AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Myasthenia Gravis

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Myasthenia gravis (MG) is a chronic autoimmune neuromuscular junction disorder characterized by fatigable skeletal muscle weakness — strength that worsens with sustained or repeated activity and recovers with rest. Caused by autoantibodies disrupting neuromuscular transmission, most commonly blocking or destroying acetylcholine receptors (AChR) at the postsynaptic membrane; the thymus plays a central role in initiating the immune response. Classified by antibody status (AChR ~**85%**; MuSK ~**5–8%**; double-seronegative ~**5–10%** — some with LRP4 or agrin antibodies) and by clinical extent (ocular Class I vs generalized Classes II–V); ~**50%** of ocular MG converts to generalized within 2 years.[1–3]

ICD-10 Codes:

Primary: **G70.00** (without acute exacerbation), **G70.01** (with acute exacerbation/myasthenic crisis). Related: **G70.1** (toxic myoneural disorders), **G70.2** (congenital — NOT autoimmune MG), **G70.81** (Lambert-Eaton in disease classified elsewhere), **G70.80** (Lambert-Eaton unspecified), **G70.9** (unspecified — avoid once confirmed). Ancillary during crisis: **J96.00–J96.02** (acute respiratory failure — frequently undercoded), **R13.10–R13.19** (dysphagia), **C37** (thymoma — ~**10-20%** of MG patients), **D15.0** (benign thymus), **E06.3/E05.x/E03.x** (thyroid), **M05.x/M06.x** (RA).

Prevalence and Burden: US MG prevalence is 14–20 per 100,000 and rising with an aging population. Medicare claims (2006–2019) show MG prevalence in beneficiaries ≥65 rose from 81 to 119 per 100,000 ($p<0.001$); **45–49%** of new MG diagnoses now occur in patients ≥65. Very late-onset MG (VLOMG, ≥65) is nearly universally AChR-positive (>**90%**) and presents with greater severity (more MGFA IVB/V at onset, $p=0.002$). Myasthenic crisis (acute respiratory failure requiring ventilation) occurs in **15–20%** overall and ~**21%** in elderly. Diagnostic delay disproportionately affects women — 4.9 providers seen before diagnosis vs 3.0 men in US data; median delay 6.0 vs 3.2 months in Finnish cohort ($p=0.012$).[1,4]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
G70.01 (with acute exacerbation/ myasthenic crisis)	HCC 195 — Myasthenia Gravis with (Acute) Exacerbation	2.909	Acute respiratory failure, bulbar crisis, IVIG/PLEX rescue, or hospitalization; document deterioration from baseline; code J96.00–J96.02 separately for respiratory failure during crisis
G70.00 (without acute exacerbation)	HCC 196 — Myasthenia Gravis without Exacerbation and Other Myoneural Disorders	0.516	Stable/chronic MG; document MGFA class, current symptom burden, active treatment regimen, and last specialist contact