Hepatitis Screening (for North Carolina Only)

Policy Number: CSNCT0548.02
Effective Date: January 1, 2022

Instructions for Use

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Related Policies
None

Application

This Medical Policy only applies to the state of North Carolina.

Coverage Rationale

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.

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 gastroenterologic 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)
- Pregnancy
- Present sexual partners of HCB infected

- 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 use of injection drug use. This includes those who injected once or a few times many years ago

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

Definitions

HCV Antibody Test: The third-generation HCV EIA test is the most frequently used antibody test to initially screen for HCV infection. This test has high sensitivity, wide availability, and low cost. However, antibody is not detected for many months after infection.

Hepatitis A: A highly contagious viral condition that causes inflammation affecting the liver's ability to function. Hepatitis A virus (HAV) infection is primarily transmitted by the fecal-oral route, by either person-to-person contact or consumption of contaminated food or water. Although viremia occurs early in infection and can persist for several weeks after onset of symptoms, bloodborne transmission of HAV is uncommon. HAV, has an incubation period of approximately 28 days (range: 15–50 days). HAV replicates in the liver and is shed in high concentrations in feces from two weeks before to one week after the onset of clinical illness. HAV infection produces a self-limited disease that does not result in chronic infection or chronic liver disease.

Hepatitis A Antibody Test: Also known as HAV IgM antibody, is the preferred test for diagnosis of acute hepatitis A infection because it rises early and persists only three to 12 months.

Hepatitis B: Hepatitis B virus (HBV) is transmitted through exposure to infective blood, semen, and other body fluids. HBV can be transmitted from infected mothers to infants at the time of birth or from family member to infant in early childhood. Transmission may also occur through transfusions of HBV-contaminated blood and blood products, contaminated injections during medical procedures, and through injection drug use. HBV also poses a risk to healthcare workers who sustain accidental needle stick injuries while caring for infected-HBV patients. Among persons with chronic HBV infection, the risk for premature death from cirrhosis or hepatocellular carcinoma is 15% to 25%.

Hepatitis B Core Antibody Test: Also known as HBV Core IgM Antibody (HBcAb, IgM), is detectable during acute but not chronic HBV infection.

Hepatitis B Surface Antigen Test: Also known as HBV Surface Antigen (HBsAg). Hepatitis B antigen is a protein on the surface of hepatitis B virus; it can be detected in high levels in serum during acute or chronic hepatitis B virus infection. The presence of HBsAg indicates that the person is infectious. The body normally produces antibodies to HBsAg as part of the normal immune response to infection. HBsAg is the antigen used to make hepatitis B vaccine.

Hepatitis C: Hepatitis C virus (HCV) is mostly transmitted through direct percutaneous exposure to blood. This may happen through transfusions of HCV-contaminated blood and blood products, contaminated injections during medical procedures, and 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, HCV is the most common chronic bloodborne pathogen in the United States; approximately 2.7-3.9 million persons are chronically infected.

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 HBV. The dual infection of HDV and HBV can result in a more serious disease and worse outcome.

Hepatitis E: Hepatitis E virus (HEV) is mostly transmitted through consumption of contaminated water or food. HEV is a common cause of hepatitis outbreaks in developing parts of the world and is increasingly recognized as an important cause of disease in developed countries. HEV infection usually results in a self-limited, acute illness. When HEV infection does occur, it is usually the result of travel to a developing country where Hepatitis E is endemic. (CDC Division of Viral Hepatitis, 2018; Quest Diagnostics, 2017)

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 federal, state, or contractual requirements 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.

CPT Code	Description
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)
86709	Hepatitis A antibody (HAAb), IgM antibody
86803	Hepatitis C antibody
86804	Hepatitis C antibody; confirmatory test (e.g., immunoblot)
87340	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)
87341	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
87350	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 Be antigen (HBeAg)
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
87912	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis B virus

HCPCS Code	Description
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
G0499	Hepatitis B screening in non-pregnant, high-risk individual includes hepatitis B surface antigen (HBSAG), antibodies to HBSAG (anti-HBS) and antibodies to hepatitis B core antigen (anti-HBC), and is followed by a neutralizing confirmatory test, when performed, only for an initially reactive HBSAG result

Diagnosis Codes
Hepatitis Screening: Diagnosis Code List (for North Carolina Only)

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 of 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. All forms of viral hepatitis were listed on the documents on the CDC website (CDC Division of Viral Hepatitis, 2020).

In the United States, new cases of 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)

The USPSTF maintains a list of countries and their estimated prevalence of HCB. Complete information can be found at: https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-b-virus-infection-screening#bootstrap-panel--6. (Accessed August 11, 2021).

Transmission and Clinical Course of Viral Hepatitis (Quest Diagnostics, 2021)

Hepatitis Virus	Transmission Route	Incubation Period			Likelihood of Chronic Disease	Association with Hepatocellular Carcinoma
HAV	Fecal-oral	2-7 wk			None	No
HBV	Parenteral, perinatal, sexual	8-22 wk			5% in adults 25%-50% in young children (1-5 years old) 90% in infants (< 1 year old)	Yes
HCV	Parenteral, perinatal, sexual	2-26 wk			> 50%	Yes
HDV	Parenteral, perinatal, sexual	3-7 wk			< 5% in coinfection > 80% in superinfection	Yes[a]
HEV	Fecal-oral	2-9 wk			Rare	No

HCC: HepatoCellular Carcinoma.
[a]Requires coinfection with HBV.

Clinical Evidence

In 2020, U.S. Preventive Services Task Force (USPSTF) updated its recommendation for screening for HCV infection to apply to 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.

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 as long as risks persist.

In 2019, the USPSTF reaffirmed its 2009 recommendation that the benefits outweigh the harms and screening for 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.

Pauly et al. (2018) conducted a retrospective analysis of 8,887 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 4,267 patients with unknown HBV status at baseline, two 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)

A May 2021 practice advisory recommends 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 2018 practice guideline for the prevention, diagnosis, and treatment of chronic Hepatitis B, the 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 predialysis, 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., > one sex partner during the previous six 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

A 2019 joint practice guideline by the AASLD and the Infectious Disease Society of America (IDSA), states that one-time, opt-out HCV screening is recommended for all individuals over the age of 18. Annual HCV testing is recommended for all individuals that inject drugs, and for men with human immunodeficiency virus (HIV) that have unprotected sex with men. Risk based HCV testing is recommended for all individuals under the age of 18.

American Gastroenterological Association (AGA)

The AGA's guideline on "The prevention and treatment of hepatitis B virus reactivation during immunosuppressive drug therapy" recommended 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, 2015).

North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN)

The 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. 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: http://www.fda.gov/medicaldevices/deviceregulationandguidance/ivdregulatoryassistance/ucm124105.htm. (Accessed August 10, 2021)

References

American Academy of Pediatrics. Redbook. 2021-2024 Report of the Committee on Infectious Diseases. Section 3: Summaries of Infectious Diseases. Hepatitis B. Serologic Testing; p.390.

American Association for the Study of Liver Diseases (AASLD) and the Infectious Diseases Society of America (IDSA). Recommendations for testing, managing, and treating hepatitis C. 2018. Updated 2019.

American Association for the Study of Liver Diseases (AASLD). Prevention, Diagnosis and Treatment of Chronic Hepatitis B: Hepatitis B Guidance. 2018.

American College of Obstetricians and Gynecologists (ACOG). Practice Advisory. Routine Hepatitis C Screening in Pregnant Individuals. 2021.

American College of Obstetricians and Gynecologists. (ACOG) Practice Bulletin No. 86: viral hepatitis in pregnancy. 2007. Reaffirmed 2012.

Agency for Healthcare Research and Quality. Screening for hepatitis B virus infection in pregnant women: an updated systematic review for the US Preventive Services Task Force. 2019.

Brunasso AM, Puntoni M, Gulia A, et al. Safety of anti-tumour necrosis factor agents in patients with chronic hepatitis C infection: a systematic review. Rheumatology (Oxford). 2011 Sep;50(9):1700-11.

Centers for Disease Control and Prevention (CDC). Division of Viral Hepatitis. Atlanta, GA. Updated 2017.

Centers for Disease Control and Prevention (CDC). CDC Recommendations for Hepatitis C Screening Among Adults- United States, 2020. Division of Viral Hepatitis. Atlanta, GA. 2020.

Chou R, Dana T, Bougatsos C, et al. Screening for hepatitis B virus infection in nonpregnant adolescents and adults: A Systematic review to update the U.S. Preventive Services Task Force Recommendation. Ann Intern Med. 2015.

North American Society for Pediatric Gastroenterology, Hepatology, and Nutrition (NASPGHAN). Practice Guidelines: Diagnosis and Management of Hepatitis C Infection in Infants, Children, and Adolescents.2012.

Pauly et al. Incidence of Hepatitis B Virus Reactivation and Hepatotoxicity in Patients Receiving Long-term Treatment with Tumor Necrosis Factor Antagonists. Clinical Gastroenterology and Hepatology. December 2018.

Quest Diagnostics ™. Viral Hepatitis: Laboratory Support of Diagnosis and Management. 2017. Updated 2021.

Reddy KR, Beavers KL, Hammond SP, et al. American Gastroenterological Association Institute guideline on the prevention and treatment of hepatitis B virus reactivation during immunosuppressive drug therapy. Gastroenterology. 2015;148(1):215-219.

Schillie et al. CDC Recommendations for Hepatitis C Screening Among Adults — United States, 2020. Morbidity and Mortality Weekly Report (MMWR) Recomm Rep, 2020.

US Preventive Services Task Force (USPSTF). Screen High-Risk Individuals for Hepatitis B. Rockville, MD: updated May 2020.

US Preventive Services Task Force (USPSTF). Screening for hepatitis B virus infection in pregnant women. Rockville, MD: Reaffirmed 2019.

US Preventive Services Task Force (USPSTF). Hepatitis C Virus Infection in Adolescents and Adults: Screening: Rockville, MD: March 2020.

van Rooijen M, Heijman T, de Vrieze N, et al. Earlier detection of hepatitis C virus infection through routine hepatitis C virus antibody screening of human immunodeficiency virus-positive men who have sex with men attending a sexually transmitted infection outpatient clinic: A longitudinal study. Sex Transm Dis. 2016;43(9):560-565.

World Health Organization. Guidelines on Hepatitis B and C Testing. Geneva. February 2017.

Policy History/Revision Information

Date	Summary of Changes

01/01/2022	**Coverage Rationale**
	• Replaced language indicating:
	  ○ "Hepatitis screening is proven and medically necessary *for hepatitis C virus (HCV) infection* in adults aged 18 to 79 years whether or not risk factors have been identified" with "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"
	  ○ "*Hepatitis* screening is proven and medically necessary *for high-risk* individuals with the [listed] indications" with "*Hepatitis B* screening is proven and medically necessary *in* individuals with the [listed] indications"
	• Revised list of proven and medically necessary indications for Hepatitis B screening:
	  ○ Added:
	  ▪ Exposure to blood or body fluids
	  ○ Removed:
	  ▪ Health-care workers, emergency medical, and public safety personnel after needle sticks, sharps or mucosal exposures to HCV-positive blood

Date	Summary of Changes
	▪ Those who work with non-human primates ○ Replaced: ▪ "Birth or travel to *high or moderate endemic* regions with prevalence of *hepatitis A virus (HAV) or* hepatitis B virus (HBV) infection" with "birth *in* or travel to regions with *high or moderate* prevalence of hepatitis B virus (HBV) infection" ▪ "*Chronic or long-term liver disease with* elevated *liver enzymes (abnormal* ALT/AST)" with "elevated ALT/AST *of unknown etiology*" ▪ "Exposure to individuals with HBV infection through household, secondary contacts or needle sharing" with "*following* exposure to *an* individual with HBV infection through household, secondary contacts or needle sharing" ▪ "Hemodialysis *Hepatitis C virus (HCV) positive*" with "hemodialysis" ▪ "High-risk sexual behavior, *multiple partners, intercourse with trauma, and sexually transmitted diseases (STD)*" with "high-risk sexual behavior" ▪ "Infants born to HBV *or HCV* infected mothers" with "infants born to HBV-infected mothers" ▪ "Pregnancy, *except in settings where the prevalence of HCV infection is < 0.1%*" with "pregnancy" ▪ "Present sexual partners of *HCV*-infected" with "present sexual partners of *HBV*-infected" ▪ "Recipients of blood or organs from a donor who later tested *HCV* positive" with "recipients of blood or organs from a donor who later tested *HBV* positive" • Added language to indicate Hepatitis A screening is proven and medically necessary for individuals who were born in, or have traveled to regions with high or moderate prevalence of hepatitis A virus (HAV) **Applicable Codes** • Updated list of ICD-10 diagnosis codes: ○ Added B00.81, O35.7XX0, O35.7XX1, O35.7XX2, O35.7XX3, O35.7XX4, O35.7XX5, O35.7XX9, O36.8210, O36.8211, O36.8212, O36.8213, O36.8214, O36.8215, O36.8219, O36.8220, O36.8221, O36.8222, O36.8223, O36.8224, O36.8225, O36.8229, O36.8230, O36.8231, O36.8232, O36.8233, O36.8234, O36.8235, O36.8239, O36.8290, O36.8291, O36.8292, O36.8293, O36.8294, O36.8295, O36.8299, O94, P58.41, P78.81, P78.84, R78.2, T74.21XS, T76.21XS, T76.22XS, Z03.71, Z03.72, Z03.73, Z03.74, Z03.75, Z03.79, Z04.81, Z29.13, Z32.2, Z36.0, Z36.1, Z36.4, Z36.5, Z36.81, Z36.82, Z36.83, Z36.84, Z36.85, Z36.86, Z36.87, Z36.88, Z36.8A, and Z76.82 ○ Removed A34, B15.0, B15.9, B16.0, B16.1, B16.2, B16.9, B17.0, B17.2, B17.8, B17.9, B18.0, B18.1, B18.8, B18.9, B19.0, B19.10, B19.11, B19.9, F12.10, F12.11, F12.13, F12.120, F12.121, F12.122, F12.129, F12.150, F12.151, F12.159, F12.180, F12.188, F12.19, F12.20, F12.21, F12.220, F12.23, F12.250, F12.251, F12.29, F12.93, F18.10, F18.11, F18.120, F18.121, F18.129, F18.14, F18.150, F18.151, F18.159, F18.17, F18.180, F18.188, F18.19, F18.20, F18.21, F18.220, F18.229, F18.250, F18.251, F18.259, F18.29, N76.0, N76.1, N76.2, N76.3, N77.1, W46.1XXA, W46.1XXD, Z20.821, and Z33.2 ○ Revised description for O32.9XX0, O69.0XX1, and O74.7 **Supporting Information** • Updated *Description of Services*, *Clinical Evidence*, and *References* sections to reflect the most current information • Archived previous policy version CSNCT0548.01

Instructions for Use

This Medical Policy provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this policy, please check the federal, state or contractual requirements for benefit plan coverage. 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.

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