

## Hepatitis testing

Policy Number: AHS – G2036

Revision Date: 6/04/2025

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### Hepatitis B

Test	Meets Coverage Criteria
<b>Triple panel testing</b> (hepatitis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc]) [HBsAg]	For Hepatitis B (HBV) infection once per lifetime for all individuals 18 years of age and older
<b>HBsAg and hepatitis B surface antibody (anti-HBs)</b>	For infants born from an HBsAg-positive individual
<b>For asymptomatic, non-pregnant individuals, the following annual HBV infection screening</b>	
<b>HBsAg and hepatitis B surface antibody (anti-HBs)</b>	For infants born from an HBsAg positive individual
<b>Triple panel testing (HBsAg, anti-HBs, anti-HBc)</b>	<b>When one of the following high-risk situations is met:</b>
	i) For individuals born in or who have recently traveled to geographic regions with a HBV prevalence 2% or higher ( <b>see Note 1 on page 3</b> )
	ii) For U.S.-born individuals not vaccinated as infants whose parents were born in geographic regions with an HBV prevalence 8% or higher ( <b>see Note 1</b> )
	iii) For individuals with a history of incarceration
	iv) For individuals infected with HIV
	v) For individuals with a history of sexually transmitted infections or multiple sex partners.
	vi) For men who have sex with men
	vii) For household contacts, needle-sharing contacts, and sex partners of HBV-infected individuals
	viii) For injection-drug users
	ix) For individuals with an active hepatitis C virus infection or who have a history of hepatitis C virus infection
	x) For individuals with elevated liver enzymes
	xi) For individuals who are on long-term hemodialysis treatment
	xii) For individuals with diabetes
	xiii) For healthcare and public safety workers exposed to blood or body fluids
xiv) For individuals who are receiving immunosuppressant therapy	
<b>Follow up IgM antibody to anti-HBc (IgM anti-HBc)</b>	For individuals who test positive for anti-HBc to distinguish between an acute or chronic infection

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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Hepatitis B - continued	
Test	Meets Coverage Criteria
anti-HBs testing	For the confirmation of seroconversion after hepatitis B vaccination
HBV DNA testing	For individuals who test positive for HBV by initial antibody screening and who will undergo immunosuppressive drug therapy
Hepatitis C	
Test	Meets Coverage Criteria
Antibody testing for HCV infection	For all individuals 18 years of age and older, once per lifetime
	<b>For any individual with the following recognized conditions or exposures, one-time, post exposure antibody testing for HCV infection</b>
	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 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 from an HCV-positive individual
	m) For current sexual partners of HCV-infected persons
	<b>Once every three months for individuals with any of the following ongoing risk factors (while risk factors persist)</b>
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	

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Hepatitis C - continued	
Test	Meets Coverage Criteria
Qualitative nucleic acid testing for HCV	<b>In any of the following situations:</b>
	a) As a follow up for individuals who test positive for HCV by initial antibody screening (to differentiate between active infection and resolved infection)
	b) One time screening for perinatally exposed infants who are 2-6 months of age
	c) For individuals who are immunocompromised
HCV genotype	Prior to the initiation of direct acting anti-viral (DAA) treatment, one time testing to guide selection of the most appropriate antiviral regimen
HCV viral load with a quantitative nucleic acid test	<b>In any of the following situations:</b>
	a) Prior to the initiation of DAA therapy
	b) After four weeks of DAA therapy
	c) At the end of treatment
	d) Twelve, twenty-four, and forty-eight weeks after completion of treatment

Hepatitis A		
Test	Meets Coverage Criteria	Does Not Meet Coverage Criteria
IgM anti-hepatitis A (HAV) or Qualitative testing for HAV RNA	For individuals with signs and symptoms of acute viral hepatitis and who have tested negative for HBV and HCV	
Quantitative nucleic acid testing		For HAV viral load

Hepatitis D		
Test	Meets Coverage Criteria	Does Not Meet Coverage Criteria
Hepatitis D virus (HDV) antibody (anti-HDV) or qualitative testing for HDV RNA	For individuals who have tested positive for HBV	
Quantitative nucleic acid testing		for HDV viral load

**Note 1:** The CDC defines HBsAg prevalence by geographic region:

<https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/hepatitis-b>.

To view the complete policy, please refer to the Presbyterian Health Plan policy document referenced below:

[https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000028979](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000028979)

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