

Screening for Hepatitis B Virus (HBV) Infection

CMS NCD 210.6

Medicare National Coverage Determination (NCD)

The ICD codes provided are from the CMS claims processing manual: [Medicare Claims Processing Manual \(cms.gov\)](https://www.cms.gov)

- CMS NCD website: [NCD - Screening for Hepatitis B Virus \(HBV\) Infection \(210.6\)](#)
 Noridian Website: [Hepatitis B Virus \(HBV\) Screening - JE Part B - Noridian](#)
 Additional resources:
- [CMS Change Request \(CR\) 9859](#)
 - [CMS Internet Only Manual \(IOM\), Publication 100-04, Medicare Claims Processing Manual, Chapter 18, Section 230](#)
 - [CMS Medicare Preventive Services](#)

Provider Responsibility: Ordering provider is responsible to ensure appropriate diagnostic coding for a test.

ABN Reminder: If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

Item/Service Description

A. General

Hepatitis B Virus (HBV) is transmitted by exposure to blood or blood-containing body fluids such as serum, semen or saliva. HBV infection attacks the liver and leads to inflammation. An infected person may initially develop symptoms such as nausea, anorexia, fatigue, fever and abdominal pain, or may be asymptomatic. An acute HBV infection may become a chronic infection and progress to serious and potentially life-threatening complications including cirrhosis, liver failure, hepatocellular carcinoma and death.

Pursuant to §1861(ddd) of the Social Security Act, the Secretary may add coverage of "additional preventive services" if certain statutory requirements are met.

Indications and Limitations of Coverage

B. Nationally Covered Indications

Effective for services performed on or after September 28, 2016, CMS has determined that the evidence is sufficient to cover screening for HBV infection with the appropriate U.S. Food and Drug Administration (FDA) approved/cleared laboratory tests, used consistent with FDA approved labeling and in compliance with the Clinical Laboratory Improvement Act (CLIA) regulations, when ordered by the beneficiary's primary care physician or practitioner within the context of a primary care setting, and performed by an eligible Medicare provider for these services, for beneficiaries who meet either of the following conditions.

REMINDER: The ordering provider is solely responsibility for assigning diagnosis (codes). PDL does not, through this Reference Guide or otherwise, recommend any particular diagnosis codes. PDL will submit to Medicare only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff. Complete policy and full list of medical necessity codes, refer to CMS website reference: <https://www.cms.gov/>

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B. Nationally Covered Indications (continued)

1. A screening test is covered for asymptomatic, nonpregnant adolescents and adults at high risk for HBV infection. "High risk" is defined as persons born in countries and regions with a high prevalence of HBV infection (i.e., $\geq 2\%$), US born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection (i.e., $\geq 8\%$), HIV-positive persons, men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection. In addition, CMS has determined that repeated screening would be appropriate annually only for beneficiaries with continued high risk (i.e., men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection) who do not receive hepatitis B vaccination.
2. A screening test at the first prenatal visit is covered for pregnant women and then rescreening at time of delivery for those with new or continuing risk factors. In addition, CMS has determined that screening during the first prenatal visit would be appropriate for each pregnancy, regardless of previous hepatitis B vaccination or previous negative HBsAg test results.

The determination of "high risk for HBV" is identified by the primary care physician or practitioner who assesses the patient's history, which is part of any complete medical history, typically part of an annual wellness visit and considered in the development of a comprehensive prevention plan. The medical record should be a reflection of the service provided.

C. Nationally Non-Covered Indications

Effective for claims with dates of service on and after September 28, 2016:

- Medicare beneficiaries who are symptomatic, or who have already been diagnosed with HBV infection, or who are nonpregnant and have already received a hepatitis B vaccination are non-covered.

D. Other

Medicare coinsurance and the Part B deductible are waived for this "additional preventive service."

(NCD updated September 2016)

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NORIDIAN – Medicare

HCPCS/CPT Codes

<p>Asymptomatic, Non-pregnant Adolescents and High-Risk Adults</p> <p>G0499 - Hepatitis b antibody 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</p>
<p>For Pregnant Women</p> <p>86704 - Hepatitis B core antibody (HBcAb); total</p> <p>86706 - Hepatitis B surface antibody (HBsAb)</p> <p>87340 - Infectious agent antigen detect by immunoassay technique, hepatitis B surface antigen (HbsAg)</p> <p>87341 - Infectious agent antigen detect by immunoassay technique, hepatitis B surface antigen (HbsAg) neutralization</p>

Frequency

- 1 asymptomatic screening for non-pregnant adolescents and adults who meet high-risk definition
- Annually for patients with continued high risk who don't get HBV
- 1 screening for pregnant women at first prenatal visit for each pregnancy, and rescreening at delivery for those with new or continued risk factors
 - This includes pregnant patients who previously got the HBV shot or had a negative hepatitis B surface antigen screening result

Diagnosis Code

Persons with ESRD:	Z11.59 and N18.6
Asymptomatic, Non-pregnant Adolescents and High-Risk Adults:	Z11.59 and Z72.89
Asymptomatic, Non-pregnant Adolescents and Adults, Subsequent Visits:	Z11.59 and 1 code from pages 22-26 in CMS Change Request (CR) 12377
Pregnant Women:	Z11.59 and 1 of these: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93
High-Risk Pregnant Women:	Z11.59 and Z72.89 and 1 of these: O09.90, O09.91, O09.92, O09.93

Coverage

Ordered by primary care physician or practitioner; and beneficiary must be either be:

- High risk for HBV infection, asymptomatic, and non-pregnant:
 - Persons born in regions with a high prevalence of HBV infection
 - US-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection
 - HIV-positive
 - Men who have sex with men
 - Injection drug users
 - Household contacts or sexual partners of persons with HBV infection
- Pregnant women

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