## Screening All Pregnant Women for Hepatitis B Virus (HBV) Infection: Ordering Prenatal Hepatitis B Surface Antigen (HBsAg) Tests from Major Commercial Laboratories

<table>
<thead>
<tr>
<th>Laboratory</th>
<th>Test Option</th>
<th>Test Name</th>
<th>Reflex to Confirmation Test*</th>
<th>Test Code/ID</th>
<th>CPT Code</th>
<th>Web Link</th>
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<tbody>
<tr>
<td>ARUP Laboratories</td>
<td>Panel</td>
<td>Prenatal Reflexive Panel</td>
<td>✅</td>
<td>0095044</td>
<td>87340**</td>
<td><a href="http://ltd.aruplab.com/Tests/Pub/0095044">http://ltd.aruplab.com/Tests/Pub/0095044</a></td>
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<td></td>
<td>Standalone</td>
<td>Hepatitis B Virus Surface Antigen with Reflex to Confirmation, Prenatal</td>
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<td>2007573</td>
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<td>LabCorp</td>
<td>Panel</td>
<td>Prenatal Profile I with Hepatitis B Surface Antigen</td>
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<td>87340**</td>
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<td>Panel</td>
<td>Hepatitis Profile XIII (HBV Prenatal Profile)</td>
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<td>265397</td>
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<td>Mayo Medical Laboratories</td>
<td>Panel</td>
<td>Prenatal Hepatitis Evaluation</td>
<td>✅</td>
<td>PHSP</td>
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<td>HBAGP</td>
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<td>Obstetric Panel</td>
<td>✅</td>
<td>20210</td>
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</tbody>
</table>

*When an HBsAg test result is reactive, laboratories may automatically perform a confirmatory test without additional provider order.

**This CPT code corresponds only to the HBsAg screening component of this laboratory panel; additional CPT codes might be associated with other component tests in this laboratory panel.

**Notes:** CDC recommends healthcare providers use prenatal HBsAg tests (vs. non-specific tests) for pregnant women, which allows for reporting of positive results along with pregnancy status to public health jurisdictions. Refer all HBsAg positive pregnant women to Perinatal Hepatitis B Prevention Program coordinators for case management of mother and infant:

Laboratories reserve the right to add, modify, or stop performing tests at any time – providers should review any test notifications from laboratories for changes.

[www.cdc.gov/hepatitis](http://www.cdc.gov/hepatitis)
Assess if at high risk* for acquiring HBV infection

No

No further action needed

Yes

• Vaccinate during pregnancy†
• Repeat HBsAg testing when admitted for delivery

<200,000 mIU/mL

• Confirm that pregnant woman attended her appointment with primary care provider/specialist

≥200,000 mIU/mL

• Treat§ at 28-32 weeks until birth
• Confirm that pregnant woman attended her appointment with primary care provider/specialist

Stop TDF at time of birth and monitor for ALT flares at least every 3 months for 6 months

HBsAg (hepatitis B surface antigen)

• Notify and educate woman about her HBsAg status
• Order HBV DNA and refer to a primary care provider with experience managing hepatitis B or a specialist (infectious disease, hepatology and gastroenterology) during pregnancy
• Report HBsAg(+) pregnant woman to Perinatal Hepatitis B Prevention Program and provide infant post-exposure prophylaxis¶
• Identify all household and sexual contacts for screening and prevention

HBV and Breastfeeding
All HBsAg (+) mothers, including those on TDF, should be educated on the value and safety of breastfeeding and that HBV is not transmitted through breastmilk. Breastfeeding mothers with cracked nipples should practice proper nipple care and be informed that hepatitis B vaccine and HBIG will protect against transmission from such blood exposures.

*High risk for HBV infection includes: household or sexual contacts of HBsAg-positive persons; injection drug use; more than one sex partner during the past six months; evaluation or treatment for a sexually transmitted disease; HIV infection, chronic liver disease, or end-stage renal disease; and international travel to regions with HBsAg prevalence of ≥2%.

†Vaccinate if not previously vaccinated with a complete hepatitis B vaccine series (refer to Schillie et. al. for more information).

§Hepatitis B vaccine birth dose and Hepatitis B immune globulin (HBIG) (refer to Schillie et. al. for more information).

¶Tenofovir disoproxil fumarate (TDF) should be used for the treatment of pregnant women.


Stop TDF at time of birth and monitor for ALT flares at least every 3 months for 6 months.