

Hepatic (Liver) Function Panel

CPT: 80076

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive
ICD Codes are listed
on subsequent page(s)
of this document.

Coverage Indications, Limitations, and/or Medical Necessity

Hepatic (liver) function can be measured in terms of serum enzyme activity such as alkaline phosphatase, transaminases, lactic dehydrogenase and serum concentrations of proteins, bilirubin, ammonia, clotting factors and lipids. Several of these tests may be helpful for the assessment and management of individuals with hepatic (liver) disease or injury and for monitoring the effects of medications and toxic material on liver function.

The hepatic (liver) function panel consists of Albumin, serum; Bilirubin, total; Bilirubin, direct; alkaline phosphatase; transferase, alanine amino (ALT) (SGPT), transferase, aspartate amino (ALT) (SGOT); and protein, total.

Indications

A hepatic function panel will be considered medically necessary when performed for the following clinically indicated conditions:

- Signs and symptoms of liver disease (e.g., jaundice, nausea accompanied with vomiting and/or weight loss, bright yellow urine, grey or pale colored stools, change of sleep patterns, vomiting of blood or the passing of blood in the stools, tiredness or loss of stamina, abdominal swelling caused by: an enlarged liver or an enlarged spleen or excess fluid in the abdomen [ascities], pain associated with the abdomen, increased water consumption and urination, progressive depression or lethargy);
- Hematologic disturbances which are commonly associated with liver disease (e.g., coagulation disorders, anemia, thrombocytopenia);
- History of exposure to environmental toxins which may result in hepatotoxicity;
- Patients under treatment with medications suspected or known to produce hepatotoxic effects. Commonly, instructions for use of such medications include manufacturer recommendations that frequent monitoring of liver function be performed while under treatment;
- An abnormal value of any of the components of the panel; and/or
- A history of exposure to hepatitis.

Limitations

- Tests performed during annual physical examinations or other routine screening situations without signs, symptoms or illnesses which indicate medical necessity will result in denial as a non-covered benefit.
- Payment is made only for those tests in an automated profile that meet coverage rules. Where only some of the tests in a profile of tests are covered, payment cannot exceed the amount that would have paid if only the covered tests had been ordered.

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov ►

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

Code	Description
B18.1	Chronic viral hepatitis B without delta-agent
B18.2	Chronic viral hepatitis C
D69.6	Thrombocytopenia, unspecified
K74.60	Unspecified cirrhosis of liver
K75.4	Autoimmune hepatitis
K76.0	Fatty (change of) liver, not elsewhere classified
K76.89	Other specified diseases of liver
K76.9	Liver disease, unspecified
R10.11	Right upper quadrant pain
R10.13	Epigastric pain
R17	Unspecified jaundice
R53.1	Weakness
R53.83	Other fatigue
R74.8	Abnormal levels of other serum enzymes
R94.5	Abnormal results of liver function studies
Z09	Encounter for follow-up examination after completed treatment for conditions other than malignant neoplasm
Z51.11	Encounter for antineoplastic chemotherapy
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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