

Elastography (MRI)

See also	1. Magnetic Resonance Elastography (MRE)				
Description	<p>Elastography is a non-invasive method for measuring stiffness or elasticity of organs and other structures in the body. Elastography uses low frequency vibrations during an ultrasound or MRI to measure organ stiffness (or elasticity).</p> <p>Important: This A-Z is for Elastography using an MRI. For Elastography using an ultrasound, see Elastography (Non-MRI).</p>				
See also	<p>Similar, related, or easily confused documents.</p> <ul style="list-style-type: none">• Biochemical Biomarker Panels for Assessing Liver Disease - Biochemical biomarker panels are laboratory blood test panels intended to predict the degree of fibrosis in the liver.• Elastography (Non-MRI) – Elastography is a non-invasive method for measuring stiffness or elasticity of organs and other structures in the body. This is for Elastography using an ultrasound.				
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">• Commercial• Government Programs• Individual and Family Business (IFB)				
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.2.24</td><td>New document.</td></tr></table>	Date	Description	5.2.24	New document.
Date	Description				
5.2.24	New document.				

Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Quote X-ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.
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After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Medica is the only payer.						
Cost (Prime)	<p>Quote outpatient diagnostic tests and therapeutic services and supplies.</p> <ul style="list-style-type: none">• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Does NOT require prior authorization (PA) through Medica.• Follows Medicare guidelines.						
Med Advantage	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.
DOS	Coverage						
Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.						
After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.• Follows Medicare guidelines.• Medica is the only payer.						

Continued on next page

Government Programs, Continued

Med Supp
(Select,
Signature)

- Quote X-ray/imaging benefits.
- **Contrast:** A contrast material injection may be required. If billed, covered under the same benefits.
 - Follows Medicare guidelines.
 - Medicare supplement.
 - Medicare is the primary payer.

Medicaid

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">– Important: Check policy for limits or exclusions.• If eligible, quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.
After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

Document
history

The document history for the past 12 months is outlined below.

Date	Description
5.2.24	New document.

Individual and Family Business (IFB)

Introduction This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.

Dean (DHP, Medica formerly WellFirst, Prevea360)	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 10.1.24	<ul style="list-style-type: none">Medical Policy, <i>Elastography (MP9562)</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Covered indications are listed under <i>Coverage Criteria</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

	Coverage depends on the date of service.	
	DOS	Coverage
	After 10.1.24	<ul style="list-style-type: none">Requires prior authorization.See Radiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

Medica	Coverage depends on the date of service.	
	DOS	Coverage
	Prior to 5.1.24	<ul style="list-style-type: none">Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.Covered indications are listed under <i>Coverage Policy</i>.<ul style="list-style-type: none">Important: Check policy for limits or exclusions.If eligible, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

	Coverage depends on the date of service.	
	DOS	Coverage
	After 5.1.24	<ul style="list-style-type: none">Requires prior authorization.See Radiology Prior Authorizations for details.<ul style="list-style-type: none">Some providers and POS are excluded from PA.If approved, quote MRI, CT, PET scan benefits. If section doesn’t exist, quote X-Ray/imaging benefits. Include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.

Document history	The document history for the past 12 months is outlined below.	
	Date	Description
	8.9.24	Dean (DHP, Medica formerly WellFirst, Prevea360) – Updated Carelon effective date.

	The document history for the past 12 months is outlined below.	
	Date	Description
	5.2.24	New document.