Medicare & Medicaid Will Pay to Screen At-Risk Groups for Hep C

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The Centers for Medicare & Medicaid Services (CMS) announced that the two government insurance programs will pay for hepatitis C virus (HCV) tests for those at high risk for infection, including baby boomers. This move puts CMS in line with the U.S. Preventive Services Task Force's recommendations for hep C screening.

CMS will pay for tests ordered by an individual's primary care physician or other clinician in a primary care setting if that person:

- Is deemed at high risk of hep C infection, which means current or past injection drug use or a blood transfusion received before 1992. An annual screen is covered for those who continue to inject drugs.
- Was born between 1945 and 1965, in which case a one-time test is approved.

It is notable that CMS did not specify HIV-positive men who have sex with men without condoms as a risk group, considering that sizeable evidence identifies a burgeoning epidemic of sexually transmitted hep C among this population.

To read the CMS statement, click here.

To read a feature on sexual transmission of hep C between HIV-positive men, click here.

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