

## Viral Hepatitis Serology Testing

### Policy

Harvard Pilgrim reimburses contracted providers for Viral Hepatitis Serology Testing. Harvard Pilgrim Health Care payment policy is consistent with Centers for Medicare and Medicaid (CMS) NCD which is based on Centers for Disease Control (CDC) guidelines.

*Viral Hepatitis Serology Testing* may be utilized to detect viral hepatitis infection. The patient may have abnormal liver function test results, with or without signs or symptoms of hepatitis. Testing may also occur prior to and subsequent to liver transplantation.

**Hepatitis A virus serological markers** are used to confirm the presence of an acute hepatitis A infection or as an indicator of previous exposure to hepatitis A.

**Hepatitis B surface antigen testing** is used to determine the presence of an acute hepatitis B infection or the presence of a chronic infectious carrier state.

**Hepatitis B core antibody testing** is used to confirm the presence of an acute hepatitis B infection or the reactivation of a chronic infection and should only be performed if acute hepatitis B is suspected upon clinical finding.

**Hepatitis C antibody testing** is used to confirm the presence of hepatitis C infection and may be reimbursed for patients who have been exposed to HCV-infected blood, including those identified through the FDA look-back process.

**Hepatitis D** is a serious liver disease caused by the hepatitis D virus (HDV) and relies on HBV to replicate. It is uncommon in the United States.

Harvard Pilgrim will only reimburse for viral hepatitis serology testing when billed with the CPT and ICD-10 codes listed below under the “Provider Billing Guidelines and Documentation” section of this policy.

### Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to [Referral, Notification and Authorization](#) for more information.)

### Open Access HMO and POS

For [Open Access HMO](#) and [Open Access POS](#) products, no referral is required to see a contracted specialist.

### Harvard Pilgrim Reimburses<sup>1</sup> HMO/POS/PPO

Viral hepatitis serology testing when billed with the CPT and ICD-10 codes listed below under the “Provider Billing Guidelines and Documentation” section of this policy. Covered indications are consistent with CMS and may include, but are not limited to:

- AIDS/HIV infection
- Drug dependence
- Viral hepatitis
- Periarteritis nodosa or other immune complex diseases
- Acute and sub-acute necrosis of liver
- Diseases/disorders of liver, when viral hepatitis is suspected etiology
- Suspected hepatitis (e.g., jaundice)
- ESRD patients, undergoing dialysis
- Following exposure to potentially hazardous body fluids

- Pregnancy and/or abortion as indicated
- Abdominal pain
- Esophageal varices
- Replacement therapy
- Sexually transmitted diseases
- Transplants

### Harvard Pilgrim Does Not Reimburse

Viral hepatitis serology testing when billed with an ICD-10 code not listed below under the “Provider Billing Guidelines and Documentation” section of this policy.

Hepatitis testing will not be covered for the purpose of routine screening — unless it is for Hepatitis C and the member’s year of birth is between 1945 and 1965.

### Member Cost-Sharing

Services subject to applicable member out-of-pocket cost (e.g., copayment, coinsurance, deductible).

### Provider Billing Guidelines and Documentation

#### Coding<sup>2</sup>

#### Viral Hepatitis Serology Testing — CPT and ICD-10 Covered Indications

Code	Description	Comments
80074	Acute Hepatitis Panel	
86692	Antibody; hepatitis, delta agent	
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); total	
86709	Hepatitis A antibody (HAAb); IgM antibody	
86803	Hepatitis C antibody;	Payable for screening diagnoses — only for members born between 1945 and 1965
86804	Hepatitis C antibody; confirmatory test (eg, immunoblot)	Payable for screening diagnoses — only for members born between 1945 and 1965
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg)	
87341	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) neutralization	
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis Be antigen (HBeAg)	

## PAYMENT POLICIES

Code	Description	Comments
87380	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis, delta agent	

**ICD-10 Covered Indications**

## PUBLICATION HISTORY

03/15/10	new policy — effective 06/01/10
10/15/10	update to policy statement and added covered diags resulting from 10/1/10 ICD-9/ICD-10 release updates
	11/15/10 added additional covered indications retroactive back to 03/15/10
	10/15/11 annual review; update to covered and non-covered indications effective 01/01/2012
01/01/12	removed First Seniority Freedom information from header
05/15/12	added edits to coding grid for clarity
09/15/12	annual review, minor edits for clarity
07/15/13	added reimbursement for Hep C screening for adults born between 1945 and 1965
11/15/13	annual review; updates to covered indications effective 01/01/2014
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites
10/15/14	annual review; no changes
07/15/15	ICD-10 coding update
10/15/16	annual review; no changes
01/15/17	ICD-10 coding update
10/15/17	annual review; no changes
02/01/18	updated Open Access Product referral information under Prerequisites
11/01/18	annual review; removed references to ICD-9
11/01/19	annual review; no changes
11/02/20	annual review; administrative edits
11/01/21	annual review; no changes

<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

<sup>2</sup>The table may not include all provider claim codes related to Viral Hepatitis Serology Testing.