AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Huntington's Disease

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Huntington's disease (**HD**) is an autosomal-dominant neurodegenerative disorder caused by CAG trinucleotide expansion in the huntingtin (**HTT**) gene.[1,2] The triad of **motor** (chorea, dystonia, bradykinesia), **cognitive** (executive dysfunction, dementia), and **psychiatric** (depression, irritability, apathy, psychosis) manifestations defines the **clinical syndrome**.[1,2] Neuropsychiatric and cognitive symptoms typically **precede** motor onset by **10–15 years**,[2] and late-onset HD (**LoHD**; symptom onset **≥60 years**) often presents with **gait instability** rather than classic chorea → frequently **misattributed** to Parkinson disease, vascular parkinsonism, or Alzheimer disease.[3]

ICD-10 Codes: Primary: **G10** (Huntington's disease). Cognitive manifestations: **F02.A0–F02.A4** (mild), **F02.B0–F02.B4** (moderate), **F02.C0–F02.C4** (severe) = **code G10 FIRST**;[4] **G31.84** (mild NCD) alone: do **NOT** add G10.[4] **Psychiatric manifestations** (etiologically linked to HD): **F06.31/ F06.32** (mood disorder due to physiological condition), **F06.4** (anxiety), **F06.0/F06.2** (psychotic features) = use physiological etiology codes, **NOT** primary psychiatric codes.[4] **Motor and somatic**: **R25.8** (chorea), **G24.8** (other dystonia), **R13.12** (oropharyngeal dysphagia), **J69.0** (aspiration pneumonia), **R26.81** (unsteadiness on feet), **R63.4** (abnormal weight loss); **Z82.0/ Z15.89** for family history and gene-positive pre-manifest status.[4]

Prevalence & Burden: US Medicare and Medicaid HD prevalence is **13.1 per 100,000** beneficiaries with incidence **6.1 per 100,000** person-years.[1] **LoHD** accounts for approximately **11–25%** of all HD and is growing; the proportion of new HD diagnoses with late onset rose from **21%** (1991–2000) to **33%** (2001–2010).[3] Notably, **31–53% of LoHD patients** have **no known family history** and this is the single most important driver of **missed diagnosis**.[3] **Aspiration pneumonia** is the leading cause of HD death (~19.5-22% of HD deaths);[5] Black patients are less than **half as likely** as White patients to be referred for genetic evaluation (OR 0.49, $p<0.001$),[6] and patients in the lowest-wealth quartile are significantly less likely to undergo genetic evaluation (OR 0.67).[7]

HCC V28/RAF Mapping

ICD-10 CODES[4,6]	HCC CATEGORY[7]	RAF WEIGHT (CNA)[8]	APPLICABILITY AND DOCUMENTATION[4]
G10 (Huntington Disease)	**HCC 200:** Friedreich and Other Hereditary Ataxias; Huntington Disease	0.279	Confirmed diagnosis by genetic testing (**CAG ≥36**) **OR** clinical motor DCL 4 with family history; document CAG repeat length in problem list **annually**; G10 must appear (primary or secondary) at **every encounter** for HCC 200 mapping
F02.C0–F02.C4 (major NCD due to HD, severe)	**HCC 125:** Dementia/Severe	0.341	Major NCD due to HD, **severe**; advanced-stage HD with documented severe NCD; code G10 **FIRST** and **explicitly state** NCD severity

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