Viral Hepatitis Serology Testing

This payment policy will no longer be applicable for dates of service on or after January 1, 2023.

**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†**

**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.

Prior to dates of 3/1/2021, 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.

As of dates of service on or after 3/1/2021, testing for Hepatitis C will no longer be limited by ICD-10 covered indications.

**Member Cost-Sharing**

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

**Provider Billing Guidelines and Documentation**

**Coding**

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

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>80074</td>
<td>Acute Hepatitis Panel</td>
<td></td>
</tr>
<tr>
<td>86692</td>
<td>Antibody; hepatitis, delta agent</td>
<td></td>
</tr>
<tr>
<td>86704</td>
<td>Hepatitis B core antibody (HBCab); total</td>
<td></td>
</tr>
<tr>
<td>86705</td>
<td>Hepatitis B core antibody (HBCab); IgM antibody</td>
<td>Prior to dates of service prior to 3/1/2021, payable only when billed for a screening diagnosis — only for members born between 1945 and 1965. For dates of service on or after 3/1/2021, no longer limited by ICD-10 covered indications.</td>
</tr>
<tr>
<td>86706</td>
<td>Hepatitis B surface antibody (HBsAb)</td>
<td></td>
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<tr>
<td>86707</td>
<td>Hepatitis Be antibody (HBeAb)</td>
<td></td>
</tr>
<tr>
<td>86708</td>
<td>Hepatitis A antibody (HAAb); total</td>
<td></td>
</tr>
<tr>
<td>86709</td>
<td>Hepatitis A antibody (HAAb); IgM antibody</td>
<td>Prior to dates of service prior to 3/1/2021, payable only when billed for a screening diagnosis — only for members born between 1945 and 1965. For dates of service on or after 3/1/2021, no longer limited by ICD-10 covered indications.</td>
</tr>
<tr>
<td>86803</td>
<td>Hepatitis C antibody;</td>
<td></td>
</tr>
<tr>
<td>86804</td>
<td>Hepatitis C antibody; confirmatory test (eg, immunoblot)</td>
<td>Prior to dates of service prior to 3/1/2021, payable only when billed for a screening diagnosis — only for members born between 1945 and 1965. For dates of service on or after 3/1/2021, no longer limited by ICD-10 covered indications.</td>
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<tr>
<td>87340</td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg)</td>
<td>after 3/1/2021, no longer limited by ICD-10 covered indications.</td>
</tr>
<tr>
<td>87341</td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis B surface antigen (HBsAg) neutralization</td>
<td></td>
</tr>
<tr>
<td>87350</td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis Be antigen (HBeAg)</td>
<td></td>
</tr>
<tr>
<td>87380</td>
<td>Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple step method; hepatitis, delta agent</td>
<td></td>
</tr>
</tbody>
</table>

**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 Connecticut Open Access HMO 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
- **03/01/22** updated CPT 86803 and 86804 - as of dates of service on or after 3/1/2021, codes will no longer be managed by ICD-10 covered indications
- **11/01/22** annual review; no changes

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1This 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.

The table may not include all provider claim codes related to Viral Hepatitis Serology Testing.