



## 2022 Recommendations for the Diagnosis and Management of NAFLD in Primary Care and Endocrinology Clinical Settings

The 2022 AACE Guidelines provide the latest evidence-based recommendations for the diagnosis and management of Nonalcoholic Fatty Liver Disease (NAFLD) and nonalcoholic steatohepatitis (NASH). **Here are the key recommendations for blood testing and referral developed by AACE and cosponsored by AASLD.**<sup>1</sup>



### Who is at risk of NAFLD with significant liver fibrosis and cirrhosis?<sup>1</sup>

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Adults with any of the following conditions are likely to have NAFLD and should be considered at high risk and assessed for liver fibrosis:

- Obesity and/or features of metabolic syndrome
- Prediabetes or type 2 diabetes
- Hepatic steatosis on any imaging study and/or persistently elevated plasma aminotransferase levels (over 6 months)

### What blood tests are recommended to assess the risk of NAFLD with liver fibrosis?<sup>1</sup>

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The **FIB-4 index** is the preferred noninvasive initial test to assess the risk of NAFLD with liver fibrosis. (Repeat testing every 2 years is suggested for patients with a low FIB-4 index.)

Patients in the high-risk groups with an indeterminate or high FIB-4 index should be considered for further testing with the **ELF score**.

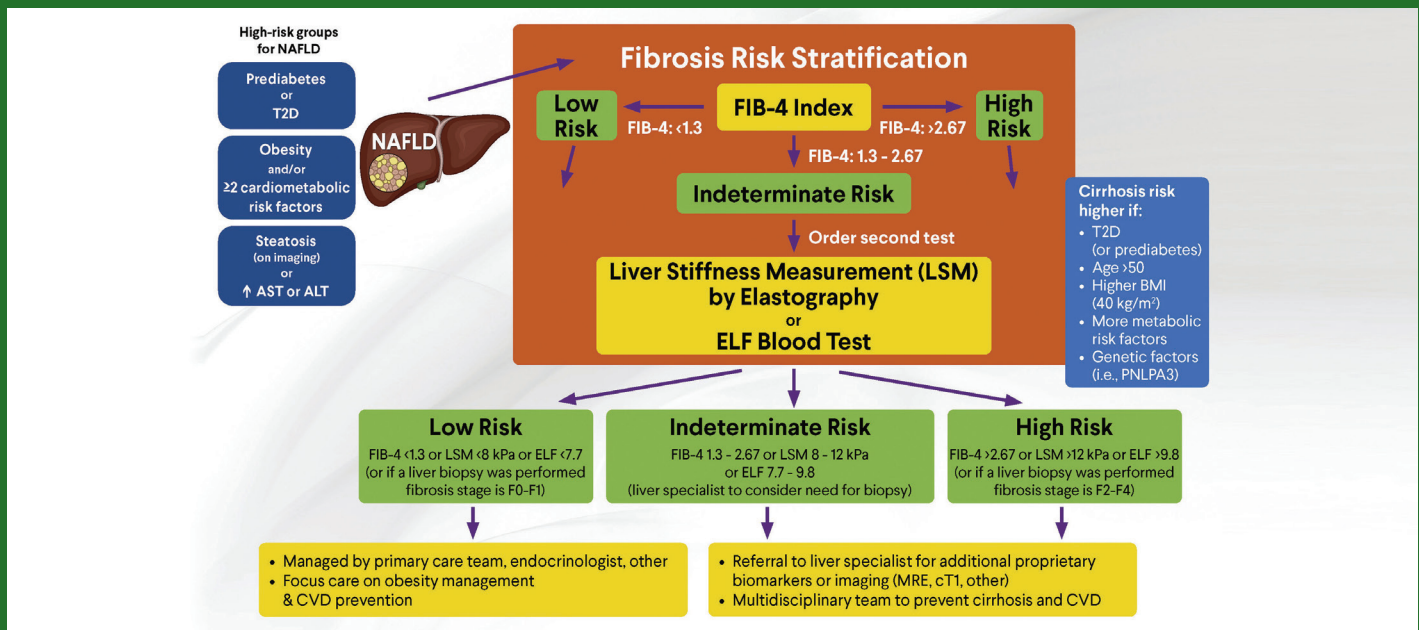
### When should patients be referred to a liver specialist?<sup>1</sup>

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Patients should be referred to a gastroenterologist or hepatologist for further assessment when they present either:

- Persistently elevated ALT or AST levels and/or with hepatic steatosis on imaging and indeterminate risk or high risk based on blood tests and/or imaging
- Other clinical evidence of advanced liver disease

# Cirrhosis Prevention in NAFLD<sup>1</sup>



Abbreviations: ELF = Enhanced Liver Fibrosis™ Test; FIB-4 = Fibrosis-4 Index; kPa = Kilopascals; LSM = Liver stiffness measurement  
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## FIB-4, ELF, and Reflex test options (based on guidelines)

Test Type	Test Code	Test Name	Panel Components
FIB-4 & Reflex*	30555	Liver Fibrosis-4 (FIB-4) Index Panel	FIB-4 Index and Interpretation
	12734	FIB-4 Index Panel with Reflex to Enhanced Liver Fibrosis (ELF) Score*	Aspartate Aminotransferase (AST) (822), Alanine Aminotransferase (ALT) (823), Platelet Count (723)
	30710	Liver Fibrosis, Hepatic Function Panel with Fibrosis-4 (FIB-4) Index	FIB-4 Index and Interpretation
	12735	Hepatic Function Panel with FIB-4 Index with Reflex to ELF Score*	Hepatic Function Panel (10256): Total Protein (754), Albumin (223), Globulin (calculated), Albumin/Globulin Ratio (calculated), Total Bilirubin (287), Direct Bilirubin (285), Indirect Bilirubin (calculated), Alkaline Phosphatase (234), AST (822), ALT (823), Platelet Count (723)
	10372	Comprehensive Metabolic Panel with Fibrosis-4 (FIB-4) Index	FIB-4 Index and Interpretation
	12736	Comprehensive Metabolic Panel with FIB-4 Index with Reflex to ELF Score*	Comprehensive Metabolic Panel (10231): Albumin (223), Albumin/Globulin Ratio (calculated), Alkaline Phosphatase (234), ALT (823), AST (822), BUN/Creatinine Ratio (calculated), Calcium (303), Carbon Dioxide (310), Chloride (330), Creatinine with GFR Estimated (375), Globulin (calculated), Glucose (483), Potassium (733), Sodium (836), Total Bilirubin (287), Total Protein (754), Urea Nitrogen (BUN) (294), Platelet Count (723)
ELF	10350	Enhanced Liver Fibrosis (ELF) Score	ELF Score and Interpretation

\*Note: For each panel, if FIB-4 Index is  $\geq 1.30$ , then Enhanced Liver Fibrosis (ELF) Score (10350) will be performed at an additional charge (CPT code(s): 0014M).



To get the full recommendations regarding diagnosis and management of NAFLD and NASH, visit [American Association of Clinical Endocrinology Clinical Practice Guideline](#).



## Reference

1. Cusi K, Isaacs S, Barb D, et al. American Association of Clinical Endocrinology clinical practice guideline for the diagnosis and management of nonalcoholic fatty liver disease in primary care and endocrinology clinical settings: co-sponsored by the American Association for the Study of Liver Disease (AASLD). *Clinical Practice Guidelines*. 2022;28(5):P528-562.

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