

## The Department of Vermont Health Access Medical Policy

**Subject:** Vibration-Controlled Transient Elastography (FibroScan)

**Last Review:** December 30, 2015

**Revision 3:**

**Revision 2:**

**Revision 1:**

**Original Effective:** December 30, 2015

### Description of Service or Procedure

Vibration-Controlled Transient Elastography (FibroScan) is a non-invasive device that assesses the stiffness of the liver via the technique of vibration-controlled transient elastography. It measures the velocity of the shear wave generated on the skin. It is used to estimate the degree of liver scarring present. It is very useful in assessment of patients with liver disease, including chronic hepatitis C (HCV), and chronic hepatitis B (HBV). It does not stage fibrosis but rather stratifies risk and correlates very well with fibrosis. The primary benefit of this procedure is the exclusion or inclusion of advanced fibrosis and cirrhosis. In some circumstances it may replace the need for an invasive biopsy of the liver. The scan accesses a larger volume of hepatic parenchyma versus a biopsy. It is non-invasive and sedation is not required. It was FDA approved in 2013 and has not shown to have any side effects. Test time is less than 10 minutes. This test allows the physician to make care plans immediately because they do not need to wait for test results as they would with a biopsy.

### Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

### Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>



## **Coverage Position**

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FibroScan may be covered for beneficiaries:

- When the FibroScan is prescribed by a licensed medical provider, enrolled in the Vermont Medicaid program, operating within their scope of practice in accordance with Vermont State Practice Act, who is knowledgeable in the use of Fibroscan and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.

## **Coverage Guidelines**

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FibroScan may be covered for beneficiaries who have a diagnosis of HCV, HBV, viral hepatitis, and non-alcoholic fatty liver disease (NAFLD) when the following criteria are met:

1. A trained operator is performing the test.
2. Provider knows the members ALT.
3. Provider knows the members alkaline phosphatase.
4. An XL probe will be used when the member's with BMI  $\geq 30$ .
5. Member has fasted 3 hours before test.
6. Alcohol status of member has been determined.
7. Member has been examine for right heart failure
8. Will be performed in conjunction with an assessment of serologic markers of fibrosis

Consideration that may affect test results:

1. Test result accuracy improved when the provider has experience completed over 100 exams
2. Increased ALT- inflammation with levels above 100 IU/L
3. Alkaline phosphatase - cholestasis is known to increase stiffness of the liver
4. Congestion from right heart failure may increase liver stiffness
5. Non-fasting
6. Current alcohol status
7. Asities
8. Large amounts of chest wall fat
9. Morbid obesity (BMI>30)
10. Narrow intercostal margins

## **Clinical guidelines for repeat service or procedure**

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Transient Elastography should not be performed more than every six months and is limited to two per year. It should not be performed within 6 months following a liver biopsy

## **Type of service or procedure covered**

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Transient Elastography

## References

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