Subject: Non-Invasive Hepatic Fibrosis Testing* 

Effective Date: April 29, 2008  

Department(s): Utilization Management  

Policy: Noninvasive testing to determine the presence and/or severity of hepatic fibrosis in chronic hepatitis C is reimbursable under Plans administered by QualCare, Inc. as specified in the procedure section of this policy.  

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

Procedure: Ultrasound transient elastography (TE) involves the ultrasonographic analysis of wave propagation and tissue deformation in patients with suspected or known chronic liver disease. TE is based on the principle that fibrosis changes the elasticity and viscosity of tissue. Assessment of the propagation waves through liver tissue can reflect the extent of fibrosis.  

Serologic testing to assess liver fibrosis includes various combinations of indirect (basic laboratory testing such as liver enzymes, bilirubin) and direct biomarkers of extracellular matrix metabolism (e.g., hyaluronic acid, tissue inhibitor of metalloproteinase-1).  

A. Ultrasound transient elastography (CPT 91200, 0346T) to assess the degree of liver fibrosis in an individual with chronic hepatitis C and chronic
hepatitis B (HCV/ HBV) infection (ICD-10 B18.1, B18.0, B18.2) is reimbursable once every six months, when a liver biopsy (CPT 47000, 47001, 47100) has not been performed within six months of TE.

B. Ultrasound transient elastography (TE) for any other indication is not reimbursable as it is considered experimental, investigational or unproven as there is not an adequate body of peer-reviewed literature documenting the validity of its application in patient care. Any other ultrasound elastographic technique (e.g. acoustic radiation force impulse (ARFI), shear wave elastography) for any indication is not reimbursable as it is considered experimental, investigational or unproven.

C. Coverage hepatic elasticity measurements by magnetic resonance imaging for assessment of hepatic fibrosis will be denied as there is not an adequate body of peer-reviewed literature documenting the validity of its application in patient care.

D. Serologic testing covered under this Policy includes, FibroSure, FibroScan, FIBROSpectII.

References


Cholongitas E, Tsiochatzis 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.*