

Screening For Hepatitis B Virus (HBV) Guidelines

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Problem and Goal

Problem

- Orders for tests are received that do not contain documentation to support medical necessity.

Goal

- To provide a general understanding of CMS guidelines for Hepatitis B Virus (HBV) screening so ordered testing meets the criteria of NCD 210.6 and documentation is provided.

Who is Covered and How Often?

- Guidelines are published and updated by CMS
 - Who is covered
 - Nationally non-covered indications
 - Frequency limitations

- Check for updates frequently as NCD policies may change

Diagnosis Requirements

- Diagnoses for Hepatitis B Virus (HBV) Screening per CMS NCD 210.6
 - Two or more diagnoses are required on all claims.
 - Diagnosis requirements vary depending on whether the beneficiary is:
 - Pregnant
 - STI risk
 - Asymptomatic, non-pregnant, high risk adolescent or adult
 - Initial testing
 - Subsequent testing
 - End Stage Renal Disease (ESRD)

Note: If all CMS diagnosis criteria is not met, testing should not be ordered on Medicare beneficiaries.

TriCore does not encourage the use of these codes unless they describe the patient's condition and are documented in the patient's chart

Where To Find Diagnosis Requirements, Coverage and Frequency Guidelines

- Medicare Preventive Services

https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#HEP_B_SCREEN

- CMS National Coverage Determination (NCD)

<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2018Downloads/R2039OTN.pdf>