



BlueCross BlueShield
of Vermont

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Noninvasive Radiologic Techniques for the Evaluation and Monitoring of Patients with Chronic Liver Disease Corporate Medical Policy

File Name: Noninvasive Techniques for the Evaluation and Monitoring of Patients with
Chronic Liver Disease
File Code: UM.SPSVC.19
Origination: 03/2018
Last Review: 07/2020
Next Review: 07/2021
Effective Date: 10/01/2020

Description/Summary

Noninvasive radiologic techniques to monitor liver fibrosis are being investigated as alternatives to liver biopsy in patients with chronic liver disease. These include specialized radiologic methods, including magnetic resonance elastography, transient elastography, acoustic radiation force impulse imaging, and real-time transient elastography.

Policy

Coding Information

Click the links below for attachments, coding tables & instructions.

[Attachment I - CPT® Coding Table](#)

[Attachment II - ICD-10-CM Coding Table](#)

When a service may be considered medically necessary

Transient elastography (FibroScan) imaging may be considered **medically necessary** for the initial evaluation or monitoring of patients with chronic liver disease.

The use of transient elastography for the evaluation of a diagnosis of abnormal liver function tests is considered **medically necessary** when performed by a board certified gastroenterologist or a board certified pediatric gastroenterologist.

When a service is considered investigational

The use of other noninvasive imaging, including but not limited to magnetic resonance elastography, acoustic radiation force impulse imaging (eg, Acuson S2000), or real-time

tissue elastography, is considered **investigational** for the evaluation or monitoring of patients with chronic liver disease.

Reference Resources

1. Blue Cross and Blue Shield Association. Noninvasive Techniques for the Evaluation and Monitoring of Patients With Chronic Liver Disease, MPRM #2.04.41. Last reviewed: December 2019.

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language, or employer's benefit plan if an ASO group, determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract/employer benefit plan language, the member's contract/employer benefit plan language takes precedence.

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Administrative and Contractual Guidance

Benefit Determination Guidance

NEHP/ABNE members may have different benefits for services listed in this policy. To confirm benefits, please contact the customer service department at the member's health plan.

Federal Employee Program (FEP): Members may have different benefits that apply. For further information please contact FEP customer service or refer to the FEP Service Benefit Plan Brochure. It is important to verify the member's benefits prior to providing the service to determine if benefits are available or if there is a specific exclusion in the member's benefit.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through an Administrative Services Only (ASO) group,

benefits may vary or not apply. To verify benefit information, please refer to the member’s employer benefit plan documents or contact the customer service department. Language in the employer benefit plan documents takes precedence over medical policy when there is a conflict.

Policy Implementation/Update information

03/2018	New Medical Policy. Input received from external providers. Policy statements to focus solely on radiologic techniques.
01/2019	2019 January Adaptive maintenance update effective 01/01/2019: Added Codes 76391, 76981, 76982 & 76983 effective 01/01/2019 the CAT III Code 0346T [Ultrasound, elastography (List separately in addition to code for primary procedure)] was deleted effective 01/01/2019.
10/2019	External feedback received. Clarifying language around transient elastography added. Added ICD-10-CM R94.5 code to coding table as medically necessary.
07/2020	Reviewed BCBSA MPRM 2.04.41, updated references, policy statement remains unchanged. Revised codes K83.01, K83.09.
10/2020	Adaptive Maintenance: Added codes K74.00, K74.01, K74.02 new codes effective 10/01/2020.

Eligible providers

Qualified healthcare professionals practicing within the scope of their license(s).

Approved by BCBSVT Medical Directors

Date Approved

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Chief Medical Officer

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Attachment I
CPT® Coding Table

The following codes are considered medically necessary when applicable criteria have been met.			
Code Type	Number	Brief Description	Policy Instructions
CPT®	91200	Liver elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report	
CPT®	76391	Magnetic resonance (eg, vibration) elastography	
CPT®	76981	Ultrasound, elastography; parenchyma (eg, organ)	
CPT®	76982	Ultrasound, elastography; first target lesion	
CPT®	+76983	Ultrasound, elastography; each additional target lesion (List separately in addition to code for primary procedure)	

Attachment II
ICD-10-CM Table

The following diagnoses codes are considered eligible when applicable criteria outlined in policy have been met.	
Code	Description
B16.0	Acute hepatitis B with delta-agent with hepatic coma
B16.1	Acute hepatitis B with delta-agent without hepatic coma
B16.2	Acute hepatitis B without delta-agent with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.10	Acute hepatitis C without hepatic coma
B17.11	Acute hepatitis C with hepatic coma
B17.2	Acute hepatitis E
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent

B18.2	Chronic viral hepatitis C
B18.8	Other chronic viral hepatitis
B18.9	Chronic viral hepatitis, unspecified
B19.0	Unspecified viral hepatitis with hepatic coma
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B19.20	Unspecified viral hepatitis C without hepatic coma
B19.21	Unspecified viral hepatitis C with hepatic coma
B19.9	Unspecified viral hepatitis without hepatic coma
K70.0	Alcoholic fatty liver
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K70.40	Alcoholic hepatic failure without coma
K70.41	Alcoholic hepatic failure with coma
K70.9	Alcoholic liver disease, unspecified
K71.0	Toxic liver disease with cholestasis
K71.10	Toxic liver disease with hepatic necrosis, without coma
K71.11	Toxic liver disease with chronic lobular hepatitis
K71.2	Toxic liver disease with acute hepatitis
K71.3	Toxic liver disease with chronic persistent hepatitis
K71.4	Toxic liver disease with chronic lobular hepatitis
K71.50	Toxic liver disease with fibrosis and cirrhosis of liver
K71.51	Toxic liver disease with chronic active hepatitis without ascites
K71.6	Toxic liver disease with hepatitis, not elsewhere classified
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K71.8	Acute and subacute hepatic failure without coma
K71.9	Toxic liver disease, unspecified
K72.00	Acute and subacute hepatic failure without coma
K72.01	Acute and subacute hepatic failure with coma
K72.10	Chronic hepatic failure without coma
K72.11	Chronic hepatic failure with coma
K72.90	Hepatic failure, unspecified without coma

K72.91	Hepatic failure, unspecified with coma
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, not elsewhere classified
K73.2	Chronic active hepatitis, not elsewhere classified
K73.8	Other chronic hepatitis, not elsewhere classified
K73.9	Chronic hepatitis, unspecified
K74.0	Hepatic fibrosis
K74.00	Hepatic fibrosis, unspecified
K74.01	Hepatic fibrosis, early fibrosis
K74.02	Hepatic fibrosis, advanced fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K75.0	Abscess of liver
K75.1	Phlebitis of portal vein
K75.2	Nonspecific reactive hepatitis
K75.3	Granulomatous hepatitis, not elsewhere classified
K75.4	Autoimmune hepatitis
K75.81	Nonalcoholic steatohepatitis (NASH)
K75.89	Other specified inflammatory liver diseases
K75.9	Inflammatory liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
K76.1	Chronic passive congestion of liver
K76.2	Central hemorrhagic necrosis of liver
K76.3	Infarction of liver
K76.4	Peliosis hepatis
K76.5	Hepatic veno-occlusive disease
K76.6	Portal hypertension
K76.7	Hepatorenal syndrome
K76.81	Hepatopulmonary syndrome
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified

K77	Liver disorders in diseases classified elsewhere
K83.01	Primary sclerosing cholangitis
K83.09	Other cholangitis
R94.5	Abnormal results of liver function studies