



Identifying Decompensation and Overt Hepatic Encephalopathy (OHE) Is More Important Than Ever Before

Chronic liver disease, which can lead to cirrhosis, affects 4.5 million US adults.^{1,2} A wide range of diseases and conditions can damage the liver and lead to cirrhosis, including long-term alcohol abuse, hepatitis, and metabolic dysfunction-associated steatotic liver disease (MASLD), formerly NAFLD.^{2,3}

Up to 80% of patients with cirrhosis will eventually develop some form of hepatic encephalopathy (HE), ranging from minimal to overt.⁴

OHE can lead to confusion, disorientation, inappropriate behavior, hospitalization, and even coma.⁴

Patients with decompensated cirrhosis or with clinically significant portal hypertension (CSPH) are at high risk of a decompensating event such as OHE. A noninvasive means to help identify these patients is using liver stiffness measurement (LSM) >25 or 20-25 kPa and platelet count <150,000/ μ L.^{5,6}

Once a patient has a decompensating event (OHE, varices, ascites, etc), median survival decreases to less than 1.5 years.⁵

Use Your Electronic Health Record (EHR) to Identify Patients at Risk for Decompensation and HE

Set Up a PURSUIT LIST

Option 1: Set up a pursuit list (a patient list based on clinical criteria) in your EHR.

Set Up a SILENT ALERT

Option 2: Set up a silent alert (a best-practice alert that only fires for you or a small select team) in your EHR.

Consider the following:

- Patient population—Is it only your site of care, or will it expand to other locations?
- Who has access to this pursuit list?
- Ensure there is a workflow to proactively go into the list and screen/manage the patients to ensure they are receiving the best evidenced-based care and treatment.
- Consider clinical criteria such as a hospital admission and/or any of the following ICD-10 diagnosis or CPT procedure codes:^{7,8}
 - Hepatic encephalopathy (ICD-10: K76.82)
 - MASLD (ICD-10: K76.0)
 - Metabolic alcohol-associated liver disease (MASH), formerly NASH³ (ICD-10: K75.81)
 - LSM >25 or 20-25 kPa and platelet count <150,000/ μ L⁵
 - FIB-4 >2.67, FIB-4 = (Age (years) x AST (U/L)) / (Platelet Count (10⁹/L) x SQRT (ALT (U/L))^{9,10}
 - Chronic hepatitis (ICD-10: K73.9)
 - Alcoholic liver disease* (ICD-10: K70)
 - Transjugular intrahepatic portosystemic shunting (TIPS)(CPT Code 37182)
 - Variceal banding (CPT Code 43244)
 - Paracentesis for ascites (CPT Code 4908)

Consider the following:

- Patient population—Is it only when you see a patient, or when they enter any of your locations?
- Who will be alerted on the health care team?
- What will the alert say? What will be attached to the alert as an evidence-based reference?

For specific instructions for your EHR system, scan the QR code or click [here](#) to access GINA(tm) (Guided INtegration Assistant).



SAMPLE ALERT: This patient may be at risk for a decompensating event like hepatic encephalopathy and hospitalization. Please use the LHN/ACE diagnostic resources. If the patient has HE, add ICD-10 K76.82 to their chart and ensure the patient is on guideline-based care.

*MetALD (metabolic alcohol-associated liver disease) was selected to describe those with MASLD who consume greater amounts of alcohol per week (140-350 g/week for females; 210-420 g/week for males).³

References: 1. Centers for Disease Control and Prevention. Chronic liver disease and cirrhosis. Accessed July 1, 2025. <https://www.cdc.gov/nchs/fas1a1s/liver-disease.h1m> 2. National Institute of Diabetes and Digestive and Kidney Diseases. *Liver disease*. Accessed July 1, 2025. <https://www.niddk.nih.gov/health-information/liver-disease/cirrhosis> 3. American Association for the Study of Liver Diseases. New NAFLD nomenclature. Accessed July 1, 2025. <https://www.aasld.org/new-nafl-d-nomenclature> 4. Vilstrup H, Amodio P, Bajaj J, et al. Hepatic encephalopathy in chronic liver disease: 2014 Practice Guideline by the American Association for the Study of Liver Diseases and the European Association for the Study of the Liver. *Hepatology*. 2014;60(2):715-735. 5. Kaplan DE, Ripoll C, Thiele M, et al. AASLD Practice Guidance on risk stratification and management of portal hypertension and varices in cirrhosis. *Hepatology*. 2024;79(5):1180-1211. 6. Mansour D, McPherson S. Management of decompensated cirrhosis. *Clin Med (Lond)*. 2018;18(2):s60-s65. doi:10.7861/clinmedicine.18-2-s60 7. Centers for Medicare & Medicaid Services. ICD-10. Accessed July 1, 2025. <https://www.cms.gov/medicare/coding-billing/lcd-10-codes> 8. American Medical Association. *Codify*. Accessed July 1, 2025. <https://www.aapc.com/codes/cpl-codes-range> 9. Rinella ME, Neuschwander-Tetri BA, Siddiqui MS, et al. AASLD Practice Guidance on the clinical assessment and management of nonalcoholic fatty liver disease. *Hepatology*. 2023;77(5):1797-1835. 10. Liver Foundation. FIB-4 Calculator. Accessed July 1, 2025. <https://liver.org.au/health-professionals/fib-4-calculator/>

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