

Medicare Preventive Screening

Hepatitis C Screening

(NCD 210.13)

What's Changed? No 2020 fourth quarter changes

HCPCS/CPT Codes

G0472 —

Hepatitis c antibody screening, for individual at high risk and other covered indication(s)

ICD-10 Codes

Z72.89 and F19.20

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.

Medicare Covers

Certain adult patients who fall into at least one of the following categories:

- High risk for hepatitis C virus (HCV) infection
- Born from 1945 through 1965
- Had a blood transfusion before 1992

NOTE: The [Medicare National Coverage Determinations Manual, Chapter 1, Part 4, Section 210.13](#) defines intermediate and high risk.

Frequency

- Once for patients born from 1945 through 1965 not considered high risk (use ICD-10 Z11.59)
- An initial screening for patients, regardless of birth year, for adults at high risk, that is, patients who had a blood transfusion before 1992 and patients with a current or past history of illicit injection drug use
- Annually only for high risk patients with continued illicit injection drug use since the prior negative (HCV) screening test

Medicare Preventive Screening

Patient Pays

Copayment/Coinsurance waived

- Deductible waived

Other Notes

- For more information, refer to [Screening for Hepatitis C Virus \(HCV\) in Adults](#).