Hepatitis C Virus (HCV) Screening

February 4, 2015

CMS will cover HCV screening when ordered by an eligible Medicare provider in the primary care setting for beneficiaries meeting one of the following conditions:

1. Adults at high risk of HCV infection. High risk is defined as persons with a current or past history of illicit injection drug use, and persons who have a history of receiving blood transfusion prior to 1992. Annual repeat screening is only covered for persons who had continued illicit injection drug use since the prior negative screening test.

2. Adults who do not meet the high risk definition, but who were born from 1945 through 1965. A single, once-in-a-lifetime screening is covered for these individuals.

For the initial high risk screen, claims must be submitted with ICD-9 diagnosis code V69.8.

For annual repeat screening of high risk persons, claims must be submitted with both ICD-9 diagnosis codes V69.8 and 304.91. Annual is defined as 11 full months must pass following the month of the last negative HCV screening.

In order to ensure the appropriate HCPCS code (G0472) is billed we'll need to know the test is being ordered as a screen. We have built a new HCV Screening test. The HCV screen test code is HCVS. Please include the new test code with the order and provide the appropriate ICD-9 code.

<table>
<thead>
<tr>
<th>Test Code</th>
<th>Analyte ID</th>
<th>Analyte Description</th>
<th>LOINC</th>
</tr>
</thead>
<tbody>
<tr>
<td>HCVS</td>
<td>*HCV</td>
<td>Hepatitis C IgG Antibody</td>
<td>13955-0</td>
</tr>
</tbody>
</table>

Questions:  Contact Craig Krentz, Laboratory Director  
Telephone:  888-522-7962  
Email: craig.krentz@rwmc.net