

	<b><i>Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease</i></b>	
	<b>Policy Number:</b> POL-PP-309 AHS – G2110	<b>Original Creation Date:</b> 7/1/2025
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	<b>Policy Status:</b> Active	<b>Next Review Date:</b> 10/1/2026

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

## Description/Application

Chronic liver disease (CLD) refers to a wide range of liver pathologies that include inflammation (chronic hepatitis), liver cirrhosis, and hepatocellular carcinoma.

Hepatic fibrosis is associated with a cycle of extracellular matrix deposition and degradation. Biomarkers of extracellular matrix turnover are used to directly assess fibrosis and, theoretically, to monitor progression or regression. These markers include several glycoproteins, members of the collagen family, collagenases and their inhibitors, and several cytokines involved in the fibrogenic process. The markers may be utilized individually, as well as in panel combinations.

## Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals with chronic hepatitis B (HBV) or chronic hepatitis C (HCV) viral infection, FibroSURE (i.e., HBV FibroSURE, HCV FibroSURE) ELF (RLFTM) or FibroTest testing once every 6 months **may be reimbursed**.

For individual's metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]), or alcoholic hepatitis, or to rule out compensated advanced chronic liver disease (cACLD) for individuals with an elevated liver stiffness measurement ELF (ELFTM) or FibroTest testing once every 6 months **may be reimbursed**.

For all situations, including for individuals with any of the conditions described above, the use of other multianalyte assays with algorithmic analysis (e.g., ASH FibroSURE®, LIVERFASStM, NASH FibroSURE®, OWLiver®) **may not be reimbursed**.

For individuals with liver disease not meeting the above criteria, the use of multianalyte assays with algorithmic analysis **may not be reimbursed**.

*The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.*

Except when included as a component of one of the multianalyte assays described above, the use of the following serum biomarkers in the diagnosis, prognosis, or monitoring of chronic liver disease **may not be reimbursed**:

- Signal-induced proliferation-associated 1 like 1 (SIPA1L1)
- microRNA (miRNA or miR) analysis, including but not limited to, the following:
  - microRNA-21 (miRNA-21 or miR-21)
  - miRNA-29a (miR-29a)
  - miRNA-122 (miR-122)
  - miRNA-221 (miR-221)
  - miRNA-222 (miR-222)
- Chitinase 3-like 1 (CHI3L1)
- Hyaluronic acid
- Type III procollagen (PCIII)

- Type IV collagen
- Laminin
- Plasma caspase-generated cytokeratin-18
- Micro-fibrillar associated glycoprotein 4 (MFAP4)

<b>Coding</b>	
<b>CPT</b>	<b>Code Description</b>
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years
81596	Infectious disease, chronic hepatitis c virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utilizing serum, prognostic algorithm reported as scores for fibrosis and necroinflammatory activity in liver Proprietary test: HCV FibroSURE™, FibroTest™ Laboratory/Manufacturer: BioPredictive S.A.S
81599	Unlisted multianalyte assay with algorithmic analysis
84999	Unlisted chemistry procedure
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and alcoholic steatohepatitis (ASH) Proprietary test: ASH FibroSURE™ Laboratory/Manufacturer: BioPredictive S.A.S
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing serum, prognostic algorithm reported as quantitative scores for fibrosis, steatosis and nonalcoholic steatohepatitis (NASH) Proprietary test: NASH FibroSURE™ Laboratory/Manufacturer: BioPredictive S.A.S
0166U	Liver disease, 10 biochemical assays (α2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric and demographic data, utilizing serum, algorithm reported as scores for fibrosis, necroinflammatory activity, and steatosis with a summary interpretation Proprietary test: LiverFASt™ Lab/Manufacturer: Fibronostics
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum, reported as at-risk for nonalcoholic steatohepatitis (NASH) or not NASH Proprietary test: OWLiver® Lab/Manufacturer: CIMA Sciences, LLC
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis Proprietary test: NASHnext™ (NIS4™)

Lab/Manufacturer: LabCorp

**References and Resources**

Avalon Medical Policy AHS – G2110 – Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease

**Related Documents**

Avalon Medical Policy AHS- G2036 Hepatitis Testing

Avalon Medical Policy AHS -G2124 Serum Tumor Markers for Malignancies

Avalon Medical Policy AHS – G2173 Gamma-glutamyl Transferase Testing in Adults

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	07/01/2025	Initial version
002	10/01/2025	Avalon 4 <sup>th</sup> Quarter updates