

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

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

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies 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 UB04 forms (CMS 1450) and to those billed on CMS 1500 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage 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 facility 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 Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

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*\*\* For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.*

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## Application

This reimbursement policy applies to all Medicare Advantage products and for network provider services reported using the UB04 and CMS 1500 form or its electronic equivalent or its successor form.

## 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

<b>Once every six months</b>	One unit every 180 calendar days
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## Questions and Answers

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| <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>	New Policy
<b>6/1/2026</b>	Policy published