**National Coverage Determination**
**Procedure Code: 80074**
**Hepatitis Panel/Acute Hepatitis Panel**
**CMS Policy Number: 190.33**
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**Description:** This panel consists of the following tests:

- Hepatitis A antibody (HAAb), IgM antibody;
- Hepatitis B core antibody (HBcAb), IgM antibody;
- Hepatitis B surface antigen (HBsAg) and;
- Hepatitis C antibody.

Hepatitis is an inflammation of the liver resulting from viruses, drugs, toxins, and other etiologies. Viral hepatitis can be due to one of at least five different viruses, designated hepatitis A, B, C, and E. Most cases are caused by hepatitis A virus (HAV), hepatitis B virus (HBV), or hepatitis C virus (HCV).

HAV is the most common cause of hepatitis in children and adolescents in the United States. Prior exposure is indicated by a positive IgG anti-HAV. Acute HAV is diagnosed by IgM anti-HAV, which typically appears within four weeks of exposure, and which disappears within three months of its appearance. IgG anti-HAV is similar in the timing of its appearance, but it persists indefinitely. Its detection indicates prior effective immunization or recovery from infection. Although HAV is spread most commonly by fecal-oral exposure, standard immune globulin may be effective as a prophylaxis.

HBV produces three separate antigens (surface, core, and e (envelope) antigens) when it infects the liver, although only hepatitis B surface antigen (HBsAg) is included as part of this panel. Following exposure, the body normally responds by producing antibodies to each of these antigens; one of which is included in this panel: hepatitis B surface antibody (HBsAb)-IgM antibody. HBsAg is the earlier marker, appearing in serum four to eight weeks after exposure, and typically disappearing within six months after its appearance. If HBsAg remains detectable for greater than six months, this indicates chronic HBV infection. HBcAb, in the form of both IgG and IgM antibodies, are next to appear in serum, typically becoming detectable two to three months following exposure. The IgM antibody gradually declines or disappears entirely one to two years following exposure, but the IgG usually remains detectable for life. Because HBsAg is present for a relatively short period and usually displays a low titer, a negative result does not exclude an HBV diagnosis. HBcAb, on the other hand, rises to a much higher titer and remains elevated for a longer period of time, but a positive result is not diagnostic of acute disease, since it may be the result of a prior infection. The last marker to appear in the course of a typical infection is HBsAb, which appears in serum four to six months following exposure to infected blood or body fluids; in the U.S., sexual transmission accounts for 30% to 60% of new cases of HBV infection.

The diagnosis of acute HBV infection is best established by documentation of positive IgM antibody against the core antigen (HBcAb-IgM) and by identification of a positive hepatitis B surface antigen (HBsAg). The diagnosis of chronic HBV infection is established primarily by identifying a positive hepatitis B surface antigen (HBsAg) and demonstrating positive IgG antibody directed against the core antigen (HBcAb-IgG). Additional tests such as hepatitis B e antigen (HBeAg) and hepatitis B e antibody (HBeAb), the envelope antigen and antibody, are not included in the hepatitis panel, but may be of importance in assessing the infectivity of patients with HBV. Following completion of a HBV vaccination series, HBsAb alone may be used monthly for up to six months, or until a positive result is obtained, to verify an adequate antibody response.

HCV is the most common cause of post-transfusion hepatitis; overall HCV is responsible for 15% to 20% of all cases of acute hepatitis, and is the most common cause of chronic liver disease. The test most commonly used to identify HCV measures HCV antibodies, which appear in blood two to four months after infection. False positive HCV results can occur. For example, a patient with a recent yeast infection may produce a false positive anti-HCV result. For this reason, at present positive results usually are confirmed by a more specific technique. Like HBV, HCV is spread exclusively through exposure to infected blood or body fluids.

This panel of tests is used for differential diagnosis in a patient with symptoms of liver disease or injury. When the time of exposure or the stage of the disease is not known, a patient with continued symptoms of liver disease despite a completely negative hepatitis panel may need a repeat panel approximately two weeks to two months later to exclude the possibility of hepatitis. Once a diagnosis is established, specific tests can be used to monitor the course of the disease.

**Indications:**
1. To detect viral hepatitis infection when there are abnormal liver function test results, with or without signs or symptoms of hepatitis.

2. Prior to and subsequent to liver transplantation.

**Limitations:**
After a hepatitis diagnosis is established, only individual tests are needed.

**Frequency Limitations:** After a hepatitis diagnosis has been established, only individual tests, rather than the entire panel, are needed.

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To review all requirements of this policy, please see: CMS NCD listing by Chapter

**Covered ICD-10 Codes.**

| ICD-10 | Descriptor |
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| A92.5 | Zika virus disease |
| B15.0 | Hepatitis A with hepatic coma |

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| B15.9 | Hepatitis A without hepatic coma |
| B16.0 | Acute hepatitis B with delta-agent with hepatic coma |
| B16.1 | Acute hepatitis B with delta-agent without hepatic coma |
| B16.2 | Acute hepatitis B without delta-agent with hepatic coma |
| B16.9 | Acute hepatitis B w/o delta-agent and without hepatic coma |
| B17.0 | Acute delta-(super) infection of hepatitis B carrier |
| B17.10 | Acute hepatitis C without hepatic coma |
| B17.11 | Acute hepatitis C with hepatic coma |
| B17.2 | Acute hepatitis E |
| B17.8 | Other specified acute viral hepatitis |
| B17.9 | Acute viral hepatitis, unspecified |
| B18.0 | Chronic viral hepatitis B with delta-agent |
| B18.1 | Chronic viral hepatitis B without delta-agent |
| B18.2 | Chronic viral hepatitis C |
| B18.8 | Other chronic viral hepatitis |
| B18.9 | Chronic viral hepatitis, unspecified |
| B19.0 | Unspecified viral hepatitis with hepatic coma |
| B19.10 | Unspecified viral hepatitis B without hepatic coma |
| B19.11 | Unspecified viral hepatitis B with hepatic coma |
| B19.20 | Unspecified viral hepatitis C without hepatic coma |
| B19.21 | Unspecified viral hepatitis C with hepatic coma |
| B19.9 | Unspecified viral hepatitis without hepatic coma |
| F11.11 | Opioid abuse, in remission |
| F14.11 | Cocaine abuse, in remission |
| F15.11 | Other stimulant abuse, in remission |
| G93.3 | Postviral fatigue syndrome |
| I85.00 | Esophageal varices without bleeding |
| I85.01 | Esophageal varices with bleeding |
| I85.10 | Secondary esophageal varices without bleeding |
| I85.11 | Secondary esophageal varices with bleeding |
| K70.41 | Alcoholic hepatic failure with coma |
| K71.0 | Toxic liver disease with cholestasis |
| K71.10 | Toxic liver disease with hepatic necrosis, without coma |
| K71.11 | Toxic liver disease with hepatic necrosis, with coma |
| K71.2 | Toxic liver disease with acute hepatitis |
| K71.3 | Toxic liver disease with chronic persistent hepatitis |
| K71.4 | Toxic liver disease with chronic lobular hepatitis |
| K71.50 | Toxic liver disease w chronic active hepatitis w/o ascites |
| K71.51 | Toxic liver disease w chronic active hepatitis with ascites |
| K71.6 | Toxic liver disease with hepatitis, not elsewhere classified |
| K71.7 | Toxic liver disease with fibrosis and cirrhosis of liver |
| K71.8 | Toxic liver disease with other disorders of liver |

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| K71.9 | Toxic liver disease, unspecified |
| K72.00 | Acute and subacute hepatic failure without coma |
| K72.01 | Acute and subacute hepatic failure with coma |
| K72.10 | Chronic hepatic failure without coma |
| K72.11 | Chronic hepatic failure with coma |
| K72.90 | Hepatic failure, unspecified without coma |
| K72.91 | Hepatic failure, unspecified with coma |
| K74.0 | Hepatic fibrosis |
| K74.60 | Unspecified cirrhosis of liver |
| K74.69 | Other cirrhosis of liver |
| K75.0 | Abscess of liver |
| K75.1 | Phlebitis of portal vein |
| K75.2 | Nonspecific reactive hepatitis |
| K75.3 | Granulomatous hepatitis, not elsewhere classified |
| K75.81 | Nonalcoholic steatohepatitis (NASH) |
| K75.89 | Other specified inflammatory liver diseases |
| K75.9 | Inflammatory liver disease, unspecified |
| K76.2 | Central hemorrhagic necrosis of liver |
| K76.4 | Peliosis hepatis |
| K76.6 | Portal hypertension |
| K76.7 | Hepatorenal syndrome |
| K76.81 | Hepatopulmonary syndrome |
| M04.1 | Periodic fever syndromes |
| R10.0 | Acute abdomen |
| R10.10 | Upper abdominal pain, unspecified |
| R10.11 | Right upper quadrant pain |
| R10.12 | Left upper quadrant pain |
| R10.13 | Epigastric pain |
| R10.2 | Pelvic and perineal pain |
| R10.30 | Lower abdominal pain, unspecified |
| R10.31 | Right lower quadrant pain |
| R10.32 | Left lower quadrant pain |
| R10.33 | Periumbilical pain |
| R10.811 | Right upper quadrant abdominal tenderness |
| R10.821 | Right upper quadrant rebound abdominal tenderness |
| R10.83 | Colic |
| R10.84 | Generalized abdominal pain |
| R10.9 | Unspecified abdominal pain |
| R11.0 | Nausea |
| R11.10 | Vomiting, unspecified |
| R11.11 | Vomiting without nausea |
| R11.12 | Projectile vomiting |

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| R11.14 | Bilious vomiting |
| R11.2 | Nausea with vomiting, unspecified |
| R16.0 | Hepatomegaly, not elsewhere classified |
| R16.2 | Hepatomegaly with splenomegaly, not elsewhere classified |
| R17 | Unspecified jaundice |
| R40.2410 | Glasgow coma scale score 13-15, unspecified time |
| R40.2411 | Glasgow coma scale score 13-15, in the field |
| R40.2412 | Glasgow coma scale score 13-15, EMR |
| R40.2413 | Glasgow coma scale score 13-15, at hospital admission |
| R40.2414 | Glasgow coma scale score 13-15, 24+hrs |
| R40.2420 | Glasgow coma scale score 9-12, unspecified time |
| R40.2421 | Glasgow coma scale score 9-12, in the field |
| R40.2422 | Glasgow coma scale score 9-12, EMR |
| R40.2423 | Glasgow coma scale score 9-12, at hospital admission |
| R40.2424 | Glasgow coma scale score 9-12, 24+hrs |
| R40.2430 | Glasgow coma scale score 3-8, unspecified time |
| R40.2431 | Glasgow coma scale score 3-8, in the field |
| R40.2432 | Glasgow coma scale score 3-8, EMR |
| R40.2433 | Glasgow coma scale score 3-8, at hospital admission |
| R40.2434 | Glasgow coma scale score 3-8, 24+hrs |
| R40.2440 | Other coma, without Glasgow, or w/part score, unsp time |
| R40.2441 | Other coma, without Glasgow, or w/part score, in the field |
| R40.2442 | Other coma, without documented Glasgow, or w/part score, EMR |
| R40.2443 | Other coma, without Glasgow, or w/part score, admit |
| R40.2444 | Other coma, without Glasgow, or w/part score, 24+hrs |
| R53.0 | Neoplastic (malignant) related fatigue |
| R53.1 | Weakness |
| R53.2 | Functional quadriplegia |
| R53.81 | Other malaise |
| R53.82 | Chronic fatigue, unspecified |
| R53.83 | Other fatigue |
| R56.00 | Simple febrile convulsions |
| R56.01 | Complex febrile convulsions |
| R56.1 | Post traumatic seizures |
| R62.0 | Delayed milestone in childhood |
| R62.50 | Unsp lack of expected normal physiol dev in childhood |
| R62.51 | Failure to thrive (child) |
| R62.52 | Short stature (child) |
| R62.59 | Oth lack of expected normal physiol development in childhood |
| R63.0 | Anorexia |
| R63.1 | Polydipsia |
| R63.2 | Polyphagia |

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| R63.3 | Feeding difficulties |
| R63.4 | Abnormal weight loss |
| R63.5 | Abnormal weight gain |
| R63.6 | Underweight |
| R74.0 | Nonspec elev of levels of transamns & lactic acid dehydrgnse |
| R94.5 | Abnormal results of liver function studies |
| T86.40 | Unspecified complication of liver transplant |
| T86.41 | Liver transplant rejection |
| T86.42 | Liver transplant failure |
| T86.43 | Liver transplant infection |
| T86.49 | Other complications of liver transplant |
| Z01.89 | Encounter for other specified special examinations |
| Z05.0 | Obs & eval of NB for suspected cardiac condition ruled out |
| Z05.1 | Obs & eval of NB for suspected infect condition ruled out |
| Z05.2 | Obs & eval of NB for suspected neuro condition ruled out |
| Z05.3 | Obs & eval of NB for suspected resp condition ruled out |
| Z05.41 | Obs & eval of NB for suspected genetic condition ruled out |
| Z05.42 | Obs & eval of NB for suspected metabolic condition ruled out |
| Z05.43 | Obs & eval of NB for suspected immunologic cond ruled out |
| Z05.5 | Obs & eval of NB for suspected GI condition ruled out |
| Z05.6 | Obs & eval of NB for suspected GU condition ruled out |
| Z05.71 | Obs & eval of NB for suspected skin, subcu cond ruled out |
| Z05.72 | Obs & eval of NB for suspected ms condition ruled out |
| Z05.73 | Obs & eval of NB for suspected conn tiss condition ruled out |
| Z05.8 | Obs & eval of NB for oth suspected condition ruled out |
| Z05.9 | Obs & eval of NB for unsp suspected condition ruled out |
| Z19.1 | Hormone sensitive malignancy status |
| Z19.2 | Hormone resistant malignancy status |
| Z29.11 | Enctr for prphylc immther for resp syncytial virus (RSV) |
| Z84.82 | Family history of sudden infant death syndrome |