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October 23, 2026

The Honorable Mehmet Oz, MD
Administrator
Centers for Medicare & Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

Re: National Coverage Determination for Screening for Hepatitis C Virus (HCV) in Adults (210.13)

Dear Dr. Oz,

The American College of Rheumatology (ACR), representing over 10,400 rheumatologists and rheumatology interprofessional team members, appreciates CMS opening a national coverage analysis (NCA) for Hepatitis C Virus (HCV) screening for adults. The ACR strongly supports expanding Medicare coverage for screening to align with current U.S. Preventive Services Task Force (USPSTF) and Centers for Disease Control and Prevention (CDC) recommendations, which advise that all adults should be screening for HCV once and those at increased risk should be screened more regularly.[i] [ii]

The present National Coverage Determination (NCD) for HCV was issued in 2014 and does not reflect the latest clinical evidence and public health guidance. The NCD recommends HCV screening only for those at high risk of infection (injection drug users) or in a narrow age cohort (born between 1945 and 1965). Screening can only be covered if ordered by a primary care physician within a primary care setting.

The ACR urges CMS to revise the NCD to:

1) Allow one-time screening for all adults
2) Allow regular screening for individuals who belong to groups at higher risk of infection (to be decided at the discretion of the Medicare provider)
3) Remove the language in the NCD requiring that screening be performed in a primary care setting
4) Reimburse HCV screenings ordered by any Medicare provider

HCV is a major public health threat in the U.S., with approximately 2.4 to 4 million Americans impacted by the virus.[iii] The incidence of the infection also continues to rise annually.[iv] One study estimates that roughly 14 percent of all people with HCV in the United States are Medicare beneficiaries.[v]

Although HCV is primarily a liver disease, the virus can have devastating impacts on multiple bodily systems. HCV can induce several autoimmune rheumatic conditions, including arthritis

and fibromyalgia.[vi] HCV infection can also mimic rheumatic disease, as joint inflammation and muscle pain and weakness are common symptoms. People with rheumatic diseases potentially caused by HCV infection may consult a rheumatologist, making it important to test for HCV as part of the workup of many rheumatologic syndrome. HCV-related joint problems may be treated with medications that could be toxic for the liver, so it is critically important for rheumatology health care providers to be able to perform HCV screenings.

Since HCV infection is often asymptomatic in its earliest stages, screening is a critical component of preventive care. Earlier diagnosis can help patients avoid life-threatening complications, such as liver failure and supports improved long-term clinical outcomes.[vii]

An updated Medicare coverage determination would allow rheumatologists to integrate evidence-based screening into routine clinical practice, reducing the overall incidence of HCV and related conditions. Increased screening would also provide more data that could be used to improve quality across the HCV care spectrum, from screening to diagnosis to linkage to care to treatment to follow-up. Higher-quality screening data would help providers and health systems to evaluate quality improvement initiatives and monitor progress towards improving HCV-related outcomes on the population level.

ACR appreciates CMS 'reconsideration of the current national coverage determination around HCV screening and strongly recommends that CMS update the NCD to be consistent with the latest evidence and recommendations from public health authorities. Increasing screening across a variety of health care settings will result in a decrease in the many serious complications that can result from untreated HCV, which include cirrhosis and liver cancer. Reimbursing all physicians, regardless of specialty or treatment setting, for HCV tests, will broaden patient access to a crucial form of preventative care.

Please contact Sweta Haldar, MSPH, ACR Manager of Regulatory Affairs, at shaldar@rheumatology.org or (202) 807-5262 should you have any questions or if we can provide additional assistance.

Sincerely,



Chris Phillips, MD
Chair, Committee on Rheumatologic Care

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[i] https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening
[ii] https://www.cdc.gov/hepatitis-c/hcp/diagnosis-testing/index.html
[iii] https://publichealth.jhu.edu/2026/what-to-know-about-hepatitis-c
[iv] https://www.cdc.gov/vitalsigns/hepc-treatment/index.html
[v] https://pubmed.ncbi.nlm.nih.gov/29404448/
[vi] https://pmc.ncbi.nlm.nih.gov/articles/PMC4721975/
[vii] https://www.hcvguidelines.org/guidance/hcv-testing-and-linkage-to-care/