

ADMINISTRATIVE POLICY STATEMENT

OHIO MEDICAID

Policy Name		Policy Number	Date Effective
Hepatitis Screening		AD-0985	02/01/2021-06/30/2021
Policy Type			
Medical	ADMINISTRATIVE	Pharmacy	Reimbursement

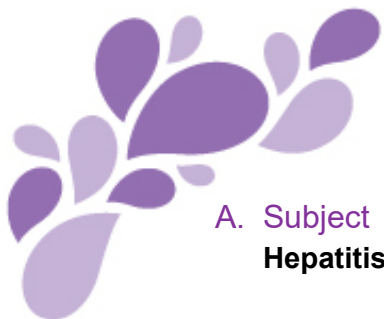
Administrative Policy Statements prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy 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 Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Administrative Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Administrative Policy Statement. If there is a conflict between the Administrative Policy Statement 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

Table of Contents

Administrative Policy Statement	1
A. Subject	2
B. Background	2
C. Definitions	2
D. Policy	2
E. Conditions of Coverage	4
F. Related Policies/Rules	4
G. Review/Revision History	4
H. References	4



A. Subject

Hepatitis Screening

B. Background

Hepatitis A is caused by the Hepatitis A virus (HAV). It is estimated that around 24,900 new infections occurred in 2018. It is transmitted through fecal-oral route, close person-to-person contact with an infected person, sexual contact with an infected person, and ingestion of contaminated food or water. The Centers for Disease Control and Prevention (CDC) does not recommend testing for chronic infection.

Hepatitis B is caused by the hepatitis B virus (HBV). In 2018, there were around 21,600 new infections. It is transmitted through percutaneous, mucosal, or nonintact skin exposure to infectious blood, semen, and other body fluids.

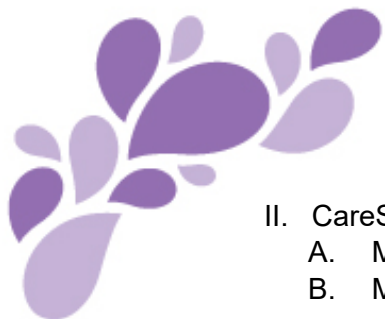
Hepatitis C is caused by the Hepatitis C virus (HCV). In 2018, around 50,300 new infections occurred. It is transmitted through direct percutaneous exposure to infectious blood and through mucous exposures to blood.

C. Definitions

- **Hepatitis screening** - Hepatitis testing for asymptomatic members.

D. Policy

- I. CareSource considers **Hepatitis B** screening medically necessary for the following individuals:
 - A. End-stage renal disease including hemodialysis individuals
 - B. Donors of blood, plasma, organs, tissues, or semen
 - C. Household, needle-sharing, or sexual contacts of persons known to be HBV-positive
 - D. Individuals born geographic regions with a 2% or higher prevalence of chronic HBV infection as noted by the Centers for Disease Control and Prevention
 - E. Infants born to HBV infected mothers
 - F. Individuals with chronically elevated amino alanine transferase (ALT) or aspartate amino transferase (AST) of unknown etiology
 - G. Individuals with HIV
 - H. Injection drug users
 - I. Men who have sexual contact with men
 - J. Persons needing immunosuppressive therapy, including chemotherapy, immunosuppression related to organ transplantation, and immunosuppression for rheumatologic or gastroenterologic disorders
 - K. Persons who are the sources of blood or body fluids resulting in an exposure (e.g., needlestick, sexual assault) that might require post-exposure prophylaxis
 - L. Pregnant women
 - M. U.S. born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity (greater than or equal to 8 %) as noted by the Centers for Disease Control and Prevention



- II. CareSource considers **Hepatitis C** screening medically necessary for the following:
- A. Members with HIV
 - B. Members who have injected drugs or shared needles/syringes/drug preparation equipment
 - C. Members who have ever received maintenance hemodialysis
 - D. Members with persistently abnormal ALT levels
 - E. Prior recipients of transfusions or organ transplants, including members who:
 - 1. Received clotting factor concentrates produced before 1987
 - 2. Received a transfusion of blood or blood components before Jul 1992
 - 3. Received an organ transplant before July 1992
 - 4. Were notified that they received blood from a donor who later tested positive for HCV infection
 - F. Health care, emergency medical, and public safety personnel after needle sticks, sharps, or mucosal exposures to HCV-positive blood
 - G. Children to mothers with HCV infection
 - H. Children from a region with high prevalence of HCV infection as noted by the Centers for Disease Control and Prevention
 - I. Present sexual partners of a HCV-infected person
 - J. Pregnant women (each pregnancy)
 - K. For members who request a Hepatitis C screening test
 - L. At least once in a lifetime for members ages ≥ 18 year old
 - M. For members who have evidence of liver disease
- III. CareSource follows national guidelines such as the Centers for Disease Control and Prevention (CDC) for which types of tests should be used to screen high risk, asymptomatic individuals. CareSource consider antibody testing to be the appropriate first line tests for these members.
- A. The use of molecular (RNA, DNA, PCR) testing is not considered appropriate for screening high risk, asymptomatic individuals or members without evidence of liver disease. The use of molecular testing in these circumstances is considered not medically necessary and will not be reimbursed.
- IV. Clinical Examples
- A. Member is seeing a behavioral health provider for Intravenous Drug Use. There is no evidence of liver disease but by definition is high risk for Hepatitis. Provider should test using CPT 86704-86706 for Hepatitis B and CPT 86803 (Hepatitis C antibody) for Hepatitis C with the appropriate F diagnosis code.
 - B. Member presents with nausea and vomiting. Liver function tests are ordered and reveal elevated AST and ALT. Testing for Hepatitis A is then done with CPT 86708 (Hepatitis A antibody HAAb) and/or 86709 (Hepatitis A antibody HAAb, IgM antibody) and diagnosis R94.5 (abnormal results of liver function studies).
 - C. Member is found to have elevated liver function tests without symptoms. Testing for Hepatitis B and Hepatitis C is appropriate using antibody tests. If these are positive, confirmatory testing and possible viral load testing can be done using Molecular DNA, RNA tests with the appropriate diagnosis of Hepatitis B or C.
 - D. Member tests positive with CPT 86803 (Hepatitis C antibody), Hepatitis C RNA is the appropriate confirmatory testing as a next step.



- E. Member has a known diagnosis of Hepatitis C – use of molecular testing with the appropriate ICD-10 Hepatitis C diagnosis coding is appropriate.

E. Conditions of Coverage

F. Related Policies/Rules

Molecular Diagnostic Testing for Hepatitis B and C
Hepatitis Panel for Acute Viral Hepatitis

G. Review/Revision History

DATES		ACTION
Date Issued	09/30/2020	
Date Revised	11/17/2020	Changed to AD from PY-1134. Provided clarification of policy with examples.
Date Effective	02/01/2021	
Date Archived	06/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy.

H. References

1. Centers for Disease Control and Prevention (n.d.). CDC Recommendations for Hepatitis C Screening Among Adults. Retrieved November 16, 2020 from www.cdc.gov
2. Centers for Disease Control and Prevention (2013). Recommended Testing Sequence for Identifying Current Hepatitis C Virus (HCV) Infection. Retrieved November 16, 2020 from www.cdc.gov
3. Centers for Disease Control and Prevention (2020). The ABCs of Hepatitis – for Health Professionals. Retrieved November 16, 2020 from www.cdc.gov
4. Centers for Disease Control and Prevention (2020, August 27). Global Viral Hepatitis: Millions of People are Affected. Retrieved November 16, 2020 from www.cdc.gov

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