Dear Patient,

Thank you for scheduling your Fibro Scan testing at Massachusetts General Hospital, located in the Gastroenterology Division, in the Blake Building, 4th Floor.

We ask that you review the enclosed information to answer any questions you may have.

Currently, some insurance companies do not reimburse the cost of this test. We will submit the bill to your insurance, and will work with the company to try to get this covered. However, if our attempts are not successful, and your insurance denies the claim, you will be responsible for the $143.00 cost of the test.

We encourage you to follow up with your insurance to check and see if the scan is a covered service under your plan. Here is the information the insurance company may request:

   FIBRO SCAN  
   CPT Code 91200  
   Diagnosis Code K76.9

At the time of the service, you will need to sign a waiver. A copy of the waiver is included in this packet for your reference.

Payment may be made by Credit/Debit Card or Check, made out to MGPO.

We look forward to seeing you for your Fibro Scan.

Thank you!

GI Associates
Having a Fibroscan

This information sheet has been given to you to explain what a Fibroscan involves and why it is being recommended for you. If you have any questions or concerns, please do not hesitate to speak with the doctor caring for you.

What is a Fibroscan and why do I need it?

A Fibroscan is a type of ultrasound that can measure the degree of scarring in your liver. It is a simple, painless test that uses high frequency sound waves.

Your doctor recommended that you have this test to help us understand the condition of your liver.

What are the benefits of this scan?

A Fibroscan is a quick, painless test that gives immediate results. It does not have any potential complications or risks and is non-invasive, which means that it does not break the skin or enter your body.

Are there any alternatives to a Fibroscan?

Your doctor can explain any alternatives available to you in detail.

One option is to have a liver biopsy. This is where a small sample of liver tissue is removed with a needle. A liver biopsy has several disadvantages: for example, you need to stay in hospital for several hours after the procedure. It also carries several risks, such as internal bleeding after the biopsy.

Are there any special precautions?

You cannot have a Fibroscan if you are pregnant or have an implantable device, such as a pacemaker or defibrillator. Please speak to your doctor or nurse if you think this applies to you.

What do I need to do to prepare for the scan?

Please do not eat or drink anything for two hours before your Fibroscan. If you need to, you can take small sips of water or clear fluid, but avoid drinking large amounts of fluid. You should continue taking any prescribed medication. You will not need to remove any clothing for the scan, but we will need to expose the right side of your abdomen (tummy). Therefore, we do not recommend that women wear a dress on the day of their test. You will not need to remove any jewelry near the site of the scan, such as a belly button piercing.
What happens before the Fibroscan?
You will need to book in with the receptionist and then take a seat in the waiting area. A nurse will call you into one of the consulting rooms, where you will be able to ask any questions you have about the fibroscan. Once you have discussed the scan, providing you are happy to go ahead, you will have the test.

What happens during the scan?
You will be asked to lie on an examination couch and place your right arm above your head. The nurse will feel your abdomen to find the right place to perform the scan. He/she will place a probe on your abdomen and trigger the probe to start. The sound waves will be sent out from the probe in pulses. They will pass through your skin to your liver and bounce back. This will feel like a gentle flick against the side of your skin – it should not hurt.

The scanner measures the time it takes for the sound wave to bounce back. We will repeat this at least 10 times to make sure we get an accurate result. The mean (average) reading is then calculated by the scanner, which will show your doctor your liver stiffness.

The scan should take between 10 and 20 minutes to perform.

What happens after the scan?
As soon as the Fibroscan is finished you will be able to either go home or return to work.

When will I get the result?
The result will be sent to the doctor who referred you for the Fibroscan and he/she will discuss it with you.
NON-COVERAGE NOTICE  
(Hospital and Professional Services)

Patient’s Name: ____________________________  MRN#: ____________________________  DOS: ____________________________

Description of non-covered services:

- Transient Elastography (FibroScan) for Assessment of Hepatic Fibrosis

  Options:
  - Office visit
  - Office service

  CPT Code 91200

  Fibroscan Testing

  MGPO Fee $143.00

  TOTAL $143.00

Your health insurance plan has established rules for the reimbursement of health care services. The services that you receive as a result of today’s visit (see detail above, if applicable) may not meet these coverage requirements for the following reasons:

- You did not obtain the necessary referral for today’s visit and corresponding services (lab tests and/or radiology services, etc.). [WI]

- We believe that your health insurance plan may not cover the type of services being provided to you as a result of today’s visit. [NC]

- Your provider does not participate with your insurance plan or is out of network. [WI]

- Your Primary Care Physician (PCP) information provided could not be verified by your insurance plan. [WI]

As a result, we will bill and work with your insurance company to receive payment for the services rendered. However, you may be held responsible for payment if the claim(s) is (are) rejected for any of the reasons stated above.

Your signature below confirms that you have read this notice and understand and accept this responsibility.

Patient Agreement:

I have been notified by my physician or designee that s/he believes that my insurance or worker’s compensation plan is likely to deny payment for the services identified above. I understand that I have the right to decide whether to receive these services. I have decided to receive the services, and agree to be personally and fully responsible for payment if my insurance or worker’s compensation plan denies payment for one of the reasons stated above.

Signed,

Patient Signature ____________________________  Date ____________________________

Last updated: July 7, 2004

(WI,NC) Internal Office Use Only

Final - Form located on the PBO Liaison Shared Drive