

Hepatitis C

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 chronic **Hepatitis C**. 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 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.

Type of Hepatitis	Description
Acute	Acute hepatitis C virus (HCV) infection is a short-term illness that occurs within the first six months after someone is exposed to the hepatitis C virus.
Chronic	Chronic HCV is an inflammation of the liver lasting longer than six months with a positive blood test for HCV beyond the six-month period following the acute infection. <ul style="list-style-type: none"> • Patients with chronic HCV are unable to clear the virus from their bodies, putting them at risk for developing cirrhosis, liver failure, and liver cancer.

Documentation and Coding

Clinical Documentation Should Include	
Type	Document the type of hepatitis.
Acuity	Document the acuity – chronic, acute, with/without hepatic coma.
Status of Condition	Stable, improved, worsening, and/or resolved.
Don't	<p>Don't use the term "history of" if a patient still has an active viral infection.</p> <ul style="list-style-type: none">• For patients who have had a liver transplant, document the transplant status code along with medical management.
Associated Conditions	<p>Document to the highest level of specificity of hepatitis diagnosis and associated conditions.</p> <ul style="list-style-type: none">• Cirrhosis of liver, hepatorenal syndrome, hepatopulmonary syndrome, hepatic failure, malignant neoplasm of liver and intra-hepatic bile ducts, alcoholic liver disease.
Medical Management	Ordered tests, treatment, follow-up, surveillance, and/or referrals.

Documentation and Coding

ICD-10-CM Codes and Descriptions

B18.2	Chronic viral hepatitis C Carrier of viral hepatitis C
B18.8	Other chronic viral hepatitis Carrier of other viral hepatitis
B18.9[†]	Chronic viral hepatitis, unspecified
K70.10	Alcoholic hepatitis without ascites
K70.11	Alcoholic hepatitis with ascites
K73.0	Chronic persistent hepatitis, not elsewhere classified
K73.1	Chronic lobular hepatitis, (NEC)
K73.2	Chronic active hepatitis, (NEC)
K73.8	Other chronic hepatitis, (NEC)
K73.9[†]	Chronic hepatitis, unspecified
K75.4	Autoimmune hepatitis (Lupoid Hepatitis NEC)
C22[*]	Malignant neoplasm of liver and intrahepatic bile ducts
Z72.5[*]	High-risk sexual behavior
Z11.59	Encounter for screening for other viral diseases

[†]Use only in the event no other code describes the condition.

^{*}Requires an additional digit to complete the diagnosis code.

Tip: Viral hepatitis in remission, any type, code to hepatitis chronic, by type.

Note: Not all ICD-10-CM codes are included in this list.

Documentation and Coding

Coding Examples

Case 1	A patient presented with ascites due to liver cirrhosis and chronic viral hepatitis C. 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 chronic viral hepatitis C?
ICD-10-CM Codes	B18.2 - Chronic viral hepatitis C K74.60 - Unspecified cirrhosis of liver R18.8 - Other ascites
Rationale	<p>While the ascites is due to the cirrhosis, and the cirrhosis is due to the chronic viral hepatitis C, 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> <p>Source: AHA Coding Clinic (Volume 5, First Quarter, Number 1, 2018)</p>

Documentation and Coding

Case 2	The patient is admitted with chronic hepatitis C and hepatic encephalopathy. What are the diagnosis code assignments for these conditions?
ICD-10-CM Codes	B18.2 - Chronic viral hepatitis C K72.10 - Chronic hepatic failure without coma (Sequencing of these conditions would depend on the circumstances of the admission.)
Rationale	Hepatitis can cause cirrhosis, and lead to liver failure and hepatic encephalopathy with or without coma. Hepatic encephalopathy is not synonymous with hepatic coma, and it is not appropriate to assign a code for viral hepatitis C with coma. Source: AHA Coding Clinic (Volume 4, First Quarter, Number 1, 2017)

Case 3	The patient has a diagnosis of chronic hepatitis C infection. The physician documented that the patient is in remission, status post interferon therapy, and viremia was suppressed four years ago. A history code does not seem appropriate, since the documentation does not suggest that the condition has completely resolved. Should this condition be coded to B18.2 - Chronic viral hepatitis C ? How is a diagnosis of chronic hepatitis C coded when the disease is in remission?
ICD-10-CM Code	B18.2 - Chronic viral hepatitis C
Rationale	Assign code B18.2 - Chronic viral hepatitis C , for chronic hepatitis C described as in remission. Although the patient currently has no symptoms of active disease, the condition is still present. Source: AHA Coding Clinic (Volume 23, Second Quarter, Number 2, 2006)

Documentation and Coding

References

- [ICD-10-CM Official Coding Guidelines, FY 2024](#)
- [CodingClinicAdvisor.com](#)
- [AAPC.com](#)
- [AHIMA.org](#)
- [ncbi.nlm.nih.gov, Natural History of HCV Infection](#)
- [cdc.gov, Hepatitis C](#)

Questions?

Contact us at [#Risk_Adjustments_and_clinical_Documentation@healthfirst.org](#).

For additional documentation and coding guidance, please visit the coding section on [HFproviders.org](#).

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