

Hepatitis Screening (for Ohio Only)

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[Instructions for Use](#)

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Related Policies
None

Application

This Medical Policy only applies to the state of Ohio. Any requests for services that are stated as unproven or services for which there is a coverage or quantity limit will be evaluated for medical necessity using Ohio Administrative Code 5160-1-01.

Coverage Rationale

Hepatitis A screening is proven and medically necessary for individuals who were born in or have travelled to regions with high or moderate prevalence of hepatitis A virus (HAV).

Hepatitis B screening is proven and medically necessary in individuals with the following indications:

- Blood transfusion prior to 1992
- Birth in or travel to regions with high or moderate prevalence of hepatitis B virus (HBV) infection
- Elevated ALT/AST of unknown etiology
- Clotting-factor disorders, such as hemophilia
- Exposure to blood or body fluids
- Donors of blood, plasma, organs, tissue, or semen
- Following exposure to an individual with HBV infection through household, secondary contacts, or needle sharing
- Hemodialysis
- High-risk sexual behavior
- HIV-positive infection, and those who are high risk of HIV acquisition
- Immunosuppression due to immunosuppressive therapy for rheumatologic or gastroenterological disorders, chemotherapy, and organ transplantation
- Infants born in the U.S. whose parents were born in regions with high rates of Hepatitis B
- Infants born to HBV infected mothers
- Men who have sexual relations with men (MSM)
- Pregnancy
- Present sexual partner is infected with HBV
- Prior to anti-TNF initiation

- Recipient of clotting factor concentrates made before 1987
- Recipients of blood or organs from a donor who later tested HBV positive
- Residents and institutional care workers
- Current and past recreational use of injection drug(s) including those individuals with a history limited to a single use of injection drug and regardless of the duration since use

Hepatitis C virus (HCV) screening is proven and medically necessary in adults aged 18 to 79 years whether or not risk factors have been identified. For other age groups, HCV screening will be evaluated for medical necessity using the Ohio Administrative Code 5160-1-01.

Definitions

Hepatitis A: A highly contagious viral condition that causes inflammation affecting the liver's ability to function. Hepatitis A virus (HAV) infection is primarily transmitted by the fecal-oral route, by either person-to-person contact or consumption of contaminated food or water. Although viremia occurs early in infection and can persist for several weeks after onset of symptoms, bloodborne transmission of HAV is uncommon. HAV has an incubation period of approximately 28 days (range: 15–50 days). HAV replicates in the liver and is shed in high concentrations in feces from 2 weeks before to 1 week after the onset of clinical illness. HAV infection produces a self-limited disease that does not result in chronic infection or chronic liver disease (CDC, 2020).

Hepatitis A Antibody Test: Hepatitis A antibody testing, also known as hepatitis A total antibody testing, is performed to determine whether an individual is currently infected with HAV or has previously had HAV infection. Positive antibodies mean a person has HAV, has previously had HAV, or has been vaccinated against the virus. This person is immune to future HAV infection. When antibodies are undetected, the test result will indicate negative. These individuals are susceptible to HAV infection (Center for Substance Abuse Treatment, 2011).

Hepatitis B: Hepatitis B virus (HBV) is transmitted through exposure to infective blood, semen, and other body fluids. HBV can be transmitted from infected mothers to infants at the time of birth or from family member to infant in early childhood. Transmission may also occur through transfusions of HBV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. HBV also poses a risk to healthcare workers who sustain accidental needle stick injuries while caring for infected-HBV patients. Among persons with chronic HBV infection, the risk for premature death from cirrhosis or hepatocellular carcinoma is 15% to 25% (CDC, 2020).

Hepatitis B Core Antibody Test (anti-HBc): At the onset of symptoms in acute hepatitis B, the total hepatitis B core antibody (anti-HBc) appears and persists for life. The presence of anti-HBc indicates previous or ongoing infection with hepatitis B virus in an undefined time frame (CDC Division of Viral Hepatitis, 2005; updated 2023).

Hepatitis B Surface Antigen Test (HBsAg): HBsAg is a protein on the surface of the hepatitis B virus. During acute or chronic HBV infection, HBsAg can be detected in high levels in serum. As part of the normal immune response to infection, the body normally produces antibodies to HBsAg, however, the presence of HBsAg indicates that the person is infectious (CDC Division of Viral Hepatitis, 2005; updated 2023).

Hepatitis B Surface Antibody Test (anti-HBs): The presence of anti-HBs is interpreted as recovery and immunity from hepatitis B virus infection. Anti-HBs also develops in a person who has been successfully vaccinated against hepatitis B. Among vaccine recipients who have completed a series, anti-HBs levels may decline over time, however the majority are still immune and will mount a response when exposed to HBV (CDC Division of Viral Hepatitis, 2005; updated 2023).

Hepatitis C: Hepatitis C virus (HCV) is mostly transmitted through direct percutaneous exposure to blood. This may happen through transfusions of HCV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. Sexual transmission is also possible but is much less common. According to the Center for Disease Prevention and Control and Prevention (CDC) Hepatitis C Guideline, hepatitis C virus (HCV), is the most common chronic bloodborne pathogen in the United States; approximately 2.7-3.9 million persons are chronically infected (CDC, 2020).

Hepatitis C Antibody Test (anti-HCV): The HCV antibody test, also known as an anti-HCV test, looks for antibodies to the hepatitis C virus in the blood. A negative or non-reactive test result means the patient is not currently infected. However, if there has been exposure to HCV within the last six months, repeat testing will need to be performed. A positive or reactive test means you have been infected with the hepatitis C virus at some point in time. Once infected, the patient will always have antibodies in their blood. This is true whether they have cleared the virus, have been cured, or still have the virus in their blood. A reactive antibody test does not necessarily mean the patient currently has hepatitis C, and a follow-up test will be required (CDC Division of Viral Hepatitis, 2020).

Hepatitis D: Hepatitis D (HDV), also known as delta hepatitis, is a serious liver disease caused by infection with the Hepatitis D virus. This is an RNA virus structurally unrelated to the Hepatitis A, B, or C viruses. Hepatitis D, which can be acute or chronic, is uncommon in the United States. HDV is an incomplete virus that requires the helper function of HBV to replicate and only occurs among people who are infected with the Hepatitis B virus (HBV). The dual infection of HDV and HBV can result in a more serious disease and worse outcome (CDC, 2020).

Hepatitis E: The hepatitis E virus (HEV) is spread by the fecal-oral route, however, in developing countries where HEV genotypes 1 and 2 are predominant, HEV infection through contaminated drinking water is the most common source. In addition, certain mammals can become infected with HEV and consumption of raw or undercooked meat or organs from infected animals can lead to foodborne HEV transmission to humans. HEV RNA (genotypes 3 and 4) has been extracted from deer, boar, and pork meat. HEV infection should be considered in any person with symptoms of viral hepatitis who tests negative for serologic markers of hepatitis A, hepatitis B, hepatitis C, other hepatotropic viruses, and all other causes of acute liver injury (CDC Division of Viral Hepatitis, 2020).

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
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)
86708	Hepatitis A antibody (HAAb)
86709	Hepatitis A antibody (HAAb); IgM antibody
86803	Hepatitis C antibody
86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot)
87340	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)
87341	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization
87350	Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis Be antigen (HBeAg)

CPT Code	Description
87467	Infectious agent antigen detection by immunoassay technique (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]), qualitative or semiquantitative; Hepatitis B surface antigen (HBsAg), quantitative
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus

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HCPCS Code	Description
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
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

Diagnosis Codes

[Hepatitis Screening: Diagnosis Code List \(for Ohio Only\)](#)

Description of Services

The word “hepatitis” means inflammation of the liver. Viral hepatitis is caused by infection with any of at least five distinct viruses: (A, B, C, D, and E). The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. All the major hepatotropic viruses can cause viral hepatitis but only hepatitis B with or without co-infection with hepatitis D and hepatitis C can cause liver disease. Chronic infection can lead to cirrhosis and hepatocellular carcinoma (CDC Division of Viral Hepatitis, 2020).

In the United States, new cases of Hepatitis B virus (HBV) among adults are largely transmitted through injection drug use or sexual intercourse, but most prevalent cases of HBV infection are chronic infections from exposure occurring in infancy or childhood. Another major risk factor for HBV infection is country of origin. In the United States, adults with HBV born in high-prevalence countries were commonly infected during childhood. In children, the primary source of infection is perinatal transmission at birth.

Testing and diagnosis of Hepatitis B and C infection is the gateway for access to both prevention and treatment services and is a crucial component of an effective response to the hepatitis epidemic. Early identification of persons with chronic HBV or HCV infection enables them to receive the necessary care and treatment to prevent or delay progression of liver disease. Testing also provides an opportunity to link people to interventions to reduce transmission, through counselling on risk behaviors and provision of prevention commodities (such as sterile needles and syringes) and Hepatitis B vaccination. (WHO, 2017)

The USPSTF maintains a list of countries and their estimated prevalence of HCV. Complete information can be found at: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening#bootstrap-panel-6>. (Accessed June 21, 2023).

Transmission and Clinical Course of Viral Hepatitis (CDC, 2020)

Hepatitis Virus	Transmission Route	Incubation Period	Likelihood of Chronic Disease	Treatment
HAV	<ul style="list-style-type: none"> Fecal-oral Close person-to-person contact with an infected person Sexual contact Ingestion of contaminated food or water 	15-50 days (average: 28 days)	None	<ul style="list-style-type: none"> No medication available Best addressed through supportive treatment

Hepatitis Virus	Transmission Route	Incubation Period	Likelihood of Chronic Disease	Treatment
HBV	Percutaneous, mucosal, or nonintact skin exposure to infectious blood, semen, and other body fluids. HBV is concentrated most highly in blood, and percutaneous exposure is an efficient mode of transfer	60-150 days (average: 90 days)	Chronic infection develops in: <ul style="list-style-type: none"> 90% of infants after acute infection at birth 25%-50% of children newly infected at ages 1-5 years 5% of people newly infected as adults 	<ul style="list-style-type: none"> Acute: no medication available; best addressed through supportive treatment Chronic: regular monitoring for signs of liver disease progression; antiviral drugs are available
HCV	Direct percutaneous exposure to infectious blood. Mucous membrane exposures to blood can also result in transmission, although this route is less efficient.	14-182 days (average range: 14-84 days)	Chronic infection develops in over 50% of newly infected people	<ul style="list-style-type: none"> Acute: AASLD/IDSA recommend treatment of acute HCV without a waiting period Chronic: over 90% of people with HCV can be cured regardless of HCV genotype with 8-12 weeks of oral therapy

Clinical Evidence

Pauly et al. (2018) conducted a retrospective analysis of 8,887 adult patients. They each began treatment with TNF antagonists for autoimmune diseases (dermatologic, rheumatologic, or gastrointestinal) from 2001 through 2010, followed through December 2012. The authors obtained data on HBV infection (52% of patients were screened for HBV before treatment), demographic features, comorbidities, and use of immunosuppressive agents. Of the 4,267 patients with unknown HBV status at baseline, 2 had HBV reactivation. Those treated with TNF antagonists for autoimmune diseases, had 39% HBV reactivation rate in those who were HBsAg+ before therapy, but not patients who were HBsAg-negative and anti-HBc+ before therapy. The authors concluded that patients should be screened for HBV infection before anti-TNF therapy; HBsAg+ patients should receive prophylactic antiviral therapy, but not HBsAg-negative, anti-HBc+ patients.

Clinical Practice Guidelines

American College of Obstetricians and Gynecologists (ACOG)

In May 2021, reaffirmed January 2022, the American College of Obstetricians and Gynecologists (ACOG) Practice Advisory recommended hepatitis C screening for all pregnant individuals during each pregnancy. Screening during the first prenatal blood assessment obtained in every pregnancy is recommended to identify pregnant individuals with HCV infection and infants who should receive testing at a pediatric visit.

A 2007 practice bulletin, reaffirmed in 2021, states that routine prenatal screening of all pregnant women by hepatitis B surface antigen (HBsAg) testing is recommended.

American Association for the Study of Liver Disease (AASLD)

In a practice guideline published by Terrault et al. (2018) for the prevention, diagnosis, and treatment of chronic hepatitis B, the American Association for the Study of Liver Disease (AASLD) recommends screening for the following persons:

- All persons born in countries with a HBsAg seroprevalence of 2%

- U.S. born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity (8%)
- Pregnant women
- Persons needing immunosuppressive therapy
- Persons who have ever injected drugs
- Men who have sex with men
- Individuals with elevated ALT or AST of unknown etiology
- Donors of blood, plasma, organs, tissues, or semen
- Persons with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
- Infants born to HBsAg-positive mothers
- Persons with chronic liver disease
- Persons with HIV
- Household, needle-sharing, and sexual contacts of HBsAg-positive persons
- Persons who are not in a long-term, mutually monogamous relationship (e.g., > 1 sex partner during the previous 6 months)
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Health care and public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids
- Residents and staff of facilities for developmentally disabled persons
- Travelers to countries with intermediate or high prevalence of HBV infection
- Persons who are the source of blood or body fluid exposures that might require postexposure prophylaxis
- Inmates of correctional facilities
- Unvaccinated persons with diabetes who are aged 19 through 59 years

In 2019, the AASLD and the Infectious Diseases Society of America (IDSA), revised their guidance on the identification and management of chronic hepatitis C (HCV). The guidance includes a new recommendation that all adults be screened for HCV. In addition to universal screening for hepatitis C, the guidance emphasizes universal treatment.

American Gastroenterological Association (AGA)

The American Gastroenterological Association (AGA) guideline titled prevention and treatment of hepatitis B virus reactivation (HBVr) during immunosuppressive drug therapy, recommends screening for HBV (HBsAg and anti-HBc, followed by a sensitive HBV DNA test if positive) in patients at moderate or high risk who will undergo immunosuppressive drug therapy. The AGA recommended against routinely screening for HBV in patients who will undergo immunosuppressive drug therapy and are at low risk (Reddy et al, 2014, retired – update in progress).

Centers for Disease Control and Prevention (CDC)

Schillie et al. (2020) presented the CDC recommendations for Hepatitis C screening for adults, from the Morbidity and Mortality Weekly Report (MMWR). The CDC recommends hepatitis C screening of all adults aged ≥ 18 years once in their lifetime, and screening of all pregnant women (regardless of age) during each pregnancy. The recommendations include an exception for settings where the prevalence of HCV infection is demonstrated to be $< 0.1\%$; however, few settings are known to exist with a hepatitis C prevalence below this threshold. The recommendation for testing of persons with risk factors remains unchanged from 2017; those with ongoing risk factors should be tested regardless of age or setting prevalence, including continued periodic testing if risks persist.

North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN)

The 2012 NASPGHAN's practice guidelines on diagnosis and management of hepatitis C infection in infants, children, and adolescents state the following individuals should be screened for HCV infection:

- Persons with recent or past use of drug injections (even those who only injected once and do not consider themselves drug users)
- Persons with conditions known to have a high incidence of Hepatitis C such as HIV infection, history of hemodialysis and unexplained abnormal aminotransferase levels
- Recipients of blood transfusions, blood products, or organ transplants before July 1992
- Children born to HCV infected mothers
- Following needle-stick injuries
- Present sexual partners of HCV infected individuals
- Children with chronically elevated transaminases
- Children from a region with high prevalence of HCV infection

U.S. Preventive Services Task Force (USPSTF)

In 2020, to update its 2014 recommendation, the U.S. Preventive Services Task Force (USPSTF) commissioned a review of new randomized clinical trials and cohort studies published from 2014 to August 2019 that evaluated the benefits and harms of screening and antiviral therapy for preventing intermediate outcomes or health outcomes and the association between improvements in intermediate outcomes and health outcomes. New key questions focused on the yield of alternative HBV screening strategies and the accuracy of tools to identify persons at increased risk. This recommendation statement applies to asymptomatic, nonpregnant adolescents and adults at increased risk for HBV infection, including those who were vaccinated before being screened for HBV infection. The draft recommendation is consistent with the 2014 recommendation. It is strengthened by new evidence from trials and cohort studies reporting that antiviral therapy reduces risk of mortality and hepatocellular carcinoma and improves intermediate outcomes that are consistently associated with better health outcomes. The USPSTF concludes with moderate certainty that screening for HBV infection in adolescents and adults at increased risk for infection has moderate net benefit, and therefore recommends screening for HBV infection in adolescents and adults at increased risk for infection (B recommendation).

In 2020, the USPSTF updated its recommendation for screening for HCV infection to apply to all adults aged 18 to 79 years. In its Practice Considerations section of the updated recommendation, the USPSTF also clarifies that clinicians may want to consider screening in adolescents younger than 18 years and in adults older than 79 years who are at high risk (e.g., past or current injection drug use). It also concludes that because of the increasing prevalence of HCV infection in women aged 15 to 44 years and in infants born to HCV infected mothers, clinicians may want to consider screening pregnant person younger than 18 years. The USPSTF concluded that broadening the age for HCV screening beyond its previous recommendation will identify infected patients at earlier stages of disease who could greatly benefit from effective treatment before developing complications.

In 2019, the USPSTF reaffirmed its 2009 recommendation that the benefits outweigh the harms and screening for hepatitis B virus (HBV) is recommended for women at their first prenatal visit to reduce perinatal transmission and the development of chronic HBV infection. Vaccination of all infants against HBV infection and providing postexposure prophylaxis with hepatitis B immune globulin (HBIG) at birth to infants of mothers infected with HBV substantially reduce the risk for acquisition of HBV infection in infants.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Laboratories that perform hepatitis antibody screening are regulated by the FDA under the Clinical Laboratory Improvement Amendments. Refer the following website for more information:

<http://www.fda.gov/medicaldevices/deviceregulationandguidance/ivdregulatoryassistance/ucm124105.htm>.

(Accessed June 21, 2023)

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Policy History/Revision Information

Date	Summary of Changes
01/01/2024	<p data-bbox="337 216 570 247">Applicable Codes</p> <ul data-bbox="337 254 984 281" style="list-style-type: none"><li data-bbox="337 254 984 281">• Added ICD-10 diagnosis codes Z00.121 and Z00.129 <p data-bbox="337 289 643 321">Supporting Information</p> <ul data-bbox="337 327 893 354" style="list-style-type: none"><li data-bbox="337 327 893 354">• Archived previous policy version CS053OH.B

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state (Ohio Administrative Code [OAC]), or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state (OAC), or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state (OAC), or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state (OAC), or contractual requirements for benefit plan coverage.

UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare uses InterQual® for the primary medical/surgical criteria, and the American Society of Addiction Medicine (ASAM) for substance use, in administering health benefits. If InterQual® does not have applicable criteria, UnitedHealthcare may also use UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and/or Utilization Review Guidelines that have been approved by the Ohio Department for Medicaid Services. The UnitedHealthcare Medical Policies, Coverage Determination Guidelines, and Utilization Review Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.