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**DEFINITIONS:** Liver biopsy is the sampling of liver tissue, either by needle or wedge resection, percutaneously, endoscopically, or via open biopsy at time of surgery for the purpose of examining the tissue microscopically in cases of suspected pathology where other methods have not provided the diagnosis or extent of disease.

**INDICATIONS:** The America Association for the Study of Liver Disease states that “liver biopsy currently has three major roles: (1) for diagnosis, (2) for assessment of prognosis (disease staging), and/or (3) to assist in making therapeutic management decisions”[^1] and they suggest the following as indications for liver biopsy:

- **Diagnosis**
  - Multiple parenchymal liver diseases (Hepatitis B and C, Hemochromatosis, Wilson Disease, Alpha 1 Antitrypsin Disease, Autoimmune Hepatitis, Primary Biliary Cirrhosis, Primary Sclerosing Cholangitis, Alcohol Induced Liver Disease, Non-Alcoholic Fatty Liver Disease/Non-Alcoholic Steatohepatitis, Hepatocellular Carcinoma, Focal Lesions, Infiltrative Diseases, Drug-Induced Liver Injury, Acute Liver Failure, Post-Orthotopic Liver Transplantation)
  - Abnormal liver tests of unknown etiology
  - Fever of unknown origin
  - Focal or diffuse abnormalities on imaging studies

- **Prognosis-staging of known parenchymal liver disease**

- **Development of treatment plans based on histologic analysis**[^1]

The presence of non-alcoholic fatty liver disease, defined by evidence of hepatic steatosis seen on imaging or on biopsy with no other causes for secondary hepatic fat accumulation, in patients with the metabolic syndrome, liver biopsy is medically indicated.

**NOT INDICATED:** Recent guidelines developed jointly by the American Gastroenterological Association, American Association for the Study of Liver Diseases, and American College of Gastroenterology state: “In patients with unsuspected hepatic steatosis detected on imaging

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who are asymptomatic and have normal liver biochemistries, a liver biopsy cannot be recommended."

**CONTRAINDICATIONS AND RELATIVE CONTRAINDICATIONS:**

**Contraindications:** inability of patient to cooperate with the procedure; significant coagulopathy or thrombocytopenia (unless corrected prior to the liver biopsy); NSAID use (including aspirin) within the last 7-10 days; patient refusal to accept blood transfusion or inability to provide blood transfusion support; suspected hemangioma, vascular tumor, or echinococcal cyst; inability to identify an adequate biopsy sited by percussion and/or ultrasound; dilated biliary tree.

**Relative Contraindications:** morbid obesity; ascites; hemophilia; infection within the right pleural cavity; infection below right hemidiaphragm; amyloidosis.

**POLICY:** Liver biopsy will only be covered for the above indications. Routine liver biopsy at time of surgery, open or laparoscopic, is considered to be outside the standard of care unless the patient has abnormal liver chemistries AND the appearance of steatosis on imaging or visually at the time of surgery. Written documentation must support the medical necessity for liver biopsy.

**PROCESS:**

The member or provider must:

1. Contact the Customer Service Department to verify eligibility/benefits.
2. Contact Medical Management to initiate a pre-authorization.
3. Provide clinical information which supports the medical necessity of the requested service.

**CPT, HCPCS CODES:** (see next page)

**CPT Codes:** 47000, 47001, 47100, 47531, 47561, 47700, 49321

(Note the codes below are not all-inclusive and MHealth does follow Medicare Guidelines).

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2 “The Diagnosis and Management of Non-alcoholic Fatty Liver Disease: Practice Guideline by the American Gastroenterological Association, American Association for the Study of Liver Diseases, and American College of Gastroenterology,” GASTROENTEROLOGY 2012; 142: 1592–1609; Chalasani et al.