The 2022 NAFLD 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.¹

### Who is at risk of NAFLD with significant liver fibrosis and cirrhosis?¹

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?¹

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?¹

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\(^1\)

Abbreviations: ELF = Enhanced Liver Fibrosis™ Test; FIB-4 = Fibrosis-4 Index; kPa = Kilopascals; LSM = Liver stiffness measurement

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<table>
<thead>
<tr>
<th>Test Type</th>
<th>Test Code</th>
<th>Test Name</th>
<th>Reported Components</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIB-4</td>
<td>30555</td>
<td>Liver Fibrosis-4 (FIB-4) Index Panel</td>
<td>AST (822), ALT (823) and Platelet Count (723)</td>
</tr>
<tr>
<td>FIB-4</td>
<td>30710</td>
<td>Liver Fibrosis, Hepatic Function Panel with Fibrosis-4 (FIB-4) Index</td>
<td>Hepatic Function Panel (10256) [components: 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)] and Platelet Count (723)</td>
</tr>
<tr>
<td>FIB-4</td>
<td>10372</td>
<td>Comprehensive Metabolic Panel with Fibrosis-4 (FIB-4) Index</td>
<td>Comprehensive Metabolic Panel (10321) [components: Urea Nitrogen (BUN) (294), Creatinine (375) with GFR Estimated, BUN/Creatinine Ratio (calculated) (296), Glucose (483), Potassium, Serum (733), Sodium (836), Calcium (303), Carbon Dioxide (310), Chloride (330), Total Protein (754), Albumin (223), Globulin (calculated), Albumin/Globulin Ratio (calculated), Total Bilirubin (287), Alkaline Phosphatase (234), AST (822), ALT (823)] and Platelet Count (723)</td>
</tr>
<tr>
<td>ELF</td>
<td>10350(X)</td>
<td>Enhanced Liver Fibrosis (ELF) Score</td>
<td>ELF Score and Interpretation</td>
</tr>
</tbody>
</table>

Components of panels can be ordered separately. Healthcare providers should use their clinical discretion, based on patient exams and presenting symptomology, to guide appropriate diagnostic testing.

To get the full recommendations regarding diagnosis and management of NAFLD and NASH, visit [American Association of Clinical Endocrinology Clinical Practice Guideline](https://www.aace.com/practice-guidance/clinical-practice-guidelines)

Reference

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