infection rates in the United States over the past several decades, HCV infection rates among young adults may be increasing [2]. In a study of CDC surveillance data, the incidence of cases of acute HCV infection reported among individuals younger than 30 years old rose from 2006 to 2012 by 13 percent annually in nonurban counties and by 5 percent annually in urban counties [3]. Due to a rise in injection drug use among younger individuals, the large majority of infected individuals are white, with men and women evenly represented. The actual incidence of acute HCV infection is likely greater than these estimates, given the difficulty in diagnosis of acute HCV infection, incomplete case reporting (including expanding infection rates among the homeless and incarcerated individuals, which is a significant population), and narrow national case definitions. The prevalence of chronic HCV infection in the United States is currently the highest among individuals born between 1945 and 1965.

In children and adolescents in the United States, HAV is the most common cause of hepatitis. Prior exposure is indicated by a positive blood test known as Immunoglobulin G anti-HAV (IgG anti-HAV) for the Hepatitis A virus. Acute HAV is specifically diagnosed by IgM anti-HAV, which typically results within four weeks of exposure, and which disappears within three months of the first positive blood test. IgG anti-HAV is similar in the timing of its appearance but does not subside, appearing indefinitely. Its detection in blood testing indicates the member's prior effective immunization to, or recovery from infection. Although HAV is spread most commonly by the oral consumption or transmission of fecal matter from an infected individual, other methods of infection are is possible during the acute viral stage of the disease. After exposure, standard immune globulin may be effective as prophylactic care.

Chronic HCV infection is indicated with a reactive HCV antibody test and a positive molecular test indicating the presence of HCV RNA, confirming the diagnosis of HCV infection. If HCV RNA is not detected, then the reactive antibody test likely indicates either a past HCV infection that has since cleared or false positive [4].

HBV produces separate surface, core, and e (envelope) antigens when it infects the liver; only the surface antigen for hepatitis B surface (HBsAg) is included as part of the standard panel. After being exposed to the hepatitis virus(es), the immune system typically responds by producing antibodies to each antigen. Hepatitis B surface antibody (HBsAb)-IgM antibody is part of the standard panel. However, HBsAg is the earlier marker, appearing four to eight weeks after exposure, and normally disappearing within six months after its appearance. If HBsAg remains detectable for a period of time exceeding six months, it is an indication of chronic HBV infection in the member.

HBcAb, in the form of both IgG and IgM antibodies, are sequentially the next to appear in serum, typically becoming detectable two to three months following exposure. The detectable presence of the IgM antibody gradually declines or disappears entirely from one to two years following exposure, but the IgG usually remains detectable for the lifetime of the member. Because HBsAg is present for a relatively short period of time and normally at a very low concentration, a negative result from the blood test does not necessarily exclude an HBV diagnosis. By contrast, HBcAb appears in a much higher concentration and the antibodies typically remain at that higher level for a longer period of time. That said, it follows that a positive result is not necessarily diagnostic of acute disease, since the elevated antibodies may still be the result of a previous infection.

In the usual course of the disease, the last marker to appear is HBsAb, which can be found in serum four to six months following exposure and remains positive indefinitely signifying immunity to the patient.

The diagnosis of acute HBV infection is best established by documentation of a positive result for the IgM antibody against the core antigen (HBcAb-IgM), and by identifying a positive result for the hepatitis B surface antigen (HBsAg). The diagnosis of chronic HBV infection is established primarily by identifying a positive hepatitis B surface antigen (HBsAg) and demonstrating positive IgG antibody directed against the core antigen (HBcAb-IgG). Additional tests such as Hepatitis B e-antigen (HBeAg) and Hepatitis B e-antibody (HBeAb), which are the envelope antigen and antibody for Hepatitis B, are not included in the standard Hepatitis Panel. However, they can be a marker of replication and infectivity associated with an increased risk of transmission.

After an HBV vaccination series is completed, HBsAb can be followed to verify an appropriate antibody response.

Once a diagnosis is established, specific tests can be used to monitor the course of the disease. If hepatitis appears in a patient after transfusion, HCV is the most common cause. HCV is responsible for 15% to 20% of all cases of acute hepatitis overall, and is the most common cause of chronic liver disease. The test most commonly used to identify HCV is one that measures HCV antibodies, which normally appear in the patient's blood between two to four months after infection. False positive HCV results can occur. For this reason, positive results are usually verified by a more specific technique. Like HBV, HCV is spread exclusively through exposure to infected blood or body fluids. This panel of tests is used for differential diagnosis in a patient with symptoms of liver disease or injury. When the timeframe of the initial infection or exposure, and/or the stage of the disease is unknown, a patient with continued symptoms of liver disease despite a completely negative Hepatitis Panel may need another panel performed approximately two weeks to two months later in order to exclude the possibility of hepatitis.

The specific rules that apply for diagnosis codes (for Medicaid members *only*) are outlined in this policy.

C. DEFINITIONS

- **Medically necessary** means health services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted guidelines of medical practice.

D. POLICY

I. Prior authorization is not required for any medically necessary hepatitis panel screenings.
NOTE: Although the hepatitis testing covered by this policy does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

II. Tests for the Hepatitis panel referred to in this policy are selected laboratory tests. Material related to diagnostic testing in this policy is included to clarify coverage for diagnostic versus screening indications.

III. CareSource will reimburse providers for the medically necessary screening, diagnoses, and subsequent treatments for, and management of hepatitis as documented in the medical record in the following circumstances:
A. To detect viral hepatitis infection when there are abnormal liver function test results, with or without signs or symptoms of hepatitis; and
B. Prior to and subsequent to liver transplantation.

IV. Coverage
A. CareSource will cover screening for hepatitis with the appropriate laboratory tests when ordered and performed by a provider for these services, and when used in compliance with the Clinical Laboratory Improvement Act ("CLIA") regulations.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule.
https://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/LabServicesPayment.pdf

The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

I. Covered Services
A. If policy criteria are met, CareSource will reimburse for an acute hepatitis panel once per calendar year for screening when medically necessary to test for hepatitis in asymptomatic men and women if accompanied by one or more of the appropriate ICD-10 codes. CareSource will reimburse for a repeat panel approximately two weeks to two months after the initial one to exclude the possibility of hepatitis in a patient with continued symptoms of liver disease despite a completely negative first Hepatitis Panel.

Codes	Description
80074	Acute Hepatitis Panel

Codes	Description
B15.0	Hepatitis A with hepatic coma
B15.9	Hepatitis A without hepatic coma
B16.0	Acute hepatitis B with delta-agent with hepatic coma

B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
G93.3	Post-viral fatigue syndrome
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
K70.41	Alcoholic hepatic failure with coma
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with hepatic necrosis, with coma
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with chronic active hepatitis without ascites
K71.51	Toxic liver disease with chronic active hepatitis with ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Toxic liver disease with other disorders of liver
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without coma
K72.01	Acute and subacute hepatic failure with coma
K72.10	Chronic hepatic failure without coma
K72.11	Chronic hepatic failure with coma
K72.90	Hepatic failure, unspecified without coma
K72.91	Hepatic failure, unspecified with coma
K74.0	Hepatic fibrosis
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified

K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.2	Central hemorrhagic necrosis of liver
K76.4	Peliosis hepatis
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
R10.0	Acute abdomen
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.811	Right upper quadrant abdominal tenderness
R10.821	Right upper quadrant rebound abdominal tenderness
R10.83	Colic
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R11.0	Nausea
R11.10	Vomiting, unspecified
R11.11	Vomiting without nausea
R11.12	Projectile vomiting
R11.14	Bilious vomiting
R11.2	Nausea with vomiting, unspecified
R16.0	Hepatomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
R17	Unspecified jaundice
R53.0	Neoplastic (malignant) related fatigue
R53.1	Weakness
R53.2	Functional quadriplegia
R53.81	Other malaise
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R56.00	Simple febrile convulsions
R56.01	Complex febrile convulsions
R56.1	Post traumatic seizures
R62.0	Delayed milestone in childhood
R62.50	Unspecified lack of expected normal physiological development in childhood
R62.51	Failure to thrive (child)
R62.52	Short stature (child)
R62.59	Other lack of expected normal physiological development in childhood
R63.0	Anorexia
R63.1	Polydipsia
R63.2	Polyphagia

R63.3	Feeding difficulties
R63.4	Abnormal weight loss
R63.5	Abnormal weight gain
R63.6	Underweight
R74.0	Nonspecific elevation of levels of transaminase and lactic acid dehydrogenase [LDH]
R94.5	Abnormal results of liver function studies
T86.40	Unspecified complication of liver transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
Z01.89	Encounter for other specified special examinations
Z05.0	Observation and evaluation of newborn for suspected cardiac condition ruled out
Z05.1	Observation and evaluation of newborn for suspected infectious condition ruled out
Z05.2	Observation and evaluation of newborn for suspected neurological condition ruled out
Z05.3	Observation and evaluation of newborn for suspected respiratory condition ruled out
Z05.41	Observation and evaluation of newborn for suspected genetic condition ruled out
Z05.42	Observation and evaluation of newborn for suspected metabolic condition ruled out
Z05.43	Observation and evaluation of newborn for suspected immunologic condition ruled out
Z05.5	Observation and evaluation of newborn for suspected gastrointestinal condition ruled out
Z05.6	Observation and evaluation of newborn for suspected genitourinary condition ruled out
Z05.71	Observation and evaluation of newborn for suspected skin and subcutaneous tissue condition ruled out
Z05.72	Observation and evaluation of newborn for suspected musculoskeletal condition ruled out
Z05.73	Observation and evaluation of newborn for suspected connective tissue condition ruled out
Z05.8	Observation and evaluation of newborn for other specified suspected condition ruled out
Z05.9	Observation and evaluation of newborn for unspecified suspected condition ruled out
Z19.1	Hormone sensitive malignancy status
Z19.2	Hormone resistant malignancy status
Z29.11	Encounter for prophylactic immunotherapy for respiratory syncytial virus (RSV)
Z84.82	Family history of sudden infant death syndrome

II. Non-Covered Services
   A. Once a diagnosis of hepatitis has been made, CareSource will cover appropriate and medically necessary, individual hepatitis testing for its members, but does not cover ongoing hepatitis panel testing.

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	03-08-2017	New policy.
Date Revised	**11/14/2018**	Updated link from Appendix DD to the OH MCD Lab Codes link and updated the codes.
Date Effective	12-01-2017	

H. REFERENCES

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The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.