

Coverage Guide for Hepatitis C Screening

There are currently about 3.2 million people living with chronic Hepatitis C (HCV) infection in the United States, and the number of new annual infections remains steady at approximately 17,000. HCV is a liver disease that can range in severity from mild to lifelong and life threatening. For those with chronic infection, HCV can result in serious health problems, such as cirrhosis of the liver or even death. According to the Centers for Disease Control and Prevention (CDC), between 75% and 85% of acute HCV infections develop into chronic infections. At present, HCV is the leading indication for liver transplantation in the U.S. HCV infection is especially prevalent amongst those aged 46 to 64, a group 4 to 5 times as likely to be infected when compared to other age cohorts. Because it is often difficult to detect HCV from clinical presentation, HCV is sometimes dubbed a “silent” epidemic with many individuals going decades before experiencing any indication of infection. More than 50% of those infected with HCV are unaware of their status. People living with HIV are at greater risk for acquiring HCV. About one quarter of those HIV infected are also infected with HCV and as a result of co-infection experience more rapid disease progression and more severe liver damage. HCV testing is critical to identify positive individuals and link them to care, especially among high-risk populations. With the availability of more effective and more tolerable treatments than ever before, coupled with new coverage options, now is a natural time to increase HCV screening practices.

Until recently, access to HCV screening has been limited, due to its cost and a lack of insurance coverage. In 2013 about one third of those with HCV infection were estimated to be uninsured. Fortunately, through a combination of a new recommendation in support of HCV testing and changes to the health insurance landscape under the Affordable Care Act (ACA), there will be greater access to insurance coverage and to reimbursable HCV screening across various healthcare payers.

New Coverage Opportunities and the USPSTF

- Under health reform, millions of people will gain access to health coverage through Medicaid expansion, the private insurance marketplaces, and insurance reforms. Included in this coverage expansion is access to free or low-cost preventive services.
- The United States Preventive Services Task Force (USPSTF), an independent government-supported body, reviews and grades preventive services. USPSTF grades are key to coverage. Under the ACA, Medicare, Medicaid, and private insurance are either required or incentivized to cover “A” and “B” graded services.
- In June, 2013, the USPSTF revised its [recommendation](#) to a grade of “B” for HCV screening, which now includes a one-time recommended screening for “baby-boomers”—those born between 1945 and 1965. The previous “B” grade recommendation for screening for HCV among “high risk” individuals remains in place.
- This grade change acknowledges the benefits of screening the “baby-boomer” population, which represents more than 75% of HCV cases in the United States, and marks a critical step forward in the fight against the HCV epidemic. The new grade also aligns with CDC [guidance](#). Since 1998, the CDC has recommended testing those at risk, and in 2012 additionally recommended a one-time test for those born 1945–1965. It is now essential that medical providers implement the new USPSTF recommendation and offer HCV testing to their baby boomer and high-risk patients. It is also important for clinics and health departments that provide HCV screening to bill for these services. Reimbursement of HCV screening reduces one barrier to HCV screening.

Below is a guide to how each major healthcare payer covers preventive services and, specifically, HCV screening.

Private Insurance

- The ACA requires most private insurance plans in the individual and group markets to cover “A” and “B” graded services without cost-sharing. This requirement does not apply to grandfathered plans, which are plans that existed before enactment of the ACA and that have not undergone major changes.
- Currently, non-grandfathered plans must cover HCV screening for those “at high risk” for HCV based on the previous “B” grade USPSTF recommendation.
- While plans may begin now, starting with the new plan year starting on or after June 25, 2014 (one year after the new USPSTF recommendation), plans will be required to cover HCV screening for those “at risk” and a one-time test for “baby-boomers,” as outlined in the USPSTF recommendation.

Medicaid (Traditional)

- Under the Social Security Act, state Medicaid programs must cover medically necessary laboratory services. This includes medically necessary HCV screening for adults. States can also elect to cover routine screening.
- The scope of coverage varies across the states. For example, California, New York and Texas report that they cover routine HCV screening. In contrast, coverage in Florida is dependent on medical necessity.
- The ACA incentivizes state Medicaid programs to cover all USPSTF “A” & “B” services (including HCV screening) by offering the state a 1% increase in federal matching payments for coverage of certain preventive services. As a result, states accepting this match would cover HCV screening for those “at risk” and one-time testing for “baby-boomers” through their Medicaid programs. As of May 2014, ten states (CA, CO, HI, KY, NH, NJ, NV, NY, OH and WI) have been approved to receive this increased funding for expanding preventive coverage.

Medicaid (Expanded)

- States that expand their Medicaid program to include all those living below 138% of the federal poverty level provide additional coverage opportunities.
- Medicaid expansion plans or “Alternative Benefits Plans” will be required to cover all “A” and “B” grade services without cost-sharing.
- Therefore, those “at risk” and “baby-boomer” beneficiaries enrolled in Medicaid expansion plans will have HCV testing coverage.

Medicare

- The Medicare Improvements for Patients and Providers Act of 2008 allows Medicare to cover “A” & “B” graded preventive services provided in primary care settings, after undergoing a National Coverage Determination (NCD). The ACA removes beneficiary cost-sharing for these Medicare approved preventive services.
- Currently, Medicare covers HCV screening only for those “at increased risk” based on the older USPSTF recommendation. However, the Centers for Medicare and Medicare Services (CMS) has conducted a new NCD and released a proposed [decision memo](#) in March 2014 in support of coverage of HCV testing for those “at risk” and “baby boomers”. When the NCD is finalized, Medicare will cover HCV screening per the revised USPSTF grade.

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The AIDS Institute | www.theaidsinstitute.org

17 Davis Boulevard, Suite 403, Tampa, FL 33606 | PH 813 258 5929 | FX 813 258 5939
1705 DeSales St NW, Suite 700, Washington, DC 20009 | PH 202 835 8373 | FX 202 835 8368

