



**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**

**Approval Date: April 12, 2023**

**Plan Effective Date: November 1, 2023**

## 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. For asymptomatic, non-pregnant individuals, the following annual Hepatitis B virus (HBV) infection screening **may be reimbursable**:

- a. Hepatitis B surface antigen (HBsAg) when **one of** the following high-risk situations is met:
  - i. For individuals born in geographic regions with a HBsAg 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 a HBsAg prevalence 8% or higher (See **Note 1**);
  - iii. For individuals with elevated alanine aminotransferase (ALT/aspartate transaminase (AST) or unknown etiology.
- b. HBsAg and hepatitis B surface antibody (anti-HBs) for infants born from an HBsAg-positive individual;
- c. HBsAg, anti-HBs, and total hepatitis B core antibody (anti-HBc), when **one of** the following high-risk situations is met:
  - i. For injection-drug users;
  - ii. For men who have sex with men;
  - iii. For individuals with select medical conditions who require cytotoxic or immunosuppressive therapy;
  - iv. For individuals who are on long-term hemodialysis treatment;
  - v. For household contacts, needle-sharing contacts, and sex partners of HBV-infected individuals;
  - vi. For individuals infected with HIV;
  - vii. For healthcare and public safety workers exposed to blood or body fluids.
2. For individuals who test positive for HBV by initial antibody screening, follow-up serologic testing (anti-HBc, anti-HBs, IgM antibody to anti-HBc [IgM anti-HBc]) **may be reimbursable**.
3. For the confirmation of seroconversion after hepatitis B vaccination, anti-HBs testing **may be reimbursable**.
4. For individuals who test positive for HBV by initial antibody screening and who will undergo immunosuppressive drug therapy, HBV DNA testing **may be reimbursable**.
5. For all individuals 18 years of age and older, antibody testing for Hepatitis C (HCV) infection once per lifetime **may be reimbursable**.
6. 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

7. 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.
8. 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**.
9. 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**.
10. 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

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## Policy Update History:



11/1/2022	New policy
8/15/2023	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.