



POLICY INFORMATION			
Policy Number:	POL-PP-285 AHS – G2036 – Hepatitis Testing	Original Effective Date:	07/01/2025
Version Number:	002	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

**Description/Application**

Infectious hepatitis is an inflammation of the liver caused by hepatitis viruses. Hepatitis C is a bloodborne virus that can be spread via sharing needles or other equipment to inject drugs as well as in inadequate infection control in healthcare settings. Hepatitis C causes liver disease and inflammation. A chronic hepatitis C virus infection can lead to hepatic damage, including cirrhosis and hepatocellular carcinoma, and is the most common cause of liver transplantation in the United States.

Hepatitis B is spread by the “Percutaneous, mucosal, or nonintact skin exposure to infectious blood, semen, and other body fluids.” As the hepatitis B virus is concentrated most highly in blood, “percutaneous exposure is an efficient mode of transmission”, though hepatitis B virus can also be transmitted through birth to an infected mother and sexual contact with an infected person and less commonly through needle sticks or other sharp instrument injuries, organ transplantation and dialysis, and interpersonal contact through sharing items, such as razors or toothbrushes or contact with open sores of an infected person. Similar to HCV infection, 15% to 25% of people with chronic HBV infection develop chronic liver disease.

The general route of transmission for the hepatitis A virus is through the fecal-oral route by close person-to-person contact with an infected person, sexual contact with an infected person, or the ingestion of contaminated food or water, with the bloodborne transmission of HAV being uncommon. Though death is uncommon and most people with acute HAV infection recover with no lasting liver damage, HAV remains a worldwide public health issue and is endemic in many low- to middle-income countries.

Terms such as male and female are used when necessary to refer to sex assigned at birth

For HCV and HBV screening in pregnant individuals, please see AHS-G2035-Prenatal Screening (Nongenetic).

**Policy**

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

**Hepatitis B**

For all individuals 18 years of age and older, triple panel testing (hepatitis B surface antigen [HBsAg], hepatitis B surface antibody [anti-HBs], total antibody to hepatitis B core antigen [anti-HBc] for Hepatitis B (HBV) infection once per lifetime **may be reimbursable**.

For asymptomatic, non-pregnant individuals, the following annual HBV infection screening **may be reimbursable**:

- HBsAg and hepatitis B surface antibody (anti-HBs) for infants born from an HBsAg-positive individual
- Triple panel testing (HBsAg, anti-HBs, anti-HBc) when one of the following high-risk situations is met:
  - For individuals born in or who have recently traveled to geographic regions with an HBV prevalence 2% or higher (See Note 1)
  - For U.S.-born individuals not vaccinated as infants whose parents were born in geographic regions with an HBV prevalence 8% or higher
  - For individuals with a history of incarceration.
  - For individuals infected with HIV
  - For individuals with a history of sexually transmitted infections or multiple sex partners
  - For men who have sex with men



- For household contacts, needle-sharing contacts, and sex partners of
- HBV-infected individuals
- For injection-drug users
- For individuals with an active hepatitis C virus infection or who have a history of hepatitis C infection
- For individuals with elevated liver enzymes
- For individuals who are on long-term hemodialysis treatment
- For individuals with diabetes
- For healthcare and public safety workers who are exposed to blood or body fluids.
- For individuals who are receiving immunosuppressant therapy

For the confirmation of seroconversion after hepatitis B vaccination, anti-HBs testing **may be reimbursable**.

For individuals who test positive for HBV by initial antibody screening and who will undergo immunosuppressive drug therapy, HBV DNA testing **may be reimbursable**.

### **Hepatitis C**

For all individuals 18 years of age and older, antibody testing for Hepatitis C (HCV) Infection once per lifetime **may be reimbursable**.

For any individual with the following recognized conditions or exposures, one-time, post exposure antibody testing for Hepatitis C (HCV) infection **may be reimbursable**:

- For individuals who have used illicit intranasal or injectable drugs:
- For individuals who have received clotting factor concentrates produced before 1987
- For individuals with a history of hemodialysis
- For individuals with evidence of liver disease (based on clinical presentation, persistently abnormal alanine aminotransferase (ALT) levels, or abnormal liver function studies)
- For individuals infected with HIV
- For individuals who received an organ transplant before July 1992
- For individuals who received a blood transfusion or blood component before July 1992.
- For individuals notified that they received blood from a donor who later tested positive for an HCV infection
- For individuals with a history of incarceration
- For individuals who received a tattoo in an unregulated setting
- For healthcare, emergency medical, and public safety workers after needle sticks, sharps, or mucosal exposures to HCV-positive blood
- For children born to HCV-positive individual
- For current sexual partners of HCV-infected persons

Antibody testing for HCV once every 3 months **may be reimbursable** for individuals with any of the following ongoing risk factors (while risk factors persist):

- For individuals who currently inject drugs and share needles, syringes, or other drug preparation equipment
- For individuals who are receiving ongoing hemodialysis
- For individuals engaging in high-risk sexual behavior.

Qualitative nucleic acid testing for HCV **may be reimbursable** in any of the following situations:



- As a follow-up for individuals who test positive for HCV by initial antibody screening (to differentiate between active infection and resolved infection)
- One-time screening for perinatally exposed infants who are 2-6 months of age.
- For individuals who are immunocompromised

Prior to the initiation of direct anti-viral (DAA) treatment, one-time testing for HCV genotype to guide selection of the most appropriate antiviral regimen **may be reimbursable**.

Testing for HCV viral load, with a quantitative nucleic acid test, **may be reimbursable** in any of the following situations:

- Prior to the initiation of DAA therapy,
- After 4 weeks of DAA therapy,
- At the end of treatment,
- Twelve, twenty-four and forty-eight (12, 24 and 48) weeks after completion of treatment.

**Hepatitis A**

For individuals with signs and symptoms of acute viral hepatitis and who have tested negative for HBV and HCV, testing for IgM anti-hepatitis A (HAV) or qualitative testing for HAV RNA may be reimbursable.

Quantitative nucleic acid testing for HAV viral load is not reimbursable

**Hepatitis D**

For individuals who have tested positive for HBV, testing for hepatitis D virus (HD antibody (anti-HDV) or qualitative testing for HDV RNA may be reimbursable.

Quantitative nucleic acid testing for HDV viral load is not reimbursable.

**Note 1:**

The CDC defines HBsAg prevalence by geographic region:

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

**Coding**

Code	Description
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)
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
87380	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, delta agent
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique
87517	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, quantification
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique, includes reverse transcription when performed
87522	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, quantification, includes reverse transcription when performed
87523	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis D (delta), quantification, including reverse transcription, when performed
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism
87902	Infectious agent genotype analysis by nucleic acid (DNA or RNA); Hepatitis C virus
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)
G0499	Hepatitis B screening in nonpregnant, 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

**Related Documents**

Policy Number	Policy Title
AHS-G2157	Diagnostic Testing of Common Sexually Transmitted Infections
AHS-G2173	Gamma-glutamyl Transferase Testing in Adults
AHS-G2159	Serum Marker Panels for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease
AHS-M2179	Prenatal Screening (Genetic)

**References and Resources**

Avalon Medical Policy AHS – G2036 – Hepatitis Testing

**Revision History**

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	07/01/2025	Avalon 3 <sup>rd</sup> QTR updates