Medica Coverage Policy

Policy Name:	**Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease**
Effective Date:	**4/19/2023**

Important Information – Please Read Before Using This Policy

These services may or may not be covered by all Medica plans. Coverage is subject to requirements in applicable federal or state laws. Please refer to the member's plan document for other specific coverage information. If there is a difference between this general information and the member's plan document, the member's plan document will be used to determine coverage. With respect to Medicare, Medicaid, and other government programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica coverage policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

Coverage Policy

The Hepatitis C Virus (HCV) FibroSure® and FibroTest/ActiTest panels are **COVERED** for assessment of liver fibrosis and/or necroinflammatory activity in individuals with Hepatitis C virus (HCV).

The Hepatitis C Virus (HCV) FibroSure® and FibroTest/ActiTest panels ***are investigative*** for assessment of liver fibrosis and/or necroinflammatory activity in individuals with any other type of Hepatitis (i.e., A, B, D, E).

All other biochemical biomarker panels for assessing hepatitis-associated liver disease (e.g., FibroSpect, FibroMeter™) are investigative and unproven, and therefore **NOT COVERED**. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related coverage policy, *Genetic Testing: Gastroenterologic Disorders (Non-Cancerous)*, for biochemical biomarker panel use in management of non-hepatitis associated non-cancerous liver disease.

Description

Liver biopsy has long been the gold standard in liver disease assessment for individuals with hepatitis C, hepatitis B, alcoholic liver disease, and non-alcoholic fatty liver disease. Recently, a variety of serologic marker tests have been developed to predict the degree of fibrosis in the liver and panels have been developed that combine assays of multiple biochemical markers that are purported to improve predictive ability. The most studied panels are the aspartate aminotransferase (AST) to platelet ratio (APRI), FibroTest/FibroSure/ActiTest, Hepascore, and FibroSpect. In addition to detecting significant fibrosis at a given point in time, the panels are suggested for monitoring changes in fibrosis over time.

Fibrotest (aka, FibroSure, ActiTest) is an example of an indirect biomarker assay that uses the results of six blood serum tests along with age and sex to generate two scores that are correlated with the degree of liver damage in people with a variety of liver diseases. One test, HCV (Hepatitis C virus) FibroSURE, uses a combination of six serum markers of liver function in a patented algorithm to generate a measure of fibrosis and necroinflammatory

activity in the liver. The six biomarkers tested are: (1) Gamma-glutamyl transferase, (2) total bilirubin, (3) alpha-2-macrogolbulin, (4) apoliprotein A1, (5) haptoglobin, and (6) alanine aminotransferase (ALT).
FibroSpect is an example of a direct biomarker assay. It is suggested for use in differentiating no-to-mild liver fibrosis from moderate-to-severe liver fibrosis in patients with hepatitis C, and is intended to help reduce the number of liver biopsies required. The test analyzes three different proteins found in blood: (1) the tissue inhibitor of metalloproteinase-1, (2) alpha-2 macroglobulin, and (3) hyaluronic acid.

FDA Approval
Genetic tests are regulated under the Clinical Laboratory Improvement Amendments (CLIA) Act of 1988. Premarket approval from the FDA is not required as long as the assay is performed in a CLIA-certified laboratory facility that developed the test and the test is not marketing for clinical use. Examples of proprietary biochemical marker panels for detection and monitoring liver disease in the U.S. include, but are not limited to:

1. Hepatitis C Virus (HCV) FibroSure® (LabCorp)
2. FibroTest/ActiTest (HCV) (Quest Diagnostics)
3. NASH FibroSure® (LabCorp)
4. ASH FibroSure® (LabCorp)
5. FIBRO*Spect*® HCV (Promethus Laboratories)
6. FIBRO*Spect*® NASH (Promethus Laboratories)

Other tests include, but are not limited to: aspartate aminotransferase (AST) to platelet ratio (APRI), FibroMAX, HepaScore, and plasma cytokeratin-18.

Prior Authorization
Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes

- **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

Original Effective Date:	2/17/2020
Re-Review Date(s):	4/19/2023