

Bulletin Number: MSA 21-46

Distribution: Practitioners, Local Health Departments, Federally Qualified Health Centers, Rural Health Clinics, Medicaid Health Plans, Tribal Health Centers, and Integrated Care Organizations

Issued: December 1, 2021

Subject: Addition of a Hepatitis C Virus (HCV) Infection Screening Recommendation per the 2021 American Academy of Pediatrics (AAP) Periodicity Schedule

Effective: January 1, 2022

Programs Affected: Medicaid, Healthy Michigan Plan, MIChild

The purpose of this policy is to inform providers that an HCV infection screening recommendation has been included in the latest release of the AAP Periodicity Schedule. Federal regulations require state Medicaid programs to offer Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services to Medicaid eligible beneficiaries under 21 years of age. EPSDT visits cover any medically necessary screening and preventive support services for children and are to be performed in accordance with the AAP periodicity schedule, its components, and medical guidelines. The 2021 version of the periodicity schedule by the AAP can be found at: <http://brightfutures.aap.org>.

All individuals should be screened for HCV infection at least once between 18 and 79 years of age. These screenings provided for individuals under 21 years of age are considered an EPSDT service. Individuals at increased risk of HCV infection, including those with past or current injection drug use, should be tested for HCV infection and reassessed annually. An HCV infection screening may be provided to any individual requesting the screen regardless of their disclosure of risk since there may be reluctance to disclose these risks.

For individuals identified with HCV infection, it is recommended that they receive appropriate care, including HCV clinical preventive services (e.g., screening and intervention for alcohol or drug use, hepatitis A and hepatitis B vaccination, and medical monitoring of disease). EPSDT services includes the coverage of any follow-up services and referrals that are medically necessary to treat an HCV infection. Individuals with HCV infection should be provided information about treatment options, how to prevent transmission of HCV to others, and drug treatment, as appropriate.

MDHHS has expanded access to curative treatments for HCV by removing prior authorization requirements from the product MAVYRET® (glecaprevir/pibrentasvir) when prescribed in accordance with Food and Drug Administration (FDA)-approved labeling. Expanding access to treatment is a core component of the We Treat Hep C Initiative to eliminate HCV in Michigan. More information and resources regarding the We Treat Hep C initiative may be found at www.michigan.gov/WeTreatHepC.

Manual Maintenance

Retain this bulletin until the information is incorporated into the MDHHS Medicaid Provider Manual.

Questions

Any questions regarding this bulletin should be e-mailed to Provider Inquiry, Department of Health and Human Services, at ProviderSupport@michigan.gov. When you submit questions, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

An electronic version of this document is available at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms.

Approved

A handwritten signature in black ink, appearing to read 'K. Massey', with a long horizontal flourish extending to the right.

Kate Massey, Director
Medical Services Administration