

## **Hepatic Fibrosis Testing for Chronic Liver Disease Policy, Professional and Facility**

### **IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

*You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy may use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

*This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.*

*This information is intended to serve only as a general reference resource regarding UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, the enrollee's benefit coverage documents and/or other reimbursement, medical or drug policies. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy due to programming or other constraints; however, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy strives to minimize these variations.*

*UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.*

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### **Application**

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized and percent of charge contract physicians, other qualified health care professionals or facilities.

#### **United Healthcare Commercial**

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

#### **UnitedHealthcare Individual Exchange**

This Reimbursement Policy applies to all Individual Exchange benefit plans.

**Policy**
**Overview**

This policy describes the reimbursement methodology for serum testing for hepatic fibrosis subject to frequency limitations. Certain services are also not separately reimbursable.

**Reimbursement Guidelines**
**Reimbursable**

UnitedHealthcare will consider reimbursement of the following multianalyte assay testing procedure code(s) Once every six months to distinguish hepatic cirrhosis from non-cirrhosis for individuals with any of the conditions listed below:

**Procedure Code(s)**

81517	81596				
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**Condition(s)**

- a. Hepatitis B
- b. Hepatitis C
- c. Metabolic dysfunction-associated steatotic liver disease (MASLD) (including metabolic dysfunction-associated steatohepatitis [MASH]).
- d. Alcoholic hepatitis.

**Non-Reimbursable**

UnitedHealthcare will not consider separate reimbursement of the following multianalyte assay procedure codes:

**Procedure Code(s)**

0002M	0003M	0166U	0344U	0468U	
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**Definitions**
**Once every six months**

One unit every 180 calendar days

**Questions and Answers**

<b>1</b>	<p><b>Q:</b> Is the frequency limitation based on individual provider per member?</p> <p><b>A:</b> The frequency limitation is applicable regardless of billing and/or rendering provider (any individual provider OR any facility) for each individual member for the same date of service.</p>
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**Resources**

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services



Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)

**History**

<b>9/1/2026</b>	Policy implemented by UnitedHealthcare Employer & Individual and Individual Family Plan (IFP) Exchange
<b>6/1/2026</b>	Policy published