

Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease

Also known as **Important:** Below are EXAMPLES of available tests. This does NOT mean they are covered. Review the member’s plan and applicable coverage policy.

- FIBROSpect® HCV
- FibroTest/ActiTest (HCV)
- Hepatitis C Virus (HCV) FibroSure®

Description Biochemical biomarker panels are laboratory blood test panels intended to predict the degree of fibrosis in the liver. They have been proposed to assess and/or monitor individuals with hepatitis associated liver disease.

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

Date	Description
8.10.24	Refreshed due to age.

Commercial

Introduction	<p>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).</p>				
Dean (DHP, Prevea360)	<p>Medical Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease (MP9674)</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 laboratory benefits. When done in a facility, also quote facility benefits.• For investigative indications, not covered.				
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 laboratory benefits. When done in a facility, also quote facility benefits• For investigative indications, not covered.				
Medica (including MHPS)	<p>Medica’s Coverage Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 laboratory benefits. When done in a facility, also quote facility benefits• For investigative indications, not covered.				
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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 diagnostic services.• 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>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 outpatient diagnostic tests and therapeutic services and supplies.• For investigative indications, not covered.• Medica is the only payer.				
Cost (Prime)	<p>Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 outpatient diagnostic tests and therapeutic services and supplies.• For investigative indications, not covered.• Follows Medicare guidelines.				
Med Advantage	<p>Medica’s Coverage Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 outpatient diagnostic tests and therapeutic services and supplies.• For investigative indications, not covered.• Follows Medicare guidelines.• Medica is the only payer.				
Med Supp (Select, Signature)	<p>Quote laboratory benefits.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.				
Medicaid	<p>Medica’s Coverage Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 diagnostic services. When done in a facility, also quote facility benefits.• For investigative indications, not covered.				
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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>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease (MP9674)</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 laboratory benefits. When done in a facility, also quote facility benefits.For investigative indications, not covered.				
Medica	<p>Medica’s Coverage Policy, <i>Biochemical Biomarker Panels for Assessing Hepatitis-Associated Liver Disease</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 laboratory benefits. When done in a facility, also quote facility benefits.For investigative indications, not covered.				
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