

MAY 2025

## Chronic Hepatitis

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, on services submitted to Healthfirst—specifically for **Chronic Hepatitis**. It provides information from industry sources about proper coding practice. 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 amount that Healthfirst or the member owes the provider.

### ICD-10-CM Codes and Descriptions

#### Codes for CMS-HCC65 – Chronic Hepatitis

Code	Description
<b>B18.0</b>	Chronic viral hepatitis B with delta-agent
<b>B18.1</b>	Chronic viral hepatitis B without delta-agent
<b>B18.2</b>	Chronic viral hepatitis C Carrier of viral hepatitis C
<b>B18.8</b>	Other chronic viral hepatitis Carrier of other viral hepatitis
<b>B18.9†</b>	Chronic viral hepatitis, unspecified
<b>K70.10</b>	Alcoholic hepatitis without ascites
<b>K70.11</b>	Alcoholic hepatitis with ascites

# Documentation and Coding

Code	Description
<b>K73.0</b>	Chronic persistent hepatitis, not elsewhere classified
<b>K73.1</b>	Chronic lobular hepatitis, (NEC)
<b>K73.2</b>	Chronic active hepatitis, (NEC)
<b>K73.8</b>	Other chronic hepatitis, (NEC)
<b>K73.9<sup>†</sup></b>	Chronic hepatitis, unspecified
<b>K75.4</b>	Autoimmune hepatitis (Lupoid Hepatitis NEC)

<sup>†</sup>Use only in the event no other code describes the condition. Note: Not all ICD-10-CM codes are included in this list.

## Codes for Associate Conditions/Complications

Code	Description
<b>K71.3</b>	Toxic liver disease with chronic persistent hepatitis
<b>K71.4</b>	Toxic liver disease with chronic lobular hepatitis
<b>K71.50</b>	Toxic liver disease with chronic active hepatitis without ascites
<b>K71.51</b>	Toxic liver disease with chronic active hepatitis with ascites

## Codes for Screening & Risk Factors

Code	Description
<b>Z72.5*</b>	High-risk sexual behavior
<b>Z11.59</b>	Encounter for screening for other viral diseases

\*Requires an additional digit to complete the diagnosis code.

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

# Documentation and Coding

## Coding Tip:

- Category **K73\*** - Chronic hepatitis, not elsewhere classified, Use additional code, if applicable for ascites (**R18.8**)

Severity	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. 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.

## 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.
Associated Conditions	Document to the highest level of specificity of hepatitis diagnosis and associated conditions. <ul style="list-style-type: none"><li>Cirrhosis of liver, hepatorenal syndrome, hepatopulmonary syndrome, hepatic failure, malignant neoplasm of liver and intra-hepatic bile ducts, alcoholic liver disease.</li></ul>
Medical Management	Ordered tests, treatment, follow-up, surveillance, and/or referrals.

# Documentation and Coding

## Don't

- Don't use the term "history of" if a patient still has an active viral infection.
- For patients who have had a liver transplant, document the transplant status code along with medical management.

## Coding Examples

<b>Case 1</b>	A patient presented with ascites due to liver cirrhosis and chronic viral hepatitis C. The Index to Diseases leads to code <b>K71.51</b> , 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?
<b>ICD-10-CM Codes</b>	<b>B18.2</b> - Chronic viral hepatitis C <b>K74.60</b> -Unspecified cirrhosis of liver <b>R18.8</b> - Other ascites
<b>Rationale</b>	<p>While ascites is due to cirrhosis, and the cirrhosis is due to 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 <b>K71.51</b>, 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 <b>K70.31</b>, 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

<b>Case 2</b>	The patient is admitted to chronic hepatitis C and Chronic hepatic encephalopathy. What are the diagnosis code assignments for these conditions?
<b>ICD-10-CM Codes</b>	<b>B18.2</b> - Chronic viral hepatitis C <b>K72.10</b> - Chronic hepatic failure without coma (Sequencing of these conditions would depend on the circumstances of the admission.)
<b>Rationale</b>	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)

<b>Case 3</b>	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 been 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?
<b>ICD-10-CM Code</b>	<b>B18.2</b> - Chronic viral hepatitis C
<b>Rationale</b>	Assign code <b>B18.2 - Chronic viral hepatitis C</b> , 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

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## References

- <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
- <https://www.codingclinicadvisor.com/>
- <https://www.cdc.gov/hepatitis-c/index.html>
- <https://www.ncbi.nlm.nih.gov/books/NBK430897/>

## 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](https://www.healthfirst.org/HFproviders.org)

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**Hepatitis C**

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