

Medicare Preventive Screening

Hepatitis B Screening

(NCD 210.6)

What's Changed? No 2020 fourth quarter changes

HCPCS/CPT Codes

Asymptomatic, Non-Pregnant Adolescents and Adults at High Risk

G0499 —

Hepatitis b screening in non-pregnant, high risk individual includes hepatitis b surface antigen (hbsag) followed by a neutralizing confirmatory test for initially reactive results, and antibodies to hbsag (anti-hbs) and hepatitis b core antigen (anti-hbc)

For Pregnant Women

86704 —

Hepatitis B core antibody (HBcAb); total

86706 —

Hepatitis B surface antibody (HBsAb)

87340 —

Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)

87341 —

Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg) neutralization

ICD-10 Codes

For Persons With End-Stage Renal Disease (ESRD)

Z11.59 and N18.6

For Asymptomatic, Non-Pregnant Adolescents and Adults at High Risk

Z11.59 and Z72.89

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For Asymptomatic, Non-Pregnant Adolescents and Adults, Subsequent Visits

Z11.59 and one of the following: F11.10–F11.99, F13.10–F13.99, F14.10–F14.99, F15.10–F15.99, Z20.2, Z20.5, Z72.52, Z72.53

For Pregnant Women

Z11.59 and one of the following: Z34.00, Z34.80, Z34.90, O09.90

For Pregnant Women at High Risk

Z11.59 and Z72.89 and one of the following: Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, O09.93

NOTE: Additional ICD-10 codes may apply. See the [CMS ICD-10 webpage](#) for individual Change Requests (CRs) and the specific ICD-10-CM codes Medicare covers for this service, and [Contact your MAC](#) for guidance.

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Medicare Covers

Certain patients who fall into any of the following categories:

- Asymptomatic, non-pregnant adolescents and adults at high risk for hepatitis B virus (HBV) infection
- Pregnant women

NOTE: The [Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 210.6](#) defines high risk.

Frequency

- One screening for asymptomatic, non-pregnant adolescents and adults who do not meet the high-risk definition
- Annually only for those who have continued high risk who do not get hepatitis B vaccination
- One screening for pregnant women at the first prenatal visit for each pregnancy and rescreening at the time of delivery for those with new or continued risk factors

NOTE: This includes screening during the first prenatal visit in subsequent pregnancies, regardless of previous HBV vaccination or previous negative hepatitis B surface antigen test results.

Patients Pays

- Copayment/Coinsurance waived
- Deductible waived

Other Notes

- For more information, refer to [Screening for Hepatitis B Virus \(HBV\) Infection](#).

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