

FibroScan® Coverage Alert

2026 FibroScan® Payer Coverage Update

Medical Policy Update: BlueCross BlueShield of Tennessee Updates FibroScan® Medical Policy Confirming LSM by VCTE® as the Only Covered Point-of-Care Option for Providers

Below is a description of the most recent update:

BlueCross BlueShield of Tennessee



BCBS Tennessee is the largest commercial/government payer in Tennessee covering approximately 2.4 million people through Employer (insured/self-funded), Individual, and Medicare/Medicaid Managed Care plans.

Effective July 31, 2026, BCBSTN updated its medical policy for Noninvasive Imaging Techniques for Evaluation and Monitoring of Chronic Liver Disease confirming FibroScan® and Magnetic Resonance Elastography (MRE) as the only medical necessary options to evaluate and monitor individuals with chronic liver diseases.

Medical Policy Statements:

- Transient elastography imaging (i.e., FibroScan®) when used to evaluate and/or monitor individuals with chronic liver disease is considered **medically necessary**.
- Magnetic resonance elastography is considered **medically necessary** if the medical appropriateness criteria are met. **(See Medical Appropriateness below)**
- Transient elastography imaging (i.e., FibroScan®) when used to evaluate and/or monitor individuals with focal liver disease is considered **investigational**.
- **All other noninvasive imaging that maps the elastic properties of soft tissue to evaluate and/or monitor individuals with chronic liver disease are considered investigational.**
- **BCBSTN added the following information to its Additional Information section:**
The evidence base is limited for noninvasive methods of liver fibrosis management beyond transient elastography and magnetic resonance elastography. **Furthermore, evidence is insufficient to support alternative transient elastography techniques, such as ViTE (e.g., Hepatus®) or MAP (e.g., Liverscan C) at this time. The clinical impact of these technologies on health outcomes has not be established.**

Medical Appropriateness Criteria for MRE:

- MRE is considered medically appropriate if:
 - Patient has a BMI of 30 or greater
 - VCTE is unavailable, contraindicated, or results are indeterminate

Why is this Important?

Effective 7/31/2026 the only non-invasive elastography techniques covered by BCBSTN are FibroScan® and MRE. LSM by VCTE® is only available with FibroScan®. **BCBSTN considers the Mindray Hepatus device and the HISKY Liverscan C device to have insufficient evidence for coverage.** Billing for a non-covered device because it utilizes the same CPT code as covered techniques is a considered billing fraud. FibroScan® is billed with CPT 76981. The American College of Radiology states imaging/image-guidance is required, with interpretation of the images, and does not state B-mode is required.