



THE AIDS INSTITUTE

COVERAGE GUIDE FOR HEPATITIS C TESTING

There are currently about 3.5 million people living with Hepatitis C (HCV) infection in the United States. Recent Centers for Disease Control and Prevention (CDC) data demonstrates deaths from HCV has increased from 11,051 in 2003 to 19,659 in 2014—making HCV the number one infectious disease killer. This trend highlights the need for HCV infected persons to be tested and linked to treatment and be cured.

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 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 also escalating among young people who inject drugs, and is especially prevalent among “baby boomers” born between 1945 and 1965, a group 5 times more 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 living for decades, before experiencing any indication of infection. Approximately 65 to 75 percent of those infected with HCV are unaware of their status.

HCV testing is critical to identifying positive individuals and linking them to care. People living with HIV are at greater risk for acquiring HCV. About one quarter of those infected with HIV are also HCV infected. As a result of their co-infection they experience more rapid disease progression and more severe liver damage. With the availability of treatments that can cure HCV in about three months, coupled with increased coverage options under the Affordable Care Act (ACA), now is a natural time to increase HCV screening.

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. Now, thanks to recommendations made by the CDC and the U.S. Preventative Services Task Force (USPSTF) in support of HCV testing and the ACA, there is greater access to insurance coverage and reimbursable HCV screening.

New Coverage Opportunities and the USPSTF

- Under the ACA, millions of people have gained access to health coverage through Medicaid expansion, the new private insurance marketplaces, and insurance reforms. Included in this coverage expansion is access to free or low-cost preventive services.
- USPSTF, an independent government-supported body, reviews and grades preventive services. Under the ACA, Medicare, Medicaid, and most private insurance are either required or incentivized to cover “A” and “B” graded services.
- In June 2013, the USPSTF issued a grade “B” [recommendation](#) for HCV screening, which includes a one-time recommended screening for “baby-boomers”—those born between 1945 and 1965—as well as periodic screening for HCV among “high risk” individuals.
- The “B” grade acknowledges the benefits of screening the “baby-boomer” population, which represents more than 75% of HCV cases in the United States, along with those who are at “high risk”, and marks a critical step forward in the fight to end the HCV epidemic. It is now essential that medical providers implement the new USPSTF recommendation and offer HCV testing to all baby boomer and high-risk patients. It is also important for clinics and health departments that provide HCV screening to bill for these services, as reimbursement reduces one barrier to HCV screening.

How Each Payer Covers Preventive Services and 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.
- All new private insurance plans, including Qualified Health Plans available on the Health Insurance Marketplaces, are required to cover periodic HCV screening for those who are “high risk,” and a one-time test for “baby-boomers,” as outlined in the USPSTF recommendation.

Medicaid (Traditional)

- Traditional Medicaid can cover HCV testing in various ways, depending on whether such testing is considered medically necessary and whether a state has elected to cover preventive services without cost-sharing.
- By law, all state Medicaid programs must cover medically necessary laboratory services, including medically necessary HCV screening for adults. States can also elect to cover screening on a routine basis. Under these rules, the scope of coverage varies across the states. For example, California, New York and Texas cover routine HCV screening. In contrast, coverage in Florida is dependent on medical necessity.
- Further, the ACA incentivizes state Medicaid programs to cover all USPSTF “A” & “B” services (including HCV screening) without cost-sharing by offering the state a 1% increase in federal matching payments for coverage of these preventive services. States accepting this match must cover HCV screening for those who are “high risk” and one-time testing for “baby-boomers” under Medicaid. As of May 2016, 11 states (CA, CO, DE, HI, KY, NH, NJ, NV, NY, OH and WI) have been approved to receive this increased funding for expanding preventive coverage, and therefore cover, without cost-sharing, HCV testing as recommended by the USPSTF.

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” are required to cover all “A” and “B” grade services without cost-sharing.
- Therefore, those “high risk” and “baby-boomer” beneficiaries enrolled in Medicaid expansion plans can receive HCV testing without cost-sharing.

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 that receive a National Coverage Determination (NCD). The ACA removes beneficiary cost-sharing for these Medicare approved preventive services.
- In June 2014, CMS issued a National Coverage Determination based on the USPSTF recommendation for HCV testing.
- As a result, Medicare now covers one-time HCV testing for “baby boomers,” and annual testing for those baby boomers who are “high risk.”



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