

Elastography (Non-MRI)

Also known as	<p>Important: Below are EXAMPLES of available tests. This does NOT mean they are covered. Review the member’s plan and applicable coverage policies.</p> <ol style="list-style-type: none">1. FibroScan2. Ultrasound transient elastography (TE)3. Acoustic radiation force impulse imaging (ARFI)4. Two-dimensional shear wave elastography (SWE)5. Vibration-controlled transient elastography (VCTE)				
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). Ultrasound elastography is also known as vibration-controlled transient elastography (VCTE) or ultrasound transient elastography (TE).</p> <p>Important: This A-Z is for Elastography using an ultrasound. For Elastography using an MRI, see Elastography (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 (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 MRI.				
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>Refreshed due to age. Updated to new template. Updated for Medica and Mayo policy changes.</td></tr></table>	Date	Description	5.2.24	Refreshed due to age. Updated to new template. Updated for Medica and Mayo policy changes.
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Commercial

Introduction This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).

Dean (DHP, Prevea360) Medical Policy, *Elastography (MP9562)*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Covered indications are listed under *Coverage Criteria*.
 - **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.

Mayo Medical Plan (MMP)

Coverage depends on the provider.

Provider	Coverage
Mayo provider	<ul style="list-style-type: none">• Quote X-Ray/imaging benefits. Include facility benefits.• Contrast: A contrast material injection may be required. If billed, covered under the same benefits.
Non-Mayo provider	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>Elastography – Mayo Medical Plan Only</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.

Medica (including MHPS) Medica’s Coverage Policy, *Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)*, applies.

Tip: For instructions on locating policies, see [Coverage and Prior Authorization Guidelines](#).

- Covered indications are listed under *Coverage Policy*.
 - **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.

Document history

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

Date	Description
5.2.24	<i>Mayo Medical Plan (MMP)</i> – Updated for Mayo policy change.
5.2.24	Refreshed due to age. Updated to new template. Updated for Medica policy change.

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>Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• 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.				
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>Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• 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.				
Med Supp (Select, Signature)	<p>Quote X-ray/imaging benefits.</p> <ul style="list-style-type: none">• 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	<p>Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• 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.				
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Individual and Family Business (IFB)

Introduction	<p>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.</p>				
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Medical Policy, <i>Elastography (MP9562)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">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 X-Ray/imaging benefits. Include facility benefits.Contrast: A contrast material injection may be required. If billed, covered under the same benefits.				
Medica	<p>Medica’s Coverage Policy, <i>Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging, Shear Wave Elastography)</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">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.				
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