Hepatitis Screening

Policy Number: 2023T0548CC
Effective Date: November 1, 2023

Table of Contents

Application ......................................................... Page 1
Coverage Rationale ............................................ Page 1
Definitions ......................................................... Page 2
Applicable Codes ............................................... Page 3
Description of Services ...................................... Page 4
Clinical Evidence ............................................... Page 5
U.S. Food and Drug Administration..................... Page 7
References .......................................................... Page 7
Policy History/Revision Information..................... Page 9
Instructions for Use ............................................. Page 9

Related Commercial/Individual Exchange Policy

- Preventive Care Services

Community Plan Policy

- Hepatitis Screening

Application

UnitedHealthcare Commercial
This Medical Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange
This Medical Policy applies to Individual Exchange benefit plans in all states except for Colorado.

Coverage Rationale

Hepatitis A testing is proven and medically necessary for individuals who were born in or have travelled to regions with high or moderate prevalence of Hepatitis A virus (HAV).

Hepatitis B screening is proven and medically necessary in individuals with the following indications:

- Blood transfusion prior to 1992
- Birth in or travel to regions with high or moderate prevalence of Hepatitis B virus (HBV) infection
- Elevated ALT/AST of unknown etiology
- Clotting-factor disorders, such as hemophilia
- Exposure to blood or body fluids
- Donors of blood, plasma, organs, tissue, or semen
- Following exposure to an individual with HBV infection through household, secondary contacts, or needle sharing
- Hemodialysis
- High-risk sexual behavior
- HIV-positive infection, and those who are high risk of HIV acquisition
- Immunosuppression due to immunosuppressive therapy for rheumatologic or gastroenterological disorders, chemotherapy, and organ transplantation
- Infants born in the U.S. whose parents were born in regions with high rates of Hepatitis B
- Infants born to HBV infected mothers
Men who have sexual relations with men (MSM) 
- Present sexual partner is infected with HBV 
- Prior to anti-TNF initiation 
- Recipient of clotting factor concentrates made before 1987 
- Recipients of blood or organs from a donor who later tested HBV positive 
- Residents and institutional care workers 
- Current and past recreational use of injection drug(s), including those individuals with a history limited to a single use of injection drug and regardless of the duration since use

**Hepatitis C** virus (HCV) screening is proven and medically necessary in adults aged 18 to 79 years whether or not risk factors have been identified.

**Note:** For additional information, refer to the Medical Policy titled [Preventive Care Services](#).
through injection drug use. Sexual transmission is also possible but is much less common. According to the Center for Disease Prevention and Control and Prevention (CDC) Hepatitis C Guideline, Hepatitis C virus (HCV), is the most common chronic bloodborne pathogen in the United States; approximately 2.7-3.9 million persons are chronically infected (CDC, 2020).

**Hepatitis C Antibody Test (anti-HCV):** The HCV antibody test, also known as an anti-HCV test, looks for antibodies to the Hepatitis C virus in the blood. A negative or non-reactive test result means the patient is not currently infected. However, if there has been exposure to HCV within the last six months, repeat testing will need to be performed. A positive or reactive test means you have been infected with the Hepatitis C virus at some point in time. Once infected, the patient will always have antibodies in their blood. This is true whether they have cleared the virus, have been cured, or still have the virus in their blood. A reactive antibody test does not necessarily mean the patient currently has Hepatitis C, and a follow-up test will be required (CDC Division of Viral Hepatitis, 2020).

**Hepatitis D:** Hepatitis D (HDV), also known as "delta hepatitis," is a serious liver disease caused by infection with the Hepatitis D virus. This is an RNA virus structurally unrelated to the Hepatitis A, B, or C viruses. Hepatitis D, which can be acute or chronic, is uncommon in the United States. HDV is an incomplete virus that requires the helper function of HBV to replicate and only occurs among people who are infected with the Hepatitis B virus (HBV). The dual infection of HDV and HBV can result in a more serious disease and worse outcome (CDC, 2020).

**Hepatitis E:** The Hepatitis E virus (HEV) is spread by the fecal-oral route, however, in developing countries where HEV genotypes 1 and 2 are predominant, HEV infection through contaminated drinking water is the most common source. In addition, certain mammals can become infected with HEV and consumption of raw or undercooked meat or organs from infected animals can lead to foodborne HEV transmission to humans. HEV RNA (genotypes 3 and 4) has been extracted from deer, boar, and pork meat. HEV infection should be considered in any person with symptoms of viral hepatitis who tests negative for serologic markers of Hepatitis A, Hepatitis B, Hepatitis C, other hepatotropic viruses, and all other causes of acute liver injury (CDC Division of Viral Hepatitis, 2020).

**Applicable Codes**

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Coverage Determination Guidelines may apply.

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td>86704</td>
<td>Hepatitis B core antibody (HBcAb); total</td>
</tr>
<tr>
<td>86705</td>
<td>Hepatitis B core antibody (HBcAb); IgM antibody</td>
</tr>
<tr>
<td>86706</td>
<td>Hepatitis B surface antibody (HBsAb)</td>
</tr>
<tr>
<td>86707</td>
<td>Hepatitis Be antibody (HBeAb)</td>
</tr>
<tr>
<td>86708</td>
<td>Hepatitis A antibody (HAAb)</td>
</tr>
<tr>
<td>86709</td>
<td>Hepatitis A antibody (HAAb), IgM antibody</td>
</tr>
<tr>
<td>86803</td>
<td>Hepatitis C antibody</td>
</tr>
<tr>
<td>86804</td>
<td>Hepatitis C antibody; confirmatory test (e.g., immunoblot)</td>
</tr>
<tr>
<td>87340</td>
<td>Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg)</td>
</tr>
<tr>
<td>87341</td>
<td>Infectious agent antigen detection by immunoassay technique, (e.g., enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative; hepatitis B surface antigen (HBsAg) neutralization</td>
</tr>
</tbody>
</table>
### Description of Services

The word "hepatitis" means inflammation of the liver. Viral hepatitis is caused by infection with any of at least five distinct viruses: (A, B, C, D, and E). The most common types are Hepatitis A, Hepatitis B, and Hepatitis C. All the major hepatotropic viruses can cause viral hepatitis but only Hepatitis B with or without co-infection with Hepatitis D and Hepatitis C can cause liver disease. Chronic infection can lead to cirrhosis and hepatocellular carcinoma (CDC Division of Viral Hepatitis, 2020).

In the United States, new cases of Hepatitis B virus (HBV) among adults are largely transmitted through injection drug use or sexual intercourse, but most prevalent cases of HBV infection are chronic infections from exposure occurring in infancy or childhood. Another major risk factor for HBV infection is country of origin. In the United States, adults with HBV born in high-prevalence countries were commonly infected during childhood. In children, the primary source of infection is perinatal transmission at birth.

Testing and diagnosis of Hepatitis B and C infection is the gateway for access to both prevention and treatment services and is a crucial component of an effective response to the hepatitis epidemic. Early identification of persons with chronic HBV or HCV infection enables them to receive the necessary care and treatment to prevent or delay progression of liver disease. Testing also provides an opportunity to link people to interventions to reduce transmission, through counselling on risk behaviors and provision of prevention commodities (such as sterile needles and syringes) and Hepatitis B vaccination. (WHO, 2017)

### Transmission and Clinical Course of Viral Hepatitis (CDC, 2020)

<table>
<thead>
<tr>
<th>Hepatitis Virus</th>
<th>Transmission Route</th>
<th>Incubation Period</th>
<th>Likelihood of Chronic Disease</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>HAV</td>
<td>• Fecal-oral</td>
<td>15-50 days (average: 28 days)</td>
<td>None</td>
<td>• No medication available&lt;br&gt;• Best addressed through supportive treatment</td>
</tr>
<tr>
<td></td>
<td>• Close person-to-person contact with an infected person&lt;br&gt;• Sexual contact&lt;br&gt;• Ingestion of contaminated food or water</td>
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<tr>
<td>HBV</td>
<td>• Percutaneous, mucosal, or nonintact skin exposure to infectious blood, semen, and other body fluids. HBV is concentrated most highly in blood, and percutaneous exposure is an efficient mode of transfer</td>
<td>60-150 days (average: 90 days)</td>
<td>Chronic infection develops in: &lt;li&gt;90% of infants after acute infection at birth&lt;/li&gt;&lt;li&gt;25%-50% of children newly infected at ages 1-5 years&lt;/li&gt;&lt;li&gt;5% of people newly infected as adults&lt;/li&gt;</td>
<td>• Acute: no medication available; best addressed through supportive treatment&lt;br&gt;• Chronic: regular monitoring for signs of liver disease progression; antiviral drugs are available</td>
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<tr>
<td>HCV</td>
<td>• Direct percutaneous exposure to infectious blood. Mucous membrane exposures to blood can also result in transmission, although this route is less efficient</td>
<td>14-182 days (average range: 14-84 days)</td>
<td>Chronic infection develops in over 50% of newly infected people</td>
<td>• Acute: AASLD/IDSA recommend treatment of acute HCV without a waiting period&lt;br&gt;• Chronic: over 90% of people with HCV can be cured regardless of HCV genotype with 8-12 weeks of oral therapy</td>
</tr>
</tbody>
</table>

### Clinical Evidence

Pauly et al. (2018) conducted a retrospective analysis of 8887 adult patients. They each began treatment with TNF antagonists for autoimmune diseases (dermatologic, rheumatologic, or gastrointestinal) from 2001 through 2010, followed through December 2012. The authors obtained data on HBV infection (52% of patients were screened for HBV before treatment), demographic features, comorbidities, and use of immunosuppressive agents. Of the 4267 patients with unknown HBV status at baseline, 2 had HBV reactivation. Those treated with TNF antagonists for autoimmune diseases, had 39% HBV reactivation rate in those who were HBsAg + before therapy, but not patients who were HBsAg-negative and anti-HBc + before therapy. The authors concluded that patients should be screened for HBV infection before anti-TNF therapy; HBsAg + patients should receive prophylactic antiviral therapy, but not HBsAg-negative, anti-HBc + patients.

### Clinical Practice Guidelines

**American College of Obstetricians and Gynecologists (ACOG)**

In May 2021, reaffirmed January 2022, the American College of Obstetricians and Gynecologists (ACOG) Practice Advisory recommended hepatitis C screening for all pregnant individuals during each pregnancy. Screening during the first prenatal blood assessment obtained in every pregnancy is recommended to identify pregnant individuals with HCV infection and infants who should receive testing at a pediatric visit.

A 2007 practice bulletin, reaffirmed in 2021, states that routine prenatal screening of all pregnant women by hepatitis B surface antigen (HBsAg) testing is recommended.

**American Association for the Study of Liver Disease (AASLD)**

In a practice guideline published by Terrault et al. (2018) for the prevention, diagnosis, and treatment of chronic hepatitis B, the American Association for the Study of Liver Disease (AASLD) recommends screening for the following persons:
All persons born in countries with a HBsAg seroprevalence of 2%
- U.S. born persons not vaccinated as infants whose parents were born in regions with high HBV endemicity (8%)
- Pregnant women
- Persons needing immunosuppressive therapy
- Persons who have ever injected drugs
- Men who have sex with men
- Individuals with elevated ALT or AST of unknown etiology
- Donors of blood, plasma, organs, tissues, or semen
- Persons with end-stage renal disease, including pre-dialysis, hemodialysis, peritoneal dialysis, and home dialysis patients
- Infants born to HBsAg-positive mothers
- Persons with chronic liver disease
- Persons with HIV
- Household, needle-sharing, and sexual contacts of HBsAg-positive persons
- Persons who are not in a long-term, mutually monogamous relationship (e.g., > 1 sex partner during the previous 6 months)
- Persons seeking evaluation or treatment for a sexually transmitted disease
- Health care and public safety workers at risk for occupational exposure to blood or blood-contaminated body fluids
- Residents and staff of facilities for developmentally disabled persons
- Travelers to countries with intermediate or high prevalence of HBV infection
- Persons who are the source of blood or body fluid exposures that might require postexposure prophylaxis
- Inmates of correctional facilities
- Unvaccinated persons with diabetes who are aged 19 through 59 years

In 2019, the AASLD and the Infectious Diseases Society of America (IDSA), revised their guidance on the identification and management of chronic hepatitis C (HCV). The guidance includes a new recommendation that all adults be screened for HCV. In addition to universal screening for hepatitis C, the guidance emphasizes universal treatment.

**American Gastroenterological Association (AGA)**
The American Gastroenterological Association (AGA) guideline titled prevention and treatment of hepatitis B virus reactivation (HBVr) during immunosuppressive drug therapy, recommends screening for HBV (HBsAg and anti-HBc, followed by a sensitive HBV DNA test if positive) in patients at moderate or high risk who will undergo immunosuppressive drug therapy. The AGA recommended against routinely screening for HBV in patients who will undergo immunosuppressive drug therapy and are at low risk (Reddy et al, 2014, retired – update in progress).

**Centers for Disease Control and Prevention (CDC)**
Schillie et al. (2020) presented the CDC recommendations for Hepatitis C screening for adults, from the Morbidity and Mortality Weekly Report (MMWR). The CDC recommends hepatitis C screening of all adults aged ≥ 18 years once in their lifetime, and screening of all pregnant women (regardless of age) during each pregnancy. The recommendations include an exception for settings where the prevalence of HCV infection is demonstrated to be < 0.1%; however, few settings are known to exist with a hepatitis C prevalence below this threshold. The recommendation for testing of persons with risk factors remains unchanged from 2017; those with ongoing risk factors should be tested regardless of age or setting prevalence, including continued periodic testing if risks persist.

**North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN)**
The 2012 NASPGHAN’s practice guidelines on diagnosis and management of hepatitis C infection in infants, children, and adolescents state the following individuals should be screened for HCV infection:
- Persons with recent or past use of drug injections (even those who only injected once and do not consider themselves drug users)
- Persons with conditions known to have a high incidence of Hepatitis C such as HIV infection, history of hemodialysis and unexplained abnormal aminotransferase levels
- Recipients of blood transfusions, blood products, or organ transplants before July 1992
- Children born to HCV infected mothers
- Following needle-stick injuries
- Present sexual partners of HCV infected individuals
- Children with chronically elevated transaminases
Children from a region with high prevalence of HCV infection

**U.S. Preventive Services Task Force (USPSTF)**

In 2020, to update its 2014 recommendation, the U.S. Preventive Services Task Force (USPSTF) commissioned a review of new randomized clinical trials and cohort studies published from 2014 to August 2019 that evaluated the benefits and harms of screening and antiviral therapy for preventing intermediate outcomes or health outcomes and the association between improvements in intermediate outcomes and health outcomes. New key questions focused on the yield of alternative HBV screening strategies and the accuracy of tools to identify persons at increased risk. This recommendation statement applies to asymptomatic, nonpregnant adolescents and adults at increased risk for HBV infection, including those who were vaccinated before being screened for HBV infection. The draft recommendation is consistent with the 2014 recommendation. It is strengthened by new evidence from trials and cohort studies reporting that antiviral therapy reduces risk of mortality and hepatocellular carcinoma and improves intermediate outcomes that are consistently associated with better health outcomes. The USPSTF concludes with moderate certainty that screening for HBV infection in adolescents and adults at increased risk for infection has moderate net benefit, and therefore recommends screening for HBV infection in adolescents and adults at increased risk for infection (B recommendation).

In 2020, the USPSTF updated its recommendation for screening for HCV infection to apply to all adults aged 18 to 79 years. In its Practice Considerations section of the updated recommendation, the USPSTF also clarifies that clinicians may want to consider screening in adolescents younger than 18 years and in adults older than 79 years who are at high risk (e.g., past, or current injection drug use). It also concludes that because of the increasing prevalence of HCV infection in women aged 15 to 44 years and in infants born to HCV infected mothers, clinicians may want to consider screening pregnant person younger than 18 years. The USPSTF concluded that broadening the age for HCV screening beyond its previous recommendation will identify infected patients at earlier stages of disease who could greatly benefit from effective treatment before developing complications.

In 2019, the USPSTF reaffirmed it’s 2009 recommendation that the benefits outweigh the harms and screening for hepatitis B virus (HBV) is recommended for women at their first prenatal visit to reduce perinatal transmission and the development of chronic HBV infection. Vaccination of all infants against HBV infection and providing postexposure prophylaxis with hepatitis B immune globulin (HBIG) at birth to infants of mothers infected with HBV substantially reduce the risk for acquisition of HBV infection in infants.

**U.S. Food and Drug Administration (FDA)**

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Laboratories that perform hepatitis antibody screening are regulated by the FDA under the Clinical Laboratory Improvement Amendments. Refer to the following website for more information:

(Accessed June 21, 2023)

**References**


Hepatitis Screening
UnitedHealthcare Commercial and Individual Exchange Medical Policy

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Policy History/Revision Information

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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<tbody>
<tr>
<td>11/01/2023</td>
<td>• Routine review; no change to coverage guidelines</td>
</tr>
<tr>
<td></td>
<td>• Archived previous policy version 2023T0548BB</td>
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</table>

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the member specific benefit plan document must be referenced as the terms of the member specific benefit plan may differ from the standard plan. In the event of a conflict, the member specific benefit plan document governs. Before using this policy, please check the member specific benefit plan document and any applicable federal or state mandates. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Medical Policy is provided for informational purposes. It does not constitute medical advice.

This Medical Policy may also be applied to Medicare Advantage plans in certain instances. In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

UnitedHealthcare may also use tools developed by third parties, such as the InterQual® criteria, to assist us in administering health benefits. UnitedHealthcare Medical Policies are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.