

Cirrhosis of Liver

CMS-HCC_V28 Model Updates

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and **ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates**, on services submitted to Healthfirst—specifically for **Cirrhosis of Liver**. It provides information from industry sources about proper coding practice. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for the services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

Cirrhosis is a late stage of scarring (fibrosis) of the liver caused by many forms of liver diseases and conditions, such as hepatitis and chronic alcoholism.

ICD-10-CM Codes and Descriptions

K74.3

- Primary biliary cirrhosis
- Chronic nonsuppurative destructive cholangitis
- Primary biliary cholangitis

K74.4

- Secondary biliary cirrhosis

K74.5

- Biliary cirrhosis, unspecified

Documentation and Coding

ICD-10-CM Codes and Descriptions (continued)

K74.6*

- **K74.60** – Unspecified cirrhosis of liver
- **K74.69** – Other cirrhosis of liver

K70.3*

- **K70.30** – Alcoholic cirrhosis of liver without ascites
- **K70.31** – Alcoholic cirrhosis of liver with ascites

K71.7

- Toxic liver disease with fibrosis and cirrhosis of liver

*Requires additional digit to complete the diagnosis codes.

Clinical Documentation Should Include

Please specify:

Identify for any associated viral hepatitis (acute) (chronic)	Type Hepatic fibrosis
<p style="text-align: center;">STAGES OF LIVER DAMAGE</p> <p style="text-align: center;"><small>shutterstock.com · 1933079636</small></p>	<ul style="list-style-type: none"> • Hepatic sclerosis • Hepatic fibrosis with hepatic sclerosis • Primary biliary cirrhosis <ul style="list-style-type: none"> ○ Chronic nonsuppurative destruction cholangitis • Secondary biliary cirrhosis • Unspecified biliary cirrhosis • Other cirrhosis of liver <ul style="list-style-type: none"> ○ Cryptogenic cirrhosis ○ Macronodular cirrhosis ○ Micronodular cirrhosis ○ Mixed type cirrhosis ○ Portal cirrhosis ○ Postnecrotic cirrhosis • Unspecified cirrhosis of liver
Include the Status	Stable, improved, worsening, or resolved
Risk Factors	Excessive alcohol, overweight, having viral hepatitis
Complications	Portal hypertension, edema, ascites, splenomegaly, bleeding, malnutrition, jaundice, bone disease, Increased risk of liver cancer, acute-on-chronic cirrhosis

Documentation and Coding

Clinical Documentation Should Include (continued)

Please specify:

Diagnostic Tests	Blood tests such as INR, high bilirubin levels or certain enzymes, serum creatinine, screening for hepatitis virus, CT scan, MRI scan, ultrasound, biopsy
Treatment Plan	Avoid alcohol, low-sodium diet, diuretic, ammonia reducer, beta blocker, synthetic hormones, antibiotics, antiviral drugs, rubber band ligation, therapeutic endoscopy, trans-jugular intrahepatic portosystemic shunt, liver transplantation
Coding Tips	<ul style="list-style-type: none">• Code Z94.4 is for liver transplant status.<ul style="list-style-type: none">○ Z94.4 should not be coded as primary diagnosis.• Code K70.3 and K71.7 cannot be coded with K74* category codes.• Code also, if applicable, viral hepatitis (acute) (chronic) (B15–B19) along with K74* category codes.

*Requires additional digit to complete the diagnosis codes.

Documentation and Coding

Coding Example

Case	A patient presented with ascites due to liver cirrhosis and chronic viral hepatitis C (HCV). The Index to Diseases leads to code K71.51 , Toxic liver disease with chronic active hepatitis with ascites. However, it does not seem correct, since the physician did not document toxic liver disease. What is the correct code assignment for ascites due to both liver cirrhosis and HCV?
AHA Coding Clinic Rationale (Volume 5, First Quarter Number 1, 2018)	<p>Assign codes B18.2, Chronic viral hepatitis C, K74.60, Unspecified cirrhosis of liver, and R18.8, Other ascites, to capture these conditions. While the ascites is due to the cirrhosis, and the cirrhosis is due to the HCV, ascites is not always present with these conditions, so it is appropriate to convey the full clinical picture and assign an additional code for the ascites.</p> <p>It is not appropriate to assign code K71.51, Toxic liver disease with chronic active hepatitis with ascites, since the patient did not have toxic liver disease. Toxins, such as drugs, chemicals, and/or pollutants, can cause toxic liver disease. The physician did not document alcoholic cirrhosis; therefore, code K70.31, Alcoholic cirrhosis of liver with ascites, is not appropriate either.</p>

Documentation and Coding

Questions?

Contact us at [#Risk Adjustments and clinical Documentation@healthfirst.org](mailto:#Risk_Adjustments_and_clinical_Documentation@healthfirst.org).

For additional documentation and coding guidance, please visit the coding section on HFproviders.org.

References

- codingclinicadvisor.com
- mayoclinic.org/diseases-conditions/cirrhosis/diagnosis-treatment/drc-20351492
- cms.gov/files/document/fy-2024-icd-10-cm-coding-guidelines.pdf

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