If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBS**OK** may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBS**OK** has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Hepatitis C

Policy Number: CPCPLAB015

Version 1.0

Plan Effective Date: Nov.1, 2022

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. Screening at least once in a lifetime for Hepatitis C infection **may be reimbursable** for adults between the ages of 18 years and 79 years.

2. Testing for Hepatitis C infection for all adults (≥18 years old) with recognized conditions or exposures **may be reimbursable** in the following situations:
    a. Illicit intranasal or injectable drug use:
    b. Receipt of clotting factor concentrates produced before 1987
    c. History of hemodialysis
    d. Evidence of liver disease (based on clinical presentation, persistently abnormal alanine aminotransferase (ALT) levels, or abnormal liver function studies)

e. Presence of HIV infection
f. Receipt of an organ transplant before July 1992
g. Receipt of a blood transfusion or blood component before July 1992.
h. Individuals notified that they received blood from a donor who later tested positive for an HCV infection
i. History of incarceration
j. Receipt of a tattoo in an unregulated setting
k. Healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
l. Children born to HCV-positive women
m. Current sexual partners of HCV-infected persons

3. Routine periodic HCV testing **may be reimbursable** for individuals with ongoing risk factors, while risk factors persist:
    a. Individuals who currently inject drugs and share needles, syringes, or other drug preparation equipment
    b. Individuals who are receiving ongoing hemodialysis

4. One-time testing for HCV genotype **may be reimbursable** prior to initiation of treatment to guide selection of the most appropriate antiviral regimen.

5. For patients with acute HCV infection, monitoring HCV RNA **may be reimbursable** to determine spontaneous clearance of HCV infection versus persistence of infection. Testing can be performed every 4 to 8 weeks for 6 to 12 months.

6. Testing for HCV viral load, using a quantitative nucleic acid test, **may be reimbursable** in the following situations:
    a. prior to initiation of HCV therapy, AND
    b. after 4 weeks of therapy AND
    c. at the end of treatment AND
    d. 12 weeks and 24 weeks after completion of treatment.

Procedure Codes

Codes
86803, 86804, 87520, 87521, 87522, 87902, G0472

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