

Medical Policy

Policy:	201935	Effective Date:	02/10/2026
SUBJECT:	Ultrasound transient elastography	Annual Review Date:	01/07/2026
		Last Revised Date:	01/07/2026

Definition: Hepatic fibrosis can occur when there is prolonged inflammation and progressive scarring of the liver, which leads to accumulation of fibrotic connective tissue. This happens with chronic liver disease, which can be triggered by many factors, including hepatitis C virus infection. Hepatic fibrosis is traditionally assessed by analyzing liver biopsies, but the process of obtaining tissue samples is invasive and carries risk for potentially significant complications. Biopsy analysis may also over- or underestimate the severity of fibrosis as the analysis relies on only a small sample of tissue.

Ultrasound elastography represents a noninvasive method of assessing the stiffness of soft tissues or lesions. The relative stiffness of tissues or lesions may provide diagnostic information about disease state. Ultrasound transient elastography (TE) represents a noninvasive method of assessing hepatic fibrosis. In vibration-controlled TE (VCTE), a low-frequency vibration is applied to the right side of the body, which produces an elastic shear wave that is propagated through the liver. The velocity of this shear wave is then measured using ultrasound. Liver stiffness is proportional to the velocity of the shear wave, and so can be calculated from these measurements. Stiffness is measured in units of kilopascals. Typically, a minimum of 10 sites in the liver are examined.

Medical Necessity:

Ultrasound TE: The Company considers ultrasound TE (e.g., FibroScan VCTE) (CPT Code 76981 or 91200) medically necessary and eligible for reimbursement providing that *all* of the following medical criteria are met:

- *At least one* of the following:
 - TE is used for initial diagnosis and staging of hepatic fibrosis, or for distinguishing hepatic cirrhosis from non-cirrhosis, in a member with hepatitis B, hepatitis C, chronic alcoholic liver diseases, or other chronic liver disease, including but not limited to, hereditary hemochromatosis, non-alcoholic fatty liver disease [NAFLD], now known as metabolic dysfunction-associated steatotic liver disease [MASLD], or non-alcoholic steatohepatitis [NASH], now known as metabolic dysfunction-associated steatohepatitis [MASH]; or
 - TE is used for follow-up assessment in a member with a FIB-4 test result that is inconclusive or greater than or equal to 1.3; or
 - TE is used prior to the use of liver-directed hemophilia gene therapy.

AND

- TE is not conducted more than twice per year; and
- TE is not conducted less than 6 months following a liver biopsy.

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NOTE: The Company considers TE investigational and experimental for all indications other than those listed above, including but not limited to assessment of tissue or lesions outside of the liver (e.g., breast). The above criteria apply to *ultrasound, elastography; parenchyma (eg, organ) (CPT Code 76981)* only when it is determined to be TE.

The Company considers other ultrasound elastography techniques such as real-time tissue elastography (**CPT Codes 76981[†], 76982, 76983**) to be investigational and experimental for all indications, including but not limited to assessment of tissue or lesions outside of the liver (e.g., breast).

[†]When determined to be ultrasound elastography techniques other than ultrasound TE.

Please note:

- Magnetic resonance elastography (MRE) is not addressed in this corporate medical policy. Prior authorization requests for MRE are managed by Cohere Health. Always check the Cohere Health guidelines for up-to-date medical criteria for MRE at <https://payerinfo.zendesk.com/hc/en-us/articles/20944358235159-Cohere-Guidelines-All-Specialties>.
- For information regarding serum testing for hepatic fibrosis, please see Laboratory Management Policy G2110, Serum Testing for Hepatic Fibrosis in the Evaluation and Monitoring of Chronic Liver Disease

Documentation Requirements:

The Company reserves the right to request additional documentation as part of its coverage determination process. The Company may deny reimbursement when it has determined that the services performed were not medically necessary, investigational or experimental, not within the scope of benefits afforded to the member, and/or a pattern of billing or other practice has been found to be either inappropriate or excessive. Additional documentation supporting medical necessity for the services provided must be made available upon request to the Company. Documentation requested may include patient records, test results, and/or credentials of the provider ordering or performing a service. The Company also reserves the right to modify, revise, change, apply, and interpret this policy at its sole discretion, and the exercise of this discretion shall be final and binding.

NOTE: After reviewing the relevant documentation, the Company reserves the right to apply this policy to the service, or procedure, supply, product, or accommodation performed or furnished regardless of how the service, or procedure, supply, product, or accommodation was coded by the Provider.

Approval or clearance by the U.S. Food and Drug Administration alone is not a basis for coverage.

Coverage may differ for Medicare Advantage plan members; please see any applicable national and/or local coverage determinations for details. This information may be available at the Centers for Medicare & Medicaid Services (CMS) website.

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Sources of Information:

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 - ACR Practice Parameter For The Performance Of A Diagnostic Breast Ultrasound Examination. (2021). Available at: <https://gravitas.acr.org/PPTS/GetDocumentView?docId=124>. Accessed December 31, 2025.
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 - *Acoustic Radiation Force Impulse (ARFI) Elastography For Detecting Hepatic Fibrosis In Patients With Hepatitis C*. (April 25, 2019). Annual review April 8, 2022.
 - *Magnetic Resonance Elastography for Detecting and Staging Liver Fibrosis*. (June 19, 2020). Annual review June 15, 2023.
 - *Magnetic Resonance Elastography for Prognosis of Liver Disease Progression*. (April 8, 2020). Annual review May 10, 2023.
 - *Ultrasound Transient Elastography For Detecting Hepatic Fibrosis in Patients with Hepatitis C*. (March 27, 2019). Annual review March 10, 2022.
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Applicable Code(s):	
CPT:	76391, 76981, 76982, 76983, 91200
HCPCS:	N/A
ICD10 Procedure Codes:	N/A

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