Subject: Hepatic Fibrosis in Hepatitis C: Noninvasive Testing*

Effective Date: April 29, 2008

Department(s): Utilization Management

Policy: Noninvasive 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 and hepatic elasticity measurements by ultrasound or magnetic resonance imaging for assessment 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, ultrasound elastography, acoustic radiation force impulse (AFRI) magnetic resonance elastography.

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

References


Cholongitas E, Tsochatzis E, Goulis J, Burroughs AK. Noninvasive tests for evaluation of fibrosis in HCV recurrence after liver transplantation: a systematic review. Transpl Int.2010;23(9):861-70(Sep)

Carey E, Carey WD. Noninvasive tests for liver disease, fibrosis and cirrhosis: Is liver biopsy obsolete? Cleveland Clinic Journal of Medicine 2010;77(8):519-527(Aug)


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.*