



Crohn's Disease

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT	3
HCC/RAF V28 Mapping	3
2. RECOGNITION AND DIAGNOSIS	4
Medicare Screenings (older adults, at-risk population)	4
Subtle Early Signs in Adults	5
Risk Factors	6
Diagnostic Thresholds	7
Common Oversights	8
Key Differentials in Elderly	9
Comorbidity Screening	10
Staging - Disease Activity for PCP Documentation	10
3. MEAT DOCUMENTATION ESSENTIALS	13
Clinical Documentation Elements	14
Reframing Common Documentation Shortcuts	15
4. TREATMENT AND REFERRAL QUICK GUIDE	15
Therapy Escalation Criteria	16
ACG 2025/AGA 2025 Living Guideline Aligned Treatment Recommendations	17
Non-Pharmacologic Treatment and Lifestyle Modification	19
Non-Pharmaceutical Prevention Strategies	19
Flare Management: Primary Care Dialogue and Possible Actions	20
Medication Safety and Dose Adjustments	21
When to Refer	22
Follow-Up Timing	23
Comorbidity Management	24
Cost-Smart Options	25
Patient Education and Adherence	25
Quality Metrics Tie-In	25
5. CODING REMINDERS AND CASE EXAMPLES	27
Documentation Specificity	27
Annual Clinical Review and Confirmation	28
Good Documentation is Comprehensive Coding	28
Common Coding and Documentation Oversights	29
EHR Workflow Tips	29
Brief Case Examples	30
REFERENCES	31

1 CLINICAL SNAPSHOT

Definition: Crohn's disease (CD) is a chronic, immune-mediated inflammatory bowel disease defined by **transmural, focal, and asymmetric inflammation** that can affect any segment of the gastrointestinal tract from mouth to anus, with the **terminal ileum and ileocolonic region** most commonly involved.^{1,2} The transmural pathology distinguishes CD from ulcerative colitis and produces complications including **strictures, fistulas, and abscesses** that drive hospitalization and surgical burden.²

ICD-10 Codes:

The primary code family is **K50 (Crohn's disease)**, chosen by **site and complication status**: **K50.0x** (small intestine), **K50.1x** (large intestine), **K50.8x** (both), and **K50.9x** (unspecified). Codes combine site with complications: **without complications** — **K50.00, K50.10, K50.80, K50.90** — or with complications such as **bleeding (K50.011/K50.111/K50.811/K50.911)**, **obstruction (K50.012/K50.112/K50.812/K50.912)**, **fistula (K50.013/K50.113/K50.813/K50.913)**, **abscess (K50.014/K50.114/K50.814/K50.914)**, **other (K50.018/K50.118/K50.818/K50.918)**, or **unspecified complication (K50.019/K50.119/K50.819/K50.919)**. Add codes as needed for specific fistula sites or related conditions. Avoid defaulting to **K50.90** unless site and complications are truly not documented.¹

Prevalence: An estimated **2.39 million Americans have IBD**, with Crohn's disease representing a major share of the national burden.³ Elderly-onset CD carries significantly higher mortality: **33 per 10,000 person-years** versus **5.6** in middle-age adults and **1.0** in younger adults.⁴ Approximately **66% of elderly IBD patients** have comorbidities that increase therapy discontinuation risk, and many older adults have multiple chronic conditions that complicate treatment selection.⁵ Mean diagnostic delay in elderly CD reaches 6 years, which independently predicts stricturing and penetrating phenotypes.⁶ Annual cost burden is substantial, with claims-based estimates reporting **\$18,637 PMPY** for CD.⁷ Biologic therapy is a major cost driver in Crohn's disease; exact patient and plan costs vary by drug, biosimilar availability, site of care, insurance benefit design, and formulary status.⁷⁻⁹

HCC/RAF V28 Mapping

ICD-10 CODE(S) ^{1,10}	HCC CATEGORY (V28) ¹⁰	RAF WEIGHT ¹¹	DOCUMENTATION REQUIREMENT ^{1,10}
K50.00/K50.10/ K50.80/K50.90 (active CD without complications)	HCC 80 — Inflammatory Bowel Disease	0.55	Document active disease and disease site annually; K50.90 maps to HCC when anatomic location and complication status are documentable from chart
K50.x11-K50.x¹⁹ (CD with complications)	HCC 80 — Inflammatory Bowel Disease	0.55	Specificity reflected by complication subcode (rectal bleeding, obstruction, fistula, abscess). Same HCC, but specificity is required clinical accuracy

AAVBC Knowledge Hub Premium Content Access

Continue reading your guide
with an AAVBC subscription

[Subscribe Now](#)

Already a subscriber? [Sign in](#)

Limited offer

Basic Membership

Free

Includes access to downloadable Quick Reference Guides, mailing list for industry updates/medical information, research toolkits, AAVBC events and so much more!

Cancel at any time