

**Applicable To:**

- Medicaid – Kentucky

**Claims and Payment Policy:  
Hepatitis B Screening**

**Policy Number: CPP-134**

**Original Effective Date: 1/10/2019**

**Revised Effective Date(s): N/A**

**BACKGROUND**

Approximately 700,000 – 2.2 million Americans have chronic Hepatitis B infection (HBV). Those at high risk for infection include individuals from countries with a high prevalence of HBV infection, those who are HIV-positive, injection drug users, and household contacts of persons with HBV infection, and men who have sex with men. Long term effects include potential sequelae of cirrhosis, hepatic decompensation, and hepatocellular carcinoma. Approximately 15 - 25% of persons with chronic HBV infection die due to cirrhosis or hepatocellular carcinoma. Individuals with chronic infection also serve as a reservoir for person-to-person transmission of HBV infection. Screening can identify chronically infected persons who may benefit from treatment or other interventions, such as surveillance for hepatocellular carcinoma. Identification of chronic HBV infection based on serologic markers is considered accurate. Immunoassays for detecting hepatitis B surface antigen (HBsAg) have a reported sensitivity and specificity of greater than 98%.

Each year, approximately 24,000 infants are born each year to women who are infected with HBV and 30 – 40% of all chronic HBV infections result from perinatal transmission. Chronic HBV infections increase long-term morbidity and mortality by predisposing infected persons to cirrhosis of the liver and liver cancer.

Providers should ensure vaccination of persons at-risk for HBV infection as well as:

- Disseminate information to all adults regarding the benefits of HBV vaccination;
- Assess the need for vaccination by obtaining a history, with emphasis on sexual or blood borne transmission of HBV;
- Identify, counsel, and vaccinate susceptible household, sex, and needle-sharing contacts of Hepatitis B surface antigen (HBsAg)-positive persons;
- Assess need for other recommended vaccines

**POSITION STATEMENT**

Hepatitis B screening is considered **medically necessary** and a **covered benefit** when the Member meets the following criteria:

- Member is considered “at-risk” if ANY of the following are true:
  - Is at high risk for infection; **OR**
  - Has a sexually transmitted infection (STI); **OR**
  - Is diagnosed with Human immunodeficiency virus (HIV); **OR**

- Has multiple sexual partners (including partners who have Hepatitis); **OR**
- Has experienced intercourse with trauma; **OR**
- For males only, is a man who has sexual relations with men; **OR**
- If female, all pregnant women (including those with a sexually transmitted infection (STI)); **OR**
- Has a history of using injection and non-injection illicit drugs; **OR**
- Is receiving hemodialysis; **OR**
- Received a blood transfusion or organ transplantation before July 1992; **OR**
- Was a recipient of clotting factor concentrates made before 1987; **OR**
- Was born in a region or has traveled to countries with high or intermediate prevalence of hepatitis A virus (HAV) or hepatitis B virus (HBV) infection; **OR**
- Members prior to initiating TNF blocker immunosuppressive therapy; **OR**
- Members requiring needing immunosuppressive or cytotoxic therapy; **OR**
- Members with signs and symptoms of liver disease/elevated liver enzymes (abnormal ALT/AST) ; **OR**
- Members who test positive for anti-hepatitis C virus (HCV); **OR**
- Members with clotting factor disorders; **OR**
- Members with a history of working with non-human primates susceptible to HAV infection; **OR**
- Infants born to HBV or HCV positive mothers (do not test before 18 months of age); **OR**
- Infants born in the United States whose parents were born in regions with high rates of Hepatitis B; **OR**
- Members living in a residential setting as well as staff of residential facilities; **OR**
- Household, needle sharing or secondary contacts of HbsAg positive persons; **OR**
- Health care and public safety workers at risk for occupational exposure to blood or blood contaminated body fluids; **OR**
- Members with known exposure to HCV (e.g., occupational exposure as a health care worker after needle sticks involving HCV positive blood, recipients of blood or organs from a donor who later tested HCV positive); **OR**
- Donors of blood, plasma, organs, tissue or semen.
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## CODING & BILLING

### Covered ICD 10 Codes

**Hepatitis B Virus Infection Screening:** Requires a Pregnancy Diagnosis Code OR one of the Screening diagnosis codes listed in this row.

#### *Pregnancy Diagnosis Codes or Screening*

<b>O04.82-O04.089</b>	Complications following (induced) termination of pregnancy
<b>O07.0-O07.4</b>	Failed attempted termination of pregnancy
<b>O08.0-O08.9</b>	Complications following ectopic and molar pregnancy
<b>O09.00-O09.83</b>	Supervision of high risk pregnancy
<b>O10.011-O10.13</b>	Pre-existing hypertensive heart disease
<b>O10.211-O10.23</b>	Pre-existing hypertensive chronic kidney disease complicating pregnancy, childbirth and the puerperium
<b>O10.311-O10.33</b>	Pre-existing hypertensive heart and chronic kidney disease complicating pregnancy, childbirth and the puerperium
<b>O10.411-O10.43</b>	Pre-existing secondary hypertension complicating pregnancy, childbirth and the puerperium
<b>O10.911-O10.93</b>	Unspecified pre-existing hypertension complicating pregnancy, childbirth and the puerperium
<b>O11.1-O11.9</b>	Pre-existing hypertension with pre-eclampsia
<b>O12.00-O12.25</b>	Gestational [pregnancy-induced] edema and proteinuria without hypertension
<b>O13.1-O13.9</b>	Gestational [pregnancy-induced] hypertension without significant proteinuria
<b>O14.00-O14.95</b>	Pre-eclampsia

<b>O15.00-O15.9</b>	Eclampsia
<b>O16.1-O16.9</b>	Unspecified maternal hypertension
<b>O20.0-O20.9</b>	Hemorrhage in early pregnancy
<b>O21.0-O21.9</b>	Excessive vomiting in pregnancy
<b>O22.00-O22.93</b>	Venous complications and hemorrhoids in pregnancy
<b>O23.00-O23.93</b>	Infections of genitourinary tract in pregnancy
<b>O24.011-O24.93</b>	Diabetes mellitus in pregnancy, childbirth, and the puerperium
<b>O25.10-O25.3</b>	Malnutrition in pregnancy, childbirth and the puerperium
<b>O26.00-O26.93</b>	Maternal care for other conditions predominantly related to pregnancy
<b>O28.0-O28.9</b>	Abnormal findings on antenatal screening of mother
<b>O29.011-O29.93</b>	Complications of anesthesia during pregnancy
<b>O30.001-O30.93</b>	Multiple gestation
<b>O31.00X0-O31.8X99</b>	Complications specific to multiple gestation
<b>O32.0XX0-O32.9XX9</b>	Maternal care for malpresentation of fetus
<b>O33.0-O33.9</b>	Maternal care for disproportion
<b>O34.00-O34.93</b>	Maternal care for abnormality of pelvic organs
<b>O35.0XX0-O35.9XX9</b>	Maternal care for known or suspected fetal abnormality and damage
<b>O36.0110-O36.93X9</b>	Maternal care for other fetal problems
<b>O40.1XX0-O40.9XX9</b>	Polyhydramnios
<b>O41.00X0-O41.93X9</b>	Other disorders of amniotic fluid and membranes
<b>O42.011-O42.92</b>	Premature rupture of membranes
<b>O43.011-O43.93</b>	Placental disorders
<b>O44.00-O44.53</b>	Placenta previa
<b>O45.001-45.93</b>	Premature separation of placenta [abruptio placentae]
<b>O46.001-O46.93</b>	Antepartum hemorrhage, not elsewhere classified
<b>O47.00-O47.9</b>	False labor before 37 completed weeks of gestation
<b>O48.0-O48.1</b>	Late pregnancy
<b>O60.00-O60.03</b>	Preterm labor
<b>O88.011-088.819</b>	Obstetric embolism
<b>O94</b>	Sequelae of complication of pregnancy, childbirth, and the puerperium
<b>O98.011-O98.93</b>	Maternal infectious and parasitic diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
<b>O99.011-O99.89</b>	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium
<b>O9A.111-O9A.13</b>	Malignant neoplasm complicating pregnancy, childbirth and the puerperium
<b>O94.211-O9A.23</b>	Injury, poisoning and certain other consequences of external causes complicating pregnancy, childbirth and the puerperium
<b>O9A.311-O9A.33</b>	Physical abuse complicating pregnancy, childbirth and the puerperium
<b>O9A.411-O9A.43</b>	Sexual abuse complicating pregnancy, childbirth and the puerperium
<b>O9A.511-O9A.53</b>	Psychological abuse complicating pregnancy, childbirth and the puerperium
<b>Z03.71-Z03.79</b>	Encounter for medical observation for suspected diseases and conditions ruled out
<b>Z29.13</b>	Encounter for prophylactic Rho(D) immune globulin
<b>Z32.2</b>	Encounter for childbirth instruction
<b>Z33.1</b>	Pregnant state, incidental
<b>Z34.00-Z34.93</b>	Pregnant state
<b>Z36.0-Z36.9</b>	Encounter for antenatal screening of mother
<b>Z3A.01-Z3A.49</b>	Weeks of gestation
<b>Z00.00-Z00.01</b>	Encounter for general adult medical examination
<b>Z11.59</b>	Encounter for screening for other viral diseases
<b>Z57.8</b>	Occupational exposure to other risk factors

## **Hepatitis B Virus Infection Screening**

### **Covered CPT Codes**

**Blood Draw:** Requires one of the listed Hepatitis B Virus Infection Screening procedure codes listed in this row **AND** a Pregnancy Diagnosis **OR** one of the Screening diagnosis codes listed in this row Code (see list at beginning of section).

- 87340** 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)
- 87341** 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
- 87350** 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 Be antigen (HBeAg)
- 36415** Collection of venous blood by venipuncture
- 36416** Collection of capillary blood specimen (eg, finger, heel, ear stick)
- 86704** Hepatitis B core antibody (HBcAb); total
- 86705** Hepatitis B core antibody (HBcAb); IgM antibody
- 86706** Hepatitis B surface antibody (HBsAb)
- 86707** Hepatitis Be antibody (HBeAb)

**87912** Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus

### **Covered HCPCS Codes**

**G0499** Hepatitis B screening in non-pregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result

Coding information is provided for informational purposes only. The inclusion or omission of a CPT, HCPCS, or ICD-10 code does not imply member coverage or provider reimbursement. Consult the member's benefits that are in place at time of service to determine coverage (or non-coverage) as well as applicable federal / state laws.

## **DEFINITIONS**

<b>Antigen</b>	A toxin or other foreign substance which induces an immune response in the body, especially the production of antibodies.
<b>Cirrhosis of the Liver</b>	A chronic disease of the liver marked by degeneration of cells, inflammation, and fibrous thickening of tissue. It is typically a result of alcoholism or hepatitis.

<b>Hepatitis B</b>	A severe form of viral hepatitis transmitted in infected blood, causing fever, debility, and jaundice.
<b>Hepatocellular Carcinoma</b>	A cancer arising from the liver cells (hepatocytes). Liver damage, manifested by cirrhosis (scarring), is a primary risk factor for liver cancer.
<b>Immunoassay</b>	A procedure for detecting or measuring specific proteins or other substances through their properties as antigens or antibodies.
<b>Morbidity</b>	The condition of being diseased; the rate of disease in a population.
<b>Mortality</b>	The state of being subject to death; the number of deaths in a given area or period

## REFERENCES

1. Final Recommendation Statement: Hepatitis B Virus Infection: Screening. United States Preventive Services Task Force (USPSTF) Web site. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-virus-infection-screening-2014>. Published May 2014 (update in progress). Accessed October 7, 2019.
2. Final Recommendation Statement: Hepatitis B in Pregnant Women: Screening. United States Preventive Services Task Force (USPSTF) Web site. <https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/hepatitis-b-in-pregnant-women-screening>. Published June 2009 (update in progress). Accessed October 7, 2019.
3. Hepatitis B - Vaccination of Adults, Centers for Disease Control and Prevention Web site. <https://www.cdc.gov/hepatitis/hbv/vaccadults.htm>. Published April 23, 2018. Accessed October 7, 2019.

## IMPORTANT INFORMATION ABOUT THIS DOCUMENT

Claims and Payment Policies (CPPs) are policies regarding claims or claim line processing and/or reimbursement related to the administration of health plan benefits. They are not recommendations for treatment, nor should they be used as treatment guidelines. Providers are responsible for diagnosing, treating, and making clinical recommendations to the member. CPPs are subject to, but not limited to, the following:

- State and federal laws and regulations;
- Policies and procedures promulgated by the Centers for Medicare and Medicaid Services, including National Coverage Determinations and Local Coverage Determinations;
- The health plan's contract with Medicare and/or a state's Medicaid agency, as applicable;
- Other CPPs and clinical policies as applicable including, but not limited to, *Pre-Payment and Post-Payment Review*.
- The provisions of the contract between the provider and the health plan; and
- The terms of a member's particular benefit plan, including those terms outlined in the member's Evidence of Coverage, Certificate of Coverage, and other policy documents.

In the event of a conflict between a CPP and a member's policy documents, the terms of a member's benefit plan will always supersede the CPP.

The use of this policy is neither a guarantee of payment, nor a prediction of how a specific claim will be adjudicated. Any coding information is for informational purposes only. No inference should be made regarding coverage or provider reimbursement as a result of the inclusion, or omission, in a CPP of a CPT, HCPCS, or ICD-10 code. Always consult the member's benefits that are in place at time of service to determine coverage or non-coverage. Claims processing is subject to a number of factors, including the member's eligibility and benefit coverage on the date of service, coordination of benefits, referral/authorization requirements, utilization management protocols, and the health plan's policies. Services must be medically necessary in order to be covered.

References to other sources and links provided are for general informational purposes only, and were accurate at the time of publication. CPPs are reviewed annually but may change at any time and without notice, including the lines of business for which they apply. CPPs are available at [www.wellcare.com](http://www.wellcare.com). Select the "Provider" tab, then "Tools" and then "Payment Guidelines".

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*WellCare (Kentucky)*

**RULES, PRICING & PAYMENT COMMITTEE HISTORY AND REVISIONS**

<b>Date</b>	<b>Action</b>
10/30/2019	<ul style="list-style-type: none"><li>• Approved by RGC</li></ul>