

ICD-10-CM Documentation and Coding Best Practices

Hepatitis

Overview

Hepatitis is an inflammation of the liver. Toxins, certain drugs and diseases, heavy alcohol consumption, and bacterial and viral infections can all cause hepatitis. Hepatitis is also the name of a family of viral infections that affect the liver. The most common types are hepatitis A, hepatitis B and hepatitis C.

Hepatitis B and C are the most common forms of hepatitis transmitted by blood and body fluid. Hepatitis A is also common, but is transmitted by food. Hepatitis D and E are less common.

Types of Hepatitis

Hepatitis A

Hepatitis A is a highly contagious liver infection caused by the hepatitis A virus. The virus is one of several types of hepatitis viruses that cause inflammation and affect the liver's ability to function. The hepatitis A virus is transmitted through ingestion of contaminated food and water or from close contact with an infected person or object.

Hepatitis B

Hepatitis B is an infectious disease caused by the hepatitis B virus that affects the liver. It can cause acute and chronic infections. Most of those with chronic disease have no symptoms, but cirrhosis and liver cancer may eventually develop. The virus is transmitted sexually or by blood/body fluid exposure.

Hepatitis B with delta agent is the most severe, acute and chronic form of hepatitis. It is transmitted either by the hepatitis D viral strain, and is often linked to the progression of cirrhosis and/or hepatocellular carcinoma. The virus is transmitted sexually or by blood/body fluid exposure.

Hepatitis C

Hepatitis C is a liver disease caused by the hepatitis C virus. The virus can cause acute and chronic hepatitis, ranging in severity from a mild illness lasting a few weeks to a serious, lifelong illness.

The virus is primarily transmitted by needles shared among drug abusers, blood transfusion, hemodialysis and needle sticks. It can also be transmitted by sexual contact. It is considered moderately severe with the potential to become chronic and therefore may result in cirrhosis, liver cancer or liver failure.

- **Acute hepatitis C virus infection** is a short-term illness that occurs within the first six months after exposure to the Hepatitis C virus. For most people, acute infection leads to chronic infection.
- **Chronic hepatitis C virus infection** is a long-term illness that occurs when the hepatitis C virus remains in a person's body. Hepatitis C virus infection can last a lifetime and lead to serious liver problems, including cirrhosis (scarring of the liver) or liver cancer.

Diagnostic Testing

Hepatitis A

- Hepatitis A surface antibody (HAV IgM) test detects the first antibody produced by the body when it is exposed to hepatitis A. It detects early or recent infections and diagnoses the disease in people with symptoms of acute hepatitis



Hepatitis B

- Hepatitis B surface antigen (HBsAg) is present in acute and chronic infection
- Anti-hepatitis B core antigen (Anti-HBc IgM) is only positive during the acute phase of the infections

Hepatitis C

- There is no acute infectious phase serological testing available
- Confirmation of infection determined by anti-hepatitis C (Anti-HCV) for initial screening, which can be confirmed with more specific testing through polymerase chain reaction (PCR) and/or nucleic acid testing (NAT)

Signs and Symptoms

- Nausea
- Vomiting
- Loss of appetite
- Dark urine
- Jaundice
- Abdominal pain
- Dry mucous membranes

Physical Exam Findings

- Malaise/Fatigue
- Anorexia
- Ascites
- Dehydration
- Firm/enlarged liver
- Palmar erythema
- Fever, typically during acute phase
- Pulsatile liver
- Hepato-jugular reflux

Associated Diseases

- Cirrhosis
- Primary biliary cirrhosis
- Secondary biliary cirrhosis
- Hepatopulmonary syndrome
- Hepatorenal syndrome
- Hepatocellular carcinoma

Coding and Documentation Guidance

- Document the type of hepatitis
- Document the acuity – chronic, acute, with/without hepatic coma, with/without delta agent
- Document behavior that led to the acquisition of hepatitis
- Refrain from using the term “History of” if a patient still has an active viral infection.
- Document treatment and follow up.
- For patients who have had a liver transplant, document and report the appropriate transplant status code and document any anti-rejection drugs if appropriate

Viral Hepatitis		Cirrhosis	
B15.9	Hep. A w/o hepatic coma	K74.3	Primary biliary cirrhosis
B18.0	Chronic viral Hep. B w/delta agent	K74.4	Secondary biliary cirrhosis
B18.1	Chronic viral Hep. B	K74.5	Biliary Cirrhosis, unspecified
B16.1	Acute viral Hep. B w/delta agent	K70.30	Alcoholic Cirrhosis, w/o ascites
B16.2	Acute viral Hep. B w/hepatic coma	K70.31	Alcoholic Cirrhosis w/ascites
B18.2	Chronic viral Hep. C	K74.60	Unspecified Cirrhosis of liver
B17.10	Acute viral Hep. C	Related Conditions	
B19.21	Viral Hep. C w/hepatic coma	K75.4	Auto-immune Hepatitis
B17.2	Viral Hep. E	R17.1	Jaundice, unspecified
Hepatic Failure		C22._	Malignant neoplasm of liver
K72.10	Chronic Hepatic Failure	K70.9	Alcoholic liver disease
K70.40	Alcoholic Hepatic Failure w/o coma	K72._	High risk sexual behavior
K76.6	Portal Hypertension	Chronic Hepatitis	
K76.7	Hepatorenal syndrome	K73.0	Chronic Persistent Hepatitis, NEC
K76.81	Hepatopulmonary syndrome	K73.1	Chronic Lobular Hepatitis, NEC
K72.90	Hepatic failure, unspec. w/o coma	K73.2	Chronic Active Hepatitis, NEC
K71.10	Hepatic failure due to drugs	K73.8	Other Chronic Hepatitis, NEC
K72.00	Acute Hepatic Failure	K73.9	Chronic Hepatitis, unspecified