Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:
Laboratory: Hepatitis Testing

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Infectious hepatitis is an inflammation of the liver caused by the 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 (HCV) 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 (HBV) 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 (HAV) 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.

Indications and/or Limitations of Coverage

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request. Specifications pertaining to Medicare and Medicaid can be found in the “Applicable State and Federal Regulations” section of this policy document.

Hepatitis B

1. For all individuals 18 years of age and older, (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 **MEETS COVERAGE CRITERIA**.
2. For asymptomatic, non-pregnant individuals, the following annual HBV infection screening **MEETS COVERAGE CRITERIA**:
   a. HBsAg and hepatitis B surface antibody (anti-HBs) for infants born from an HBsAg-positive individual.
   b. HBsAg, anti-HBs, and anti-HBc testing when one of the following high-risk situations is met:
      i. For individuals born in or who have recently traveled to geographic regions with a HBV prevalence 2% or higher (see Note 1).

ii. For U.S.-born individuals not vaccinated as infants whose parents were born in geographic regions with an HBV prevalence 8% or higher (see Note 1).
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.
xv. For individuals who are about to begin or who are receiving pre-exposure prophylaxis (PrEP).

3. For pregnant individuals, HBsAg, anti-HBs, and anti-HBc testing for HBV **MEETS COVERAGE CRITERIA**.
4. For individuals who test positive for anti-HBc, follow up IgM antibody to anti-HBc (IgM anti-HBc) testing to distinguish between an acute or chronic infection **MEETS COVERAGE CRITERIA**.
5. For the confirmation of seroconversion after hepatitis B vaccination, anti-HBs testing **MEETS COVERAGE CRITERIA**.
6. For individuals who test positive for HBV by initial antibody screening and who will undergo immunosuppressive drug therapy, HBV DNA testing **MEETS COVERAGE CRITERIA**.

Hepatitis C

7. For all individuals 18 years of age and older, antibody testing for Hepatitis C (HCV) infection once per lifetime **MEETS COVERAGE CRITERIA**.
8. For any individual with the following recognized conditions or exposures, one-time, post-exposure antibody testing for HCV infection **MEETS COVERAGE CRITERIA**:
   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.
9. Antibody testing for HCV once every three months **MEETS COVERAGE CRITERIA** for individuals with any of the following ongoing risk factors (while risk factors persist):
   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.
10. For pregnant individuals, antibody testing for HCV **MEETS COVERAGE CRITERIA**.
11. Qualitative nucleic acid testing for HCV **MEETS COVERAGE CRITERIA** in any of the following situations:
    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.
12. Prior to the initiation of direct acting anti-viral (DAA) treatment, one time testing for HCV genotype to guide selection of the most appropriate antiviral regimen **MEETS COVERAGE CRITERIA**.
13. Testing for HCV viral load with a quantitative nucleic acid test **MEETS COVERAGE CRITERIA** in any of the following situations:
    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

14. 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 **MEETS COVERAGE CRITERIA**.
15. Quantitative nucleic acid testing for HAV viral load **DOES NOT MEET COVERAGE CRITERIA**.

Hepatitis D

16. For individuals who have tested positive for HBV, testing for hepatitis D virus (HDV) antibody (anti-HDV) or qualitative testing for HDV RNA **MEETS COVERAGE CRITERIA**.
17. Quantitative nucleic acid testing for HDV viral load **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:

Note 1: The CDC defines HBsAg prevalence by geographic region: https://wwwnc.cdc.gov/travel/yellowbook/2020/travel-related-infectious-diseases/hepatitis-b.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

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)
86708	Hepatitis A antibody (HAAb)
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
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 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
G0567	Infectious agent detection by nucleic acid (dna or rna); hepatitis c, screening, amplified probe technique

Evidence-based Scientific References

1. CDC. Surveillance for Viral Hepatitis – United States, 2018. https://archive.cdc.gov/#/details?url=https://www.cdc.gov/hepatitis/statistics/2018surveillance/HepC.htm
2. AASLD-IDSA. Hepatitis C guidance: AASLD-IDSA recommendations for testing, managing, and treating adults infected with hepatitis C virus. Hepatology. 2015/09/01 2015;62(3):932-954. doi:10.1002/hep.27950
3. CDC. The ABCs of Hepatitis – for Health Professionals. Centers for Disease Control and Prevention. Updated 2020. https://www.cdc.gov/hepatitis/resources/professionals/pdfs/ABCTable.pdf
4. Keles E, Hassan-Kadle MA, Osman MM, et al. Clinical characteristics of acute liver failure associated with hepatitis A infection in children in Mogadishu, Somalia: a hospital-based retrospective study. BMC Infect Dis. Aug 30 2021;21(1):890. doi:10.1186/s12879-021-06594-7
5. CDC. Hepatitis C Surveillance. The Centers for Disease Control and Prevention. Updated October 9, 2024. https://www.cdc.gov/hepatitis-surveillance-2022/hepatitis-c/
6. Chopra S. Clinical manifestations and natural history of chronic hepatitis C virus infection. Updated December 1, 2025. https://www.uptodate.com/contents/clinical-manifestations-and-natural-history-of-chronic-hepatitis-c-virus-infection
7. Razavi H, Waked I, Sarrazin C, et al. The present and future disease burden of hepatitis C virus (HCV) infection with today's treatment paradigm. Journal of viral hepatitis. May 2014;21 Suppl 1:34-59. doi:10.1111/jvh.12248
8. Qiu S, Cai J, Yang Z, et al. Trends in Hepatocellular Carcinoma Mortality Rates in the US and Projections Through 2040. JAMA Network Open. 2024;7(11):e2445525-e2445525. doi:10.1001/jamanetworkopen.2024.45525
9. Wandeler G, Schlauri M, Jaquier ME, et al. Incident Hepatitis C Virus Infections in the Swiss HIV Cohort Study: Changes in Treatment Uptake and Outcomes Between 1991 and 2013. Open forum infectious diseases. Jan 2015;2(1):ofv026. doi:10.1093/ofid/ofv026
10. CDC. Clinical Overview of Hepatitis C. Updated January 31, 2025. https://www.cdc.gov/hepatitis-c/hcp/clinical-overview/
11. Simmonds P. Reconstructing the origins of human hepatitis viruses. Philosophical transactions of the Royal Society of London Series B, Biological sciences. Jul 29 2001;356(1411):1013-26. doi:10.1098/rstb.2001.0890
12. Chopra S, Arora S. Patient evaluation and selection for antiviral therapy for chronic hepatitis C virus infection. Updated August 7, 2025. https://www.uptodate.com/contents/patient-evaluation-and-selection-for-antiviral-therapy-for-chronic-hepatitis-c-virus-infection
13. Lexidrug. Ledipasvir and sofosbuvir: Drug information. https://www.uptodate.com/contents/ledipasvir-and-sofosbuvir-drug-information
14. Muir AJ, Graham CS. Management of chronic hepatitis C virus infection: Initial antiviral therapy in adults. Updated January 9, 2026. https://www.uptodate.com/contents/management-of-chronic-hepatitis-c-virus-infection-initial-antiviral-therapy-in-adults
15. Chopra S, Arora S. Screening and diagnosis of chronic hepatitis C virus infection. Updated September 4, 2025. https://www.uptodate.com/contents/screening-and-diagnosis-of-chronic-hepatitis-c-virus-infection
16. AASLD-IDSA. HCV Testing and Linkage to Care. Updated October 24, 2022. https://www.hcvguidelines.org/evaluate/testing-and-linkage
17. Spach. Hepatitis C Diagnostic Testing. https://www.hepatitisc.uw.edu/go/screening-diagnosis/diagnostic-testing/core-concept/all
18. CDC. Establishing a Road Map for Accelerated Diagnosis and Treatment of HCV Infection in the United States. Updated January 8, 2025. https://www.federalregister.gov/documents/2025/01/08/2025-00204/establishing-a-road-map-for-accelerated-diagnosis-and-treatment-of-hcv-infection-in-the-united
19. CDC. Updated Operational Guidance for Implementing CDC's Recommendations on Testing for Hepatitis C Virus Infection. Updated July 14, 2023. https://www.cdc.gov/mmwr/volumes/72/wr/mm7228a2.htm
20. Lok AS. Hepatitis B virus: Overview of management. Updated February 16, 2026. https://www.uptodate.com/contents/hepatitis-b-virus-overview-of-management
21. Teo E-K, Lok ASF. Epidemiology, transmission, and prevention of hepatitis B virus infection. Updated March 20, 2025. https://www.uptodate.com/contents/epidemiology-transmission-and-prevention-of-hepatitis-b-virus-infection
22. Bixler D, Barker L, Lewis K, Peretz L, Teshale E. Prevalence and awareness of Hepatitis B virus infection in the United States: January 2017 - March 2020. Hepatol Commun. Apr 1 2023;7(4)doi:10.1097/hc9.0000000000000118
23. CDC. 2024 National Viral Hepatitis Progress Report. Updated December 5, 2024. https://www.cdc.gov/hepatitis/php/npr-2024/index.html
24. Krist AH, Davidson KW, Mangione CM, et al. Screening for Hepatitis B Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. Jama. Dec 15 2020;324(23):2415-2422. doi:10.1001/jama.2020.22980
25. Lai M, Chopra S. Hepatitis A virus infection in adults: Epidemiology, clinical manifestations, and diagnosis. Updated December 03, 2025. https://www.uptodate.com/contents/hepatitis-a-virus-infection-in-adults-epidemiology-clinical-manifestations-and-diagnosis
26. Langan RC, Goodbred AJ. Hepatitis A. Am Fam Physician. Oct 1 2021;104(4):368-374.
27. OraSure. OraQuick® HCV test https://orasure.com/products/OraQuick-HCV.html

28. JMitra&Co. HCV TRI-DOT. https://jmitra.co.in/product-details/hcv-tri-dot-rapid-test-kit/
29. Abbott. Bioline™ HCV. https://www.globalpointofcare.abbott/ww/en/product-details/bioline-hcv.html
30. BioMérieux. VIDAS® Hepatitis panel. https://www.biomerieux.com/corp/en/our-offer/clinical-products/vidas-hepatitis-panel.html
31. Molbio Diagnostics. Truenat ® HCV. https://www.molbiodiagnostics.com/truenat-assays/?des=hbv#assaysSec
32. Abbott. RealTime HCV viral load. https://www.molecular.abbott/int/en/products/infectious-disease/realtime-hcv-viral-load
33. Cepheid. Xpert® HCV. https://www.cepheid.com/en-US/tests/blood-virology-womens-health-sexual-health/xpert-hcv.html
34. Harvey L, Jacka B, Bazerman L, et al. Feasibility and Performance of a Point-of-Care Hepatitis C RNA Assay in a Community Supervision Cohort. JAMA Network Open. 2024;7(10):e2438222-e2438222. doi:10.1001/jamanetworkopen.2024.38222
35. FDA. FDA Permits Marketing of First Point-of-Care Hepatitis C RNA Test. Updated June 27, 2024. https://www.fda.gov/news-events/press-announcements/fda-permits-marketing-first-point-care-hepatitis-c-rna-test
36. Ansaldi F, Orsi A, Sticchi L, Bruzzone B, Icardi G. Hepatitis C virus in the new era: perspectives in epidemiology, prevention, diagnostics and predictors of response to therapy. World J Gastroenterol. Aug 7 2014;20(29):9633-52. doi:10.3748/wjg.v20.i29.9633
37. Bailey JR, Barnes E, Cox AL. Approaches, Progress, and Challenges to Hepatitis C Vaccine Development. Gastroenterology. Jan 2019;156(2):418-430. doi:10.1053/j.gastro.2018.08.060
38. Chopra S, Pockros PJ. Overview of the management of chronic hepatitis C virus infection. Updated April 5, 2024. https://www.uptodate.com/contents/overview-of-the-management-of-chronic-hepatitis-c-virus-infection
39. Su S, Wong WC, Zou Z, et al. Cost-effectiveness of universal screening for chronic hepatitis B virus infection in China: an economic evaluation. Lancet Glob Health. Feb 2022;10(2):e278-e287. doi:10.1016/s2214-109x(21)00517-9
40. Inoue J, Kanno A, Wakui Y, et al. Identification of Genotype 2 HCV in Serotype-1 Hepatitis C Patients Unresponsive to Daclatasvir plus Asunaprevir Treatment. The Tohoku journal of experimental medicine. Jan 2017;241(1):21-28. doi:10.1620/tjem.241.21
41. Linthicum MT, Gonzalez YS, Mulligan K, et al. Value of expanding HCV screening and treatment policies in the United States. The American journal of managed care. May 2016;22(6 Spec No.):Sp227-35.
42. Chen Y, Ji H, Shao J, et al. Different Hepatitis C Virus Infection Statuses Show a Significant Risk of Developing Type 2 Diabetes Mellitus: A Network Meta-Analysis. Dig Dis Sci. Nov 23 2019;doi:10.1007/s10620-019-05918-7
43. Saeed YA, Phoon A, Bielecki JM, et al. A Systematic Review and Meta-Analysis of Health Utilities in Patients With Chronic Hepatitis C. Value Health. Jan 2020;23(1):127-137. doi:10.1016/j.jval.2019.07.005
44. Vetter BN, Reipold EI, Ongarello S, et al. Sensitivity and Specificity of Rapid Diagnostic Tests for Hepatitis C Virus With or Without HIV Coinfection: A Multicentre Laboratory Evaluation Study. The Journal of Infectious Diseases. 2022;doi:10.1093/infdis/jiaa389
45. Chevaliez S, Wlassow M, Volant J, et al. Assessing Molecular Point-of-Care Testing and Dried Blood Spot for Hepatitis C Virus Screening in People Who Inject Drugs. Open forum infectious diseases. Jun 2020;7(6):ofaa196. doi:10.1093/ofid/ofaa196
46. Catlett B, Bajis S, Starr M, et al. Evaluation of the Aptima HCV Quant Dx Assay for Hepatitis C Virus RNA Detection from Fingerstick Capillary Dried Blood Spot and Venepuncture-Collected Samples. J Infect Dis. Mar 3 2021;223(5):818-826. doi:10.1093/infdis/jiaa442
47. CDC. Clinical Screening and Diagnosis for Hepatitis C. Updated January 31, 2025. https://www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/
48. CDC. Recommendations for the Identification of Chronic Hepatitis C Virus Infection Among Persons Born During 1945–1965. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6104a1.htm
49. CDC. Testing and Clinical Management of Health Care Personnel Potentially Exposed to Hepatitis C Virus — CDC Guidance, United States, 2020. https://www.cdc.gov/mmwr/volumes/69/rr/rr6906a1.htm
50. CDC. Clinical Testing and Diagnosis for Hepatitis B. Updated January 31, 2025. https://www.cdc.gov/hepatitis-b/hcp/diagnosis-testing/
51. CDC. Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations — United States, 2023. Updated March 10, 2023. https://www.cdc.gov/mmwr/volumes/72/rr/rr7201a1.htm
52. CDC. Viral Hepatitis Exposure Risk Among Health Care Providers. Updated May 14, 2024. https://www.cdc.gov/hepatitis/hcp/populations-settings/health-care-providers.html
53. CDC. Clinical Guidance for PrEP. 2025;
54. CDC. Clinical Overview of Hepatitis A. Updated August 29, 2025. https://www.cdc.gov/hepatitis-a/hcp/clinical-overview/
55. CDC. Clinical Screening and Diagnosis for Hepatitis A. Updated January 11, 2024. https://www.cdc.gov/hepatitis-a/hcp/diagnosis-testing/index.html
56. CDC. Hepatitis D Basics. Updated April 24, 2024. https://www.cdc.gov/hepatitis-d/about/index.html
57. CDC. Hepatitis D Virus 2025 Case Definition. Updated September 13, 2024. https://ndc.services.cdc.gov/case-definitions/hepatitis-d-virus-hdv/
58. Owens DK, Davidson KW, Krist AH, et al. Screening for Hepatitis C Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. Jama. Mar 2 2020;doi:10.1001/jama.2020.1123

59. USPSTF. Screening for Hepatitis B Virus Infection in Pregnant Women: US Preventive Services Task Force Reaffirmation Recommendation Statement. JAMA. 2019;322(4):349-354. doi:10.1001/jama.2019.9365
60. Bhattacharya D, Aronsohn A, Price J, Lo Re V. Hepatitis C Guidance 2023 Update: AASLD-IDSA Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. Clin Infect Dis. May 25 2023;doi:10.1093/cid/ciad319
61. AASLD-IDSA. Management of Acute Infection. Updated October 24, 2022. https://www.hcvguidelines.org/sites/default/files/full-guidance-pdf/AASLD-IDSA_HCVGuidance_October_24_2022.pdf
62. AASLD-IDSA. Monitoring Patients Who Are Starting HCV Treatment, Are on Treatment, or Have Completed Therapy. Updated December 19, 2023. https://www.hcvguidelines.org/evaluate/monitoring
63. AASLD-IDSA. HCV in Pregnancy. Updated December 19, 2023. https://www.hcvguidelines.org/unique-populations/pregnancy
64. Ghany MG, Morgan TR. Hepatitis C Guidance 2019 Update: American Association for the Study of Liver Diseases-Infectious Diseases Society of America Recommendations for Testing, Managing, and Treating Hepatitis C Virus Infection. Hepatology. Feb 2020;71(2):686-721. doi:10.1002/hep.31060
65. Terrault NA, Lok ASF, McMahon BJ, et al. Update on prevention, diagnosis, and treatment of chronic hepatitis B: AASLD 2018 hepatitis B guidance. Hepatology. Apr 2018;67(4):1560-1599. doi:10.1002/hep.29800
66. AASLD. Don't repeat hepatitis C virus (HCV) antibody testing in patients with a previous positive (HCV) test. Instead, order hepatitis C viral load testing for assessment of active versus resolved infection. https://www.aafp.org/pubs/afp/collections/choosing-wisely/420.html
67. WHO. Hepatitis C. Updated July 25, 2025. https://www.who.int/news-room/fact-sheets/detail/hepatitis-c
68. WHO. Priorities in planning person-centred hepatitis B and C testing services: operational guide. Updated December 4, 2024. https://www.who.int/publications/i/item/9789240104082
69. WHO. Recommendations and guidance on hepatitis C virus self-testing. Updated July 15, 2021. https://www.who.int/publications/i/item/9789240031128
70. WHO. Updated recommendations on treatment of adolescents and children with chronic HCV infection, and HCV simplified service delivery and diagnostics. Updated October 2022. https://www.who.int/publications/i/item/9789240052734
71. WHO. Hepatitis B. Updated July 23, 2025. https://www.who.int/news-room/fact-sheets/detail/hepatitis-b
72. WHO. Guidelines for the prevention, diagnosis, care and treatment for people with chronic hepatitis B infection. Updated March 29, 2024. https://www.who.int/publications/i/item/9789240090903
73. WHO. Hepatitis D. Updated July 25, 2025. https://www.who.int/news-room/fact-sheets/detail/hepatitis-d
74. WHO. Hepatitis A. Updated February 12, 2025. https://www.who.int/news-room/fact-sheets/detail/hepatitis-a
75. Reddy KR, Beavers KL, Hammond SP, Lim JK, Falck-Ytter YT. American Gastroenterological Association Institute guideline on the prevention and treatment of hepatitis B virus reactivation during immunosuppressive drug therapy. Gastroenterology. Jan 2015;148(1):215-9; quiz e16-7. doi:10.1053/j.gastro.2014.10.039
76. Faisal Ali MN, Ruben Hernaez, Daniel Huang, Julius Wilder, Alejandro Piscoya, Tracey Simon, and Yngve Falck-Ytter Prevention and treatment of hepatitis B reactivation. Updated January 23, 2025. https://gastro.org/clinical-guidance/guideline-update-for-hepatitis-b-reactivation/
77. Jacobson IM, Lim JK, Fried MW. American Gastroenterological Association Institute Clinical Practice Update-Expert Review: Care of Patients Who Have Achieved a Sustained Virologic Response After Antiviral Therapy for Chronic Hepatitis C Infection. Gastroenterology. May 2017;152(6):1578-1587. doi:10.1053/j.gastro.2017.03.018
78. Kanwal F, Bacon BR, Beste LA, et al. Hepatitis C Virus Infection Care Pathway - A Report From the American Gastroenterological Association Institute HCV Care Pathway Work Group. Gastroenterology. 2017;152(6):1588-1598. doi:10.1053/j.gastro.2017.03.039
79. EASL. EASL recommendations on treatment of Hepatitis C 2020. 2020;
80. Lampertico P, Agarwal K, Berg T, et al. EASL 2017 Clinical Practice Guidelines on the management of hepatitis B virus infection. Journal of Hepatology. 2017/08/01/ 2017;67(2):370-398. doi:10.1016/j.jhep.2017.03.021
81. Brunetto MR, Ricco G, Negro F, et al. EASL Clinical Practice Guidelines on hepatitis delta virus. J Hepatol. Aug 2023;79(2):433-460. doi:10.1016/j.jhep.2023.05.001
82. IHS. Hepatitis C and Tuberculosis Screening. https://www.ihs.gov/diabetes/clinician-resources/soc/hepc-tb-screening/
83. IHS. Infectious Diseases. https://www.ihs.gov/opioids/harmreduction/infectiousdiseases/

Publication History

08/01/2026: Annual policy review; administrative edits; removed CPT code 87799
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.