190.33 Hepatitis Panel /Acute Hepatitis Panel
CPT Code: 80074
NCD Description: This panel consists of the following tests:
Hepatitis A antibody (HAAB), IgM antibody (CPT 86709)
Hepatitis B core antibody (HBcAb), IgM Antibody (86705)
Hepatitis B surface antigen (HBsAg) (CPT 87340)
Hepatitis C antibody (CPT 86803)

ICD-9-CM Codes that Support Medical Necessity
The Hepatitis Panel test is determined to be medically necessary by Medicare only when it is ordered for patients with one of the conditions listed below. ICD-9-CM codes that support medical necessity are listed, but it is not enough to link the procedure code to a correct payable ICD-9-CM code. The diagnosis must be present for the procedure to be paid and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient’s medical record must support the medical necessity for the test(s)

070.0-070.9 Viral hepatitis
456.0-456.21 Esophageal varices with or without mention of bleeding
570 Acute and subacute necrosis of liver
571.5 Cirrhosis of liver without mention of alcohol
572.0 Abscess of liver
572.1 Portal pyemia
572.2 Hepatic encephalopathy
572.3 Portal hypertension
572.4 Hepatorenal syndrome
572.8 Other sequelae of chronic liver disease
573.3 Hepatitis, unspecified
573.5 Hepatopulmonary syndrome
573.6 Hemolysis
700.0 Jaundice, unspecified
703.0-703.5 Tuberculosis
704.0 Tuberculosis, unspecified
704.7 Tuberculosis involving other part of body
704.8 Tuberculosis of unspecified or unknown site

780.31 Febrile convulsions (simple), unspecified
780.32 Complex febrile convulsions
780.33 Post traumatic seizures
780.71 Chronic fatigue syndrome
780.72 Functional quadriplegia
780.79 Other malaise and fatigue
782.4 Jaundice, unspecified, not of newborn
783.0-783.6 Symptoms concerning nutrition, metabolism, and development
787.01-787.03 Nausea and vomiting
787.04 Bilious emesis
789.00-789.09 Abdominal pain
789.1 Hepatomegaly

This list was compiled from Medicare’s Limited Coverage Policies for informational and reference purposes only. For the most current information please reference www.cms.gov. Note: If the patient’s medical record does not support one of the above ICD-9-CM codes, please prepare an Advance Beneficiary Notice form, and ask the patient to read and sign it. Source: Federal Registry Negotiated Rule-making, November 23, 2001 “The cpt codes provided are based on ama guidelines and are for informational purposes only. Cpt coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.”
Medicare National Coverage Determination Policy

Updated: 01/01/13

Data Source: [http://www.cms.gov](http://www.cms.gov)

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789.61 Localized abdominal tenderness (RUQ)
789.7 Colic
790.4 Nonspecific elevation of levels of transaminase or lactic acid dehydrogenase (LDH)
794.8 Nonspecific abnormal results of function studies, liver
996.82 Complications of transplanted organ, liver
V72.85 Liver transplant recipient evaluation