

## Part B Insider (Multispecialty) Coding Alert

### Part B Coverage: Medicare Launches New Code for Hepatitis C Screening

**CMS now provides coverage for these tests in certain populations.**

After several months of wrangling, CMS has confirmed that it will pay for hepatitis C virus screenings administered to Medicare patients who meet specific criteria. The agency also debuted a new HCPCS code to describe the preventive test and offered diagnosis coding tips, all thanks to Transmittal 174, issued on Sept. 5.

**The specifics:** Effective for dates of service June 2, 2014 and afterward, CMS will pay for hepatitis C screenings if patients meet either of the following two requirements:

- Patient is at high risk for hepatitis C. Medicare describes "high risk" as anyone with "a current or past history of illicit injection drug use" as well as those who received a blood transfusion prior to 1992. Repeat annual screenings are available for patients who continue to use illicit drugs following a negative screening result
- Anyone born between 1945 and 1965 can get one screening test even if they aren't defined as "high risk." Patients who fall into this category are eligible to get just one hepatitis C test in their lifetime.

#### Welcome G0472

If you perform hepatitis C screening under this new benefit, you'll report the new HCPCS code G0472 (Hepatitis C antibody screening for individual at high risk and other covered indication[s]) to your Part B provider. You should link it to diagnosis code V69.8 (Other problems related to lifestyle). When ICD-10 takes effect next year, you'll instead report Z72.89 (Other problems related to lifestyle).

**Repeat screening:** If you perform one screening for a high-risk patient and then the patient continues to use drugs so you perform a second screening a year or more later, you'll report G0472 with ICD-9 codes V69.8 and 304.91 (Unspecified drug dependence, continuous use). Under ICD-10, this will change to F19.20 (Other psychoactive substance dependence, uncomplicated).

The provider who determines whether the patient is considered "high risk" should be a "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." If the primary care provider identifies a high-risk reason for performing a hepatitis C screening, he should include it in the medical record to reflect the reason for the test.

**Resource:** For more about the hepatitis C screening regulations, visit the CMS website at [www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R174NCD.pdf](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R174NCD.pdf).