Subject: Hepatic Fibrosis in Hepatitis C: Noninvasive (Serologic) Testing*

Effective Date: April 29, 2008

Department(s): Utilization Management

Policy: Noninvasive serologic testing to monitor the presence and/or severity of hepatic fibrosis in chronic hepatitis C is not reimbursable under Plans administered by QualCare, Inc.

Objective: To assure proper and consistent reimbursement and to limit reimbursable testing to assays with adequate support in peer-reviewed literature.

Procedure:

A. Coverage of serologic testing for markers of hepatic fibrosis in chronic hepatitis C (ICD-9 070.54) will be denied as there is not an adequate body of peer-reviewed literature documenting the validity of its application in patient care.

B. Testing not covered under this Policy includes, but is not limited to: FibroSure, FibroScan, FIBROSpectII.

C. CPT codes that are used for these tests, but not only for them, are: 83520 and 83883.
References


Albanis E, Friedman SL. Diagnosis of Hepatic Fibrosis in Patients with Chronic Hepatitis C. *Clin Liver Dis* 2006;10(4):831-833 (Nov)


*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.*