

MEDICAL POLICY STATEMENT INDIANA MEDICAID

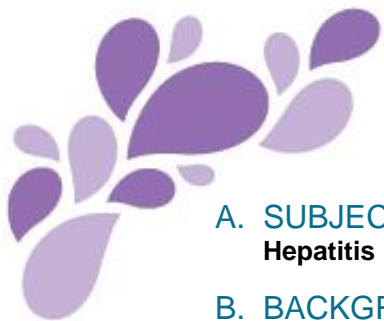
Original Issue Date	Next Annual Review	Effective Date
11/01/2017	11/01/2018	12/17/2017
Policy Name		Policy Number
Hepatitis Panel		MM-0176
Policy Type		
MEDICAL	Administrative	Pharmacy
		Reimbursement

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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.

Medical Policy Statements prepared by CSMG Co. and its affiliates (including CareSource) 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 Medical Policy Statement. If there is a conflict between the Medical 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.

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A. SUBJECT

Hepatitis Panel

B. BACKGROUND

Hepatitis, inflammation of the liver, can be caused by heavy alcohol use, toxins, certain medications, and autoimmune diseases, but is most commonly caused by viruses. The most common forms of viral hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C, with Hepatitis D and Hepatitis E being less prevalent. Primary mode of transmission, whether the illness is acute or chronic, and vaccine availability vary between types.

Hepatitis A virus (HAV): Transmitted by ingesting contaminated food or water; acute only, most cases are mild with no complications, only occasional death; can be prevented by HAV vaccine. A positive result for the IgM antibody to the hepatitis A antibody establishes HAV.

Hepatitis B virus (HBV): Primarily transmitted through blood, semen, or other body fluids from an infected person, including from mother to infant at birth; can be acute or chronic; can be prevented by HBV vaccine. A positive result for both the IgM antibody to hepatitis B core antigen along with a positive result for the hepatitis B surface antigen establish acute HBV. A positive result for both the IgG antibody to hepatitis B core antigen along with a positive result for the hepatitis B surface antigen establish chronic HBV.

Hepatitis C virus (HCV): Primarily transmitted through blood from an infected person, including from mother to infant at birth; can be acute or chronic, acute is uncommon as most develop into chronic Hepatitis C; currently there is no HCV vaccine. A positive result for the hepatitis C antibody establishes acute HCV.

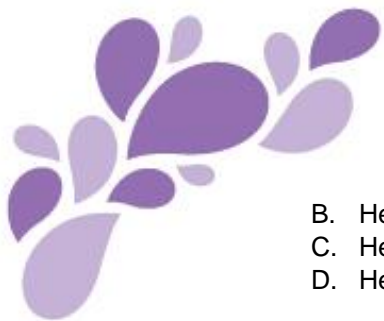
Chronic hepatitis can lead to liver cirrhosis, liver failure, liver cancer, and ultimately, death.

C. DEFINITIONS

- **Acute illness:** An illness that lasts less than six months.
- **Chronic illness:** An illness that lasts more than six months.
- **Hepatitis:** Inflammation of the liver caused most commonly by viruses but also by heavy alcohol use, toxins, certain medications, and autoimmune diseases.
- **Medically necessary:** Health products, supplies or 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 hepatitis panel tests that are medical necessary.
- II. CareSource considers the following circumstances to be medically necessary for hepatitis panel testing:
 - A. To detect viral hepatitis infection when there are abnormal liver function test results, with or without signs or symptoms of hepatitis
 - B. Prior to and subsequent to liver transplantation
- III. Hepatitis panel test consists of the following:
 - A. Hepatitis A antibody (HAAb), IgM Antibody



- B. Hepatitis B core antibody (HBcAb), IgM Antibody
- C. Hepatitis B surface antigen (HBsAg)
- D. Hepatitis C antibody

E. CONDITIONS OF COVERAGE

HCPCS

CPT

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATES		ACTION
Date Issued	11/01/2017	New policy
Date Revised		
Date Effective	12/17/2017	

H. REFERENCES

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9. WHO | What is hepatitis? (n.d.). Retrieved from <http://www.who.int/features/qa/76/en/>

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