Authorization Guidelines
Liver Biopsy in Conjunction with Bariatric Surgery

Policy:
IEHP does not cover liver biopsy in the absence of signs or symptoms of liver disease (e.g., elevated liver enzymes, enlarged liver) performed prior to or during bariatric surgery as there is insufficient evidence to support this routine practice, and thus it is considered not medically necessary.

If a provider is concerned regarding a disease process in the liver, the liver may be assessed by evaluating liver enzymes, as well as ordering specific imaging studies such as ultrasound.

Society of American Gastrointestinal and Endoscopic Surgeons (SAGES), with input from the Clinical Issues Committee of the American Society for Metabolic and Bariatric Surgery (ASMBS), have issued the following guideline for liver biopsy as a part of preoperative medical evaluation bariatric surgery: “The liver may be assessed by hepatic profile and ultrasound. In cases of suspected cirrhosis, biopsy may be indicated” (SAGES Guidelines Committee 2008).

Literature from Case Series:
Several articles appearing on obesity-surgery related journals recommend intraoperative liver biopsy (IOLB) during bariatric surgery, based on case series, in order to distinguish non-alcoholic steatohepatitis (NASH) from non-alcoholic fatty liver disease (NAFLD) involving simple steatosis (Dolce CJ, et al 2009, Helling TS, et al 2008, Shalhub S, et al 2004, Teixeira AR, et al 2009). However, no randomized clinical trials have compared outcomes between patients receiving IOLB and those receiving usual care. Furthermore, some authors note that IOLB, especially during bariatric surgery is controversial, and that the primary reason to perform IOLB during abdominal surgery other than bariatric surgery is so that in the event NASH is identified, a bariatric surgery consult may be ordered (Dolce CJ, et al 2009).

Cochrane Systematic Review (2010):
Weight loss is considered the best treatment for NAFLD, including NASH given that NAFLD is understood to be related to metabolic syndrome, in which insulin resistance and obesity are hallmarks. Although a recent Cochrane Systematic Review concluded that there is insufficient evidence to recommend for or against bariatric surgery as a treatment for NASH due to lack of
randomized controlled trials, most prospective and retrospective cohort studies evaluating the
effects of bariatric surgery on NAFLD, including NASH, have shown beneficial effects (Chavez-

CIGNA Policy Statement (2010):
CIGNA does not cover ANY of the following performed in conjunction with a bariatric surgery
because each is considered not medically necessary:

- Cholecystectomy in the absence of signs or symptoms of gallbladder disease
- Liver biopsy in the absence of signs or symptoms of liver disease (e.g., elevated liver
  enzymes, enlarged liver)
- Routine vena cava filter placement for individuals not at high risk for venous
  thromboembolism (VTE)

Given the lack of evidence of benefit from routine liver biopsies in conjunction with bariatric
surgery, the absence of guidelines recommending routine liver biopsies, and the fact that that
weight loss considered the best treatment for NAFLD and NASH, routine biopsies are
considered investigational in nature, and not medically necessary.

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Revised:

Bibliography:
1. Chavez-Tapia NC, Tellez-Avila FI, Barrientos-Gutierrez T, Mendez-Sanchez N, Lizardi-Cervera J, Uribe M.
   Bariatric surgery for non-alcoholic steatohepatitis in obese patients. Cochrane Database of Systematic Reviews
4. SAGES Guidelines Committee. SAGES guideline for clinical application of laparoscopic bariatric surgery. Surg
5. Shalhub S, Parsee A, et al. The Importance of Routine Liver Biopsy in Diagnosing Nonalcoholic Steatohepatitis
6. Teixeira AR, Bellodi-Privato M, et al. The Incapacity of the Surgeon to Identify NASH in Bariatric Surgery
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