

Effective for services performed on or after June 2, 2014, CMS has determined the following:

A screening test is covered for adults at high risk for 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 a blood transfusion prior to 1992. Repeat screening for high risk persons is covered annually only for persons who have had continued illicit injection drug use since the prior negative screening test.

The determination of "high risk for HCV" is identified by the 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. The medical record should be a reflection of the service provided.

For those beneficiaries determined to be high-risk initially, ICD-10 diagnosis code Z72.89, other problems related to lifestyle is required in addition to HCPCS code G0472.

Coverage may occur on an annual basis if appropriate, as defined in the policy, regardless of birth year and is denoted by the presence of HCPCS code G0472, ICD diagnosis code Z72.89, and ICD-10 diagnosis code F19.20, other psychoactive substance abuse, uncomplicated. Annual is defined as 11 full months must pass following the month of the last negative HCV screening.

A single screening test is covered for adults who do not meet the high risk definition above, but who were born from 1945 through 1965. For services provided to beneficiaries born between the years 1945 and 1965, who are not considered high risk, HCV screening is limited to once per lifetime.