GUIDELINES
This policy does not certify benefits or authorization of benefits, which is designated by each individual policyholder contract. Paramount applies coding edits to all medical claims through coding logic software to evaluate the accuracy and adherence to accepted national standards. This guideline is solely for explaining correct procedure reporting and does not imply coverage and reimbursement.

DESCRIPTION
Approximately 3.2 million people in the United States have chronic hepatitis C virus (HCV) infections, which puts them at risk for hepatic fibrosis, development of cirrhosis, a need for liver transplantation, and possible death due to cirrhosis or liver cancer. Ultrasound transient elastography (TE) involves the ultrasonographic analysis of wave propagation and tissue deformation in patients suspected of or known to have chronic liver disease. TE is based on the principle that fibrosis changes the elasticity and viscosity of tissue. By assessing the propagation of acoustic waves through liver tissue, the extent of fibrosis can be measured. Monitoring of the tissue compression and decompression with ultrasonography enables calculation of liver stiffness.

POLICY
Transient elastography (91200) does not require prior authorization.

Procedure 0346T is non-covered.

HMO, PPO, Individual Marketplace, Elite, Advantage
Paramount considers transient elastography (e.g., FibroScan) medically necessary to detect cirrhosis in adults who have chronic hepatitis C virus infection and BMI < 30 kilograms per square meter (kg/m²).

Performance of transient elastography more than twice per year is considered not medically necessary. Performance of transient elastography within six months following a liver biopsy is considered not medically necessary.

Transient elastography is considered experimental and investigational for all other indications.

Procedure 0346T is non-covered.

CODING/BILLING INFORMATION
The appearance of a code in this section does not necessarily indicate coverage. Codes that are covered may have selection criteria that must be met. Payment for supplies may be included in payment for other services rendered.

<table>
<thead>
<tr>
<th>CPT CODES</th>
<th>Description</th>
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<tr>
<td>91200 \ Liver Elastography, mechanically induced shear wave (eg, vibration), without imaging, with interpretation and report.</td>
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<tr>
<td>0346T Ultrasound, elastography</td>
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TAWG REVIEW DATES: 10/24/2014, 08/20/2015

REVISION HISTORY EXPLANATION
10/24/14: Policy created to reflect most current clinical evidence per TAWG.
12/02/14: Added new 2015 CPT code 91200.
07/09/15: Changed title from Elastography to Ultrasound Transient Elastography. Transient elastography is now covered.
08/20/15: Transient elastography (91200) will no longer require prior authorization. Procedure 0346T is non-covered. Policy reviewed and updated to reflect most current clinical evidence per TAWG.

REFERENCES/RESOURCES
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Ohio Department of Medicaid http://ifs.ohio.gov/
American Medical Association, Current Procedural Terminology (CPT®) and associated publications and services
Centers for Medicare and Medicaid Services, Healthcare Common Procedure Coding System, HCPCS Release and Code Sets