



**BlueCross BlueShield
of Oklahoma**

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. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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 Testing

Policy Number: CPCPLAB015

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date:

Plan Effective Date: March 15, 2024

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:

Hepatitis B

1. For all individuals 18 years of age and older, triple panel testing (hepatitis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc] for Hepatitis B (HBV) infection once per lifetime **may be reimbursable**.
2. For asymptomatic, non-pregnant individuals, the following annual HBV infection screening **may be reimbursable**:
 - a. HBsAg and hepatitis B surface antibody (anti-HBs) for infants born from an HBsAg-positive individual;
 - b. Triple panel testing HBsAg, anti-HBs, anti-HBc) when **one of** the following high-risk situations is met:
 - i. For individuals born in or who have recently traveled to geographic regions with an HBV prevalence 2% or higher (See **Note 1**);
 - ii. For U.S.-born individuals not vaccinated as infants whose parents were born in geographic regions with an HBV prevalence 8% or higher (See **Note 1**);
 - iii. For individuals with a history of incarceration.
 - iv. For individuals infected with HIV;
 - v. For individuals with a history of sexually transmitted infections or multiple sex partners;
 - vi. For men who have sex with men;
 - vii. For household contacts, needle-sharing contacts, and sex partners of HBV-infected individuals;
 - viii. For injection-drug users;
 - ix. For individuals with an active hepatitis C virus infection or who have a history of hepatitis C infection;
 - x. For individuals with elevated liver enzymes;
 - xi. For individuals who are on long-term hemodialysis treatment;
 - xii. For individuals with diabetes;
 - xiii. For healthcare and public safety workers exposed to blood or body fluids.
3. For individuals who test positive for anti-HBc, follow-up IgM antibody to anti-HBc (IgM anti-HBc) testing to distinguish between an acute or chronic infection **may be reimbursable**.
4. For the confirmation of seroconversion after hepatitis B vaccination, anti-HBs testing **may be reimbursable**.
5. For individuals who test positive for HBV by initial antibody screening and who will undergo immunosuppressive drug therapy, HBV DNA testing **may be reimbursable**.

Hepatitis C

6. For all individuals 18 years of age and older, antibody testing for Hepatitis C (HCV) infection once per lifetime **may be reimbursable**.
7. For any individual with the following recognized conditions or exposures, one-time, post exposure antibody testing for Hepatitis C (HCV) infection **may be reimbursable**:
 - a. For individuals who have used illicit intranasal or injectable drugs;
 - b. For individuals who have received clotting factor concentrates produced before 1987

- c. For individuals with a history of hemodialysis
 - d. For individuals with evidence of liver disease (based on clinical presentation, persistently abnormal alanine aminotransferase (ALT) levels, or abnormal liver function studies)
 - e. For individuals infected with HIV
 - f. For individuals who received an organ transplant before July 1992
 - g. For individuals who received a blood transfusion or blood component before July 1992.
 - h. For individuals notified that they received blood from a donor who later tested positive for an HCV infection
 - i. For individuals with a history of incarceration
 - j. For individuals who received a tattoo in an unregulated setting
 - k. For healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
 - l. For children born to HCV-positive individual
 - m. For current sexual partners of HCV-infected persons
8. Routine periodic antibody testing for HCV **may be reimbursable** for individuals with **any** of the following ongoing risk factors (while risk factors persist):
- a. For individuals who currently inject drugs and share needles, syringes, or other drug preparation equipment
 - b. For individuals who are receiving ongoing hemodialysis
 - c. For individuals engaging in high-risk sexual behavior.
9. Nucleic acid testing for HCV **may be reimbursable** in **any** of the following situations:
- a. As a follow-up for individuals who test positive for HCV by initial antibody screening (to differentiate between active infection and resolved infection)
 - b. One-time screening for perinatally exposed infants who are 2-17 months of age.
10. Prior to the initiation of direct anti-viral (DAA) treatment, one-time testing for HCV genotype to guide selection of the most appropriate antiviral regimen **may be reimbursable**.
11. Testing for HCV viral load, with a quantitative nucleic acid test, **may be reimbursable** in **any** of the following situations:
- a. Prior to the initiation of DAA therapy,
 - b. After 4 weeks of DAA therapy,
 - c. At the end of treatment,
 - d. Twelve, twenty-four and forty-eight (12, 24 and 48) weeks after completion of treatment.

Note 1: The CDC defines HBsAg prevalence by geographic region:

<https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/hepatitis-b>.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes

86704, 86705, 86706, 86803, 86804, 87340, 87341, 87517, 87520, 87521, 87522, 87902, G0472, G0499

References:

- AASLD-IDSAs. (2015). Hepatitis C guidance: AASLD-IDSAs recommendations for testing, managing, and treating adults infected with hepatitis C virus. *Hepatology*, 62(3), 932-954. <https://doi.org/10.1002/hep.27950>
- AASLD-IDSAs. (2022a, 08/27/2020). *HCV in Pregnancy*. <https://www.hcvguidelines.org/unique-populations/pregnancy>
- AASLD-IDSAs. (2022b, 09/29/2021). *HCV Testing and Linkage to Care*. <https://www.hcvguidelines.org/evaluate/testing-and-linkage>
- AASLD-IDSAs. (2022c, 10/24/2022). *Management of Acute Infection*. https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSAs_HCVGuidance_October_24_2022.pdf
- AASLD-IDSAs. (2022d). Monitoring Patients Who Are Starting HCV Treatment, Are on Treatment, or Have Completed Therapy. <https://www.hcvguidelines.org/evaluate/monitoring>
- AASLD. (2023). <http://www.choosingwisely.org/clinician-lists/american-association-study-liver-disease-hepatitis-c-viral-load-testing/>
- Ansaldi, F., Orsi, A., Sticchi, L., Bruzzone, B., & Icardi, G. (2014). Hepatitis C virus in the new era: perspectives in epidemiology, prevention, diagnostics and predictors of response to therapy. *World J Gastroenterol*, 20(29), 9633-9652. <https://doi.org/10.3748/wjg.v20.i29.9633>
- Bailey, J. R., Barnes, E., & Cox, A. L. (2019). Approaches, Progress, and Challenges to Hepatitis C Vaccine Development. *Gastroenterology*, 156(2), 418-430. <https://doi.org/10.1053/j.gastro.2018.08.060>
- BioMérieux. (2022). *VIDAS® Hepatitis panel*. <https://www.biomerieux-nordic.com/product/vidas-hepatitis-panel#:~:text=The%20VIDAS%C2%AE%20Hepatitis%20panel%20includes%2011%20automated%20assays,for%20patients%20presenting%20with%20symptoms%20suggestive%20of%20hepatitis>.
- Catlett, B., Bajis, S., Starr, M., Dore, G. J., Hajarizadeh, B., Cunningham, P. H., Applegate, T. L., & Grebely, J. (2021). Evaluation of the Aptima HCV Quant Dx Assay for Hepatitis C Virus RNA Detection from Fingerstick Capillary Dried Blood Spot and Venepuncture-Collected Samples. *J Infect Dis*, 223(5), 818-826. <https://doi.org/10.1093/infdis/jiaa442>
- CDC. (2012). *Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965*. <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm>
- CDC. (2015). Community Outbreak of HIV Infection Linked to Injection Drug Use of Oxycodone — Indiana, 2015. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6416a4.htm>
- CDC. (2018). Surveillance for Viral Hepatitis — United States, 2018. <https://www.cdc.gov/hepatitis/statistics/2018surveillance/HepC.htm>
- CDC. (2020a). *The ABCs of Hepatitis – for Health Professionals*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/resources/professionals/pdfs/ABCTable.pdf>
- CDC. (2020b). *Hepatitis C*. <https://www.cdc.gov/hepatitis/hcv/hcvfaq.htm>
- CDC. (2020c). *Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020*. <https://www.cdc.gov/mmwr/volumes/69/rr/rr6906a1.htm>
- CDC. (2023a). *Health Care Providers and Viral Hepatitis*. <https://www.cdc.gov/hepatitis/populations/healthcaresettings.htm>

- CDC. (2023b, 01/13/2023). *Interpretation of Hepatitis B Serologic Test Results*. <https://www.cdc.gov/hepatitis/hbv/interpretationOfHepBSerologicResults.htm>
- CDC. (2023c, March 30, 2022). *Recommendations for Routine Testing and Follow-up for Chronic Hepatitis B Virus (HBV) Infection*. Centers for Disease Control and Prevention. <https://www.cdc.gov/hepatitis/hbv/HBV-RoutineTesting-Followup.htm#print>
- CDC. (2023d). *Screening and Testing Recommendations for Chronic Hepatitis B Virus Infection (HBV)*. <https://www.cdc.gov/hepatitis/hbv/testingchronic.htm>
- CDC. (2023e, 10/31/2023). *Testing Recommendations for Hepatitis C Virus Infection*. <https://www.cdc.gov/hepatitis/hcv/guidelinesc.htm>
- Chen, Y., Ji, H., Shao, J., Jia, Y., Bao, Q., Zhu, J., Zhang, L., & Shen, Y. (2019). Different Hepatitis C Virus Infection Statuses Show a Significant Risk of Developing Type 2 Diabetes Mellitus: A Network Meta-Analysis. *Dig Dis Sci*. <https://doi.org/10.1007/s10620-019-05918-7>
- Chevaliez, S., Wlassow, M., Volant, J., Roudot-Thoraval, F., Bachelard, A., Poiteau, L., Trabut, J. B., Hézode, C., Bourdel, A., & Dominguez, S. (2020). Assessing Molecular Point-of-Care Testing and Dried Blood Spot for Hepatitis C Virus Screening in People Who Inject Drugs. *Open Forum Infect Dis*, 7(6), ofaa196. <https://doi.org/10.1093/ofid/ofaa196>
- Chopra, S. (2023, 02/17/2023). *Clinical manifestations and natural history of chronic hepatitis C virus infection*. <https://www.uptodate.com/contents/clinical-manifestations-and-natural-history-of-chronic-hepatitis-c-virus-infection>
- Chopra, S., & Arora, S. (2022a, 06/22/2022). *Patient evaluation and selection for antiviral therapy for chronic hepatitis C virus infection*. <https://www.uptodate.com/contents/patient-evaluation-and-selection-for-antiviral-therapy-for-chronic-hepatitis-c-virus-infection>
- Chopra, S., & Arora, S. (2022b, 06/22/2022). *Screening and diagnosis of chronic hepatitis C virus infection*. <https://www.uptodate.com/contents/screening-and-diagnosis-of-chronic-hepatitis-c-virus-infection>
- Chopra, S., & Pockros, P. (2022, 04/29/2022). *Overview of the management of chronic hepatitis C virus infection*. <https://www.uptodate.com/contents/overview-of-the-management-of-chronic-hepatitis-c-virus-infection>
- EASL. (2018). EASL Recommendations on Treatment of Hepatitis C 2018. *J Hepatol*, 69(2), 461-511. <https://doi.org/10.1016/j.jhep.2018.03.026>
- EASL. (2020). EASL recommendations on treatment of Hepatitis C 2020. <https://easl.eu/wp-content/uploads/2020/10/EASL-recommendations-on-treatment-of-hepatitis-C.pdf>
- European Association for the Study of the Liver. (2017). EASL 2017 Clinical Practice Guidelines on the management of hepatitis B virus infection. *J Hepatol*, 67(2), 370-398. <https://doi.org/10.1016/j.jhep.2017.03.021>
- Fleurence, R. L., & Collins, F. S. (2023). A National Hepatitis C Elimination Program in the United States: A Historic Opportunity. *JAMA*, 329(15), 1251-1252. <https://doi.org/10.1001/jama.2023.3692>
- Ghany, M. G., & Morgan, T. R. (2020). Hepatitis C Guidance 2019 Update: American Association for the Study of Liver Diseases-Infectious Diseases Society of America Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. *Hepatology*, 71(2), 686-721. <https://doi.org/10.1002/hep.31060>
- Hagan, H., Campbell, J., Thiede, H., Strathdee, S., Ouellet, L., Kapadia, F., Hudson, S., & Garfein, R. S. (2006). Self-reported hepatitis C virus antibody status and risk behavior in young injectors. *Public Health Rep*, 121(6), 710-719. <https://doi.org/10.1177/003335490612100611>
- Health, L. (2023). Hepatitis Chronic Panel. <https://www.testmenu.com/legacylab/Tests/1103205>
- IHS. (2021). Hepatitis C and Tuberculosis Screening. <https://www.ihs.gov/diabetes/clinician-resources/soc/hepc-tb-screening/>
- Inc., S. D. (2023). *SD BIOLINE HCV*. <https://maxanim.com/content/abbott/sd-bioline-hcv.pdf>

- Indian Health Service. *Hepatitis*. Indian Health Service.
<https://www.ihs.gov/opioids/harmreduction/hcvhiv/>
- Inoue, J., Kanno, A., Wakui, Y., Miura, M., Kobayashi, T., Morosawa, T., Kogure, T., Kakazu, E., Ninomiya, M., Fujisaka, Y., Umetsu, T., Takai, S., Nakamura, T., & Shimosegawa, T. (2017). Identification of Genotype 2 HCV in Serotype-1 Hepatitis C Patients Unresponsive to Daclatasvir plus Asunaprevir Treatment. *Tohoku J Exp Med*, *241*(1), 21-28. <https://doi.org/10.1620/tjem.241.21>
- Jacobson, I. M., Lim, J. K., & Fried, M. W. (2017). American Gastroenterological Association Institute Clinical Practice Update-Expert Review: Care of Patients Who Have Achieved a Sustained Virologic Response After Antiviral Therapy for Chronic Hepatitis C Infection. *Gastroenterology*, *152*(6), 1578-1587. <https://doi.org/10.1053/j.gastro.2017.03.018>
- JMitra&Co. (2015). *HCV TRI-DOT*.
http://www.jmitra.co.in/ourdivision/diagnosticdivision/rapidtestkits/hcvrange/hcv_tri_dot.aspx
- Kanwal, F., Bacon, B. R., Beste, L. A., Brill, J. V., Gifford, A. L., Gordon, S. C., Horberg, M. A., Manthey, J. G., Reau, N., Rustgi, V. K., & Younossi, Z. M. (2017). Hepatitis C Virus Infection Care Pathway; A Report From the American Gastroenterological Association Institute HCV Care Pathway Work Group. *Gastroenterology*, *152*(6), 1588-1598. <https://doi.org/10.1053/j.gastro.2017.03.039>
- Keles, E., Hassan-Kadle, M. A., Osman, M. M., Eker, H. H., Abusoglu, Z., Baydili, K. N., & Osman, A. M. (2021). Clinical characteristics of acute liver failure associated with hepatitis A infection in children in Mogadishu, Somalia: a hospital-based retrospective study. *BMC Infect Dis*, *21*(1), 890. <https://doi.org/10.1186/s12879-021-06594-7>
- Lai, M., & Chopra, S. (2022, 01/26/2022). *Hepatitis A virus infection in adults: Epidemiology, clinical manifestations, and diagnosis*. <https://www.uptodate.com/contents/hepatitis-a-virus-infection-in-adults-epidemiology-clinical-manifestations-and-diagnosis>
- Lexicomp. (2023). *Ledipasvir and sofosbuvir: Drug information*.
<https://www.uptodate.com/contents/ledipasvir-and-sofosbuvir-drug-information#F49749474>
- Linthicum, M. T., Gonzalez, Y. S., Mulligan, K., Moreno, G. A., Dreyfus, D., Juday, T., Marx, S. E., Lakdawalla, D. N., Edlin, B. R., & Brookmeyer, R. (2016). Value of expanding HCV screening and treatment policies in the United States. *Am J Manag Care*, *22*(6 Spec No.), Sp227-235. <https://www.ajmc.com/journals/issue/2016/2016-5-vol22-sp/value-of-expanding-hcv-screening-and-treatment-policies-in-the-united-states?p=1>
- Lok, A. S. (2022, 07/30/2021). *Hepatitis B virus: Overview of management*.
<https://www.uptodate.com/contents/hepatitis-b-virus-overview-of-management>
- Messina, J. P., Humphreys, I., Flaxman, A., Brown, A., Cooke, G. S., Pybus, O. G., & Barnes, E. (2015). Global distribution and prevalence of hepatitis C virus genotypes. *Hepatology*, *61*(1), 77-87. <https://doi.org/10.1002/hep.27259>
- Moreno, G. A., Mulligan, K., Huber, C., Linthicum, M. T., Dreyfus, D., Juday, T., Marx, S. E., Gonzalez, Y. S., Brookmeyer, R., & Lakdawalla, D. N. (2016). Costs and spillover effects of private insurers' coverage of hepatitis C treatment. *Am J Manag Care*, *22*(6 Spec No.), Sp236-244. <https://www.ajmc.com/journals/issue/2016/2016-5-vol22-sp/costs-and-spillover-effects-of-private-insurers-coverage-of-hepatitis-c-treatment?p=1>
- Muir, A. J., & Graham, C. S. (2023, 11/09/2023). Management of chronic hepatitis C virus infection: Initial antiviral therapy in adults. <https://www.uptodate.com/contents/treatment-regimens-for-chronic-hepatitis-c-virus-genotype-1-infection-in-adults>
- OraSure. (2013). *OraQuick® HCV test* <https://www.orasure.com/products-infectious/products-infectious-oraquick-hcv.asp>
- Owens, D. K., Davidson, K. W., Krist, A. H., Barry, M. J., Cabana, M., Caughey, A. B., Donahue, K., Doubeni, C. A., Epling, J. W., Jr., Kubik, M., Ogedegbe, G., Pbert, L., Silverstein, M., Simon, M. A., Tseng, C. W.,

- & Wong, J. B. (2020). Screening for Hepatitis C Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*. <https://doi.org/10.1001/jama.2020.1123>
- Razavi, H., Waked, I., Sarrazin, C., Myers, R. P., Idilman, R., Calinas, F., Vogel, W., Mendes Correa, M. C., Hezode, C., Lazaro, P., Akarca, U., Aleman, S., Balik, I., Berg, T., Bihl, F., Bilodeau, M., Blasco, A. J., Brandao Mello, C. E., Bruggmann, P., . . . Estes, C. (2014). The present and future disease burden of hepatitis C virus (HCV) infection with today's treatment paradigm. *J Viral Hepat*, *21 Suppl 1*, 34-59. <https://doi.org/10.1111/jvh.12248>
- Reddy, K. R., Beavers, K. L., Hammond, S. P., Lim, J. K., & Falck-Ytter, Y. T. (2015). American Gastroenterological Association Institute guideline on the prevention and treatment of hepatitis B virus reactivation during immunosuppressive drug therapy. *Gastroenterology*, *148*(1), 215-219; quiz e216-217. <https://doi.org/10.1053/j.gastro.2014.10.039>
- Rein, D. B., Smith, B. D., Wittenborn, J. S., Lesesne, S. B., Wagner, L. D., Roblin, D. W., Patel, N., Ward, J. W., & Weinbaum, C. M. (2012). The cost-effectiveness of birth-cohort screening for hepatitis C antibody in U.S. primary care settings. *Ann Intern Med*, *156*(4), 263-270. <https://doi.org/10.7326/0003-4819-156-4-201202210-00378>
- Saeed, Y. A., Phoon, A., Bielecki, J. M., Mitsakakis, N., Bremner, K. E., Abrahamyan, L., Pechlivanoglou, P., Feld, J. J., Krahn, M., & Wong, W. W. L. (2020). A Systematic Review and Meta-Analysis of Health Utilities in Patients With Chronic Hepatitis C. *Value Health*, *23*(1), 127-137. <https://doi.org/10.1016/j.jval.2019.07.005>
- Simmonds, P. (2001). Reconstructing the origins of human hepatitis viruses. *Philos Trans R Soc Lond B Biol Sci*, *356*(1411), 1013-1026. <https://doi.org/10.1098/rstb.2001.0890>
- Spach. (2020). Hepatitis C Diagnostic Testing. <https://www.hepatitisc.uw.edu/go/screening-diagnosis/diagnostic-testing/core-concept/all>
- Spenatto, N., Boulinguez, S., Mularczyk, M., Molinier, L., Bureau, C., Saune, K., & Viraben, R. (2013). Hepatitis B screening: who to target? A French sexually transmitted infection clinic experience. *J Hepatol*, *58*(4), 690-697. <https://doi.org/10.1016/j.jhep.2012.11.044>
- Su, S., Wong, W. C., Zou, Z., Cheng, D. D., Ong, J. J., Chan, P., Ji, F., Yuen, M. F., Zhuang, G., Seto, W. K., & Zhang, L. (2022). Cost-effectiveness of universal screening for chronic hepatitis B virus infection in China: an economic evaluation. *Lancet Glob Health*, *10*(2), e278-e287. [https://doi.org/10.1016/s2214-109x\(21\)00517-9](https://doi.org/10.1016/s2214-109x(21)00517-9)
- Teo, E.-K., & Lok, A. S. F. (2022, 09/21/2022). *Epidemiology, transmission, and prevention of hepatitis B virus infection*. <https://www.uptodate.com/contents/epidemiology-transmission-and-prevention-of-hepatitis-b-virus-infection>
- Terrault, N. A., Lok, A. S. F., McMahon, B. J., Chang, K. M., Hwang, J. P., Jonas, M. M., Brown, R. S., Jr., Bzowej, N. H., & Wong, J. B. (2018). Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance. *Hepatology*, *67*(4), 1560-1599. <https://doi.org/10.1002/hep.29800>
- US Preventive Services Task Force. (2020). Screening for Hepatitis B Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. *JAMA*, *324*(23), 2415-2422. <https://doi.org/10.1001/jama.2020.22980>
- Vetter, B. N., Reipold, E. I., Ongarello, S., Audu, R., Ige, F. A., Alkhasashvili, M., Chitadze, N., Vanroye, F., De Wegghelire, A., An, S., & Fransen, K. (2022). Sensitivity and Specificity of Rapid Diagnostic Tests for Hepatitis C Virus With or Without HIV Coinfection: A Multicentre Laboratory Evaluation Study. *The Journal of Infectious Diseases*. <https://doi.org/10.1093/infdis/jiaa389>
- Wandeler, G., Schlauri, M., Jaquier, M. E., Rohrbach, J., Metzner, K. J., Fehr, J., Ambrosioni, J., Cavassini, M., Stockle, M., Schmid, P., Bernasconi, E., Keiser, O., Salazar-Vizcaya, L., Furrer, H., Rauch, A., Aubert, V., Battegay, M., Bernasconi, E., Boni, J., . . . Yerly, S. (2015). Incident Hepatitis C Virus Infections in

the Swiss HIV Cohort Study: Changes in Treatment Uptake and Outcomes Between 1991 and 2013. *Open Forum Infect Dis*, 2(1), ofv026. <https://doi.org/10.1093/ofid/ofv026>

WHO. (2016). *Guidelines for the Screening, Care and Treatment of Persons With Chronic Hepatitis C Infection* World Health Organization Copyright (c) World Health Organization 2016. https://apps.who.int/iris/bitstream/handle/10665/205035/9789241549615_eng.pdf;jsessionid=B731C62035A8DBC263251629CCFBC614?sequence=1

WHO. (2017). *Guidelines on Hepatitis B and C Testing*. <https://apps.who.int/iris/bitstream/handle/10665/254621/9789241549981-eng.pdf?sequence=1>

WHO. (2018). *Guidelines for the Care and Treatment of Persons Diagnosed With Chronic Hepatitis C Infection* <https://apps.who.int/iris/bitstream/handle/10665/273174/9789241550345-eng.pdf?ua=1>

Policy Update History:

Effective Date	Summary of Change
03/15/2024	Document updated with literature review. The following change was made to Reimbursement Information: Revised #9 from: "For individuals who test positive for HCV by initial antibody screening, follow-up nucleic acid testing for HCV (to differentiate between active infection and resolved infection) may be reimbursable." to "Nucleic acid testing for HCV may be reimbursable in any of the following situations: a) As a follow up for individuals who test positive for HCV by initial antibody screening (to differentiate between active and resolved infection); b) One-time screening for perinatally exposed infants who are 2-17 months of age." References revised; some added; others removed.
02/01/2024	Document updated with literature review. The following changes were made to Reimbursement Information: Added headers for Hepatitis B and Hepatitis C. Under Hepatitis B: Added new #1: "For all individuals 18 years of age and older, triple panel testing (hepatitis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc]) for Hepatitis B (HBV) infection once per lifetime may be reimbursable." Some criteria combined for clarity. Added under 2b the following criteria: Individuals with a history of incarceration; individuals infected with HIV; individuals with a history of sexually transmitted infections or multiple sex partners; individuals with an active hepatitis C virus infection or who have a history of hepatitis C infection; individuals with elevated liver enzymes;

	individuals who are on long-term hemodialysis treatment; individuals with diabetes. Added "testing to distinguish between an acute or chronic infection to #3. No revisions to reimbursement information under new header Hepatitis C. References revised.
11/01/2023	Document updated with literature review. Reimbursement information revised to add new statements #1, 2, 3, 4, 8; Specified antibody screening as the allowed test for initial HCV screening in #5, 6, 7. Added "forty-eight weeks" in #10d. Added Note 1. Some language edited for clarity. References revised; some added, others removed. Hepatitis B testing was previously addressed on CPCPLAB007 Preventive Screening in Adults. Title changed from Hepatitis C.
11/1/2022	New policy

