Question:

Why is liver function testing included in insurance labs, and what does it mean?

Answer:

Liver (hepatic) function tests have been part of the standard blood chemistry profiles in clinical and insurance medicine for years. The liver is the primary organ in the body responsible for producing most amino acids, proteins, enzymes, lipids and other compounds necessary for our bodies to function normally. It is integrally involved with the production of bile and other digestive enzymes that are necessary for the breakdown and absorption of food and nutrients from the gut and digestive system.

The liver is also responsible for a vast majority of the metabolic processes and clearance of toxins, medications and metabolic waste that our bodies produce. The kidneys help in this regard as well, but not nearly to the degree as the liver.

One can easily imagine the potential serious problems that could result when a disease, infection, inflammatory or abnormal metabolic condition affects the liver. Conditions that adversely affect the liver often will be reflected by abnormal blood levels of enzymes and proteins more specific to the liver in liver function tests, or LFTs. It’s a bit of a misnomer, as these tests don’t necessarily reflect liver function but rather liver injury or dysfunction.

Many physicians consider total blood protein and albumin levels to be markers of liver function as well, since abnormally low levels can reflect serious damage or disease in the liver. There are a myriad of conditions and factors that can cause abnormal levels of LFTs in the blood. Sometimes there is no apparent cause, or the elevation may be transient. This is where the challenge lies in underwriting cases where lab testing reveals abnormal LFTs. Is there a potentially serious underlying cause, or is it a transient finding related to a benign condition that will clear on its own?

Underwriters are trained to look for potential causes of abnormal lab results. For instance: Is the applicant on a particular medication, or do they have a known underlying medical condition that explains the findings? If medical records are available, they will see if there is a history of similar abnormal results and whether there has been an evaluation to discover the cause.

More....
Depending on the degree and number of LFT abnormalities, additional testing may be done by our lab to help the underwriter determine the cause, such as screening for Hepatitis B and C or biomarkers for excessive alcohol use. If a likely cause is identified, the underwriters will make their assessment based on the potential severity of that condition, which may or may not require a rating. When there is no clear indication for the cause of the more significant elevations, the underwriting decision might be postponed until a more thorough evaluation can be done by the applicant’s medical providers. This may include repeating the abnormal lab tests or performing additional tests, ultrasounds or liver scans. On rare occasions, a liver biopsy may be used to determine the cause and severity of liver damage.

Have a medical question or topic for the Allstate Life and Retirement medical underwriting team? Please send a message to Ask the MD. When submitting a topic, please ask a question that relevant to a wide audience. For case-specific questions, please contact the underwriter handling the case.

The Allstate Life and Retirement medical underwriting team will review all submissions and reserves the right to determine which questions and topics will be addressed in future editions of Ask the MD.