



Huntington's Disease

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT	3
HCC V28/RAF Mapping	3
2. RECOGNITION AND DIAGNOSIS	6
Diagnostic Workups Covered under Medicare Part B (symptom- or family-prompted).....	6
Subtle Early Signs in Older Adults (Late-Onset HD)	7
Geriatric Risk Factors	8
HD Diagnosis, Staging and Classification	9
Clues to Dig Deeper	11
Common Oversights	12
Key Differentials in Elderly	13
Comorbidity Screening	14
3. MEAT DOCUMENTATION ESSENTIALS	16
Clinical Documentation Elements	16
Reframing Common Documentation Shortcuts	17
4. TREATMENT AND REFERRAL QUICK GUIDE	18
Treatment Pathway by Symptom	19
Non-Pharmacologic Care and Supportive Interventions	19
Medication Safety and Key Interactions	20
When to Refer	22
Follow-Up Timing	23
Comorbidity Management — Primary Care Role.....	23
Cost-Smart Options	24
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
EHR Workflow Tips	29
Brief Case Examples.....	30
REFERENCES	31

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

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