AAVBC

AMERICAN ACADEMY OF VALUE BASED CARE

Alcoholic Hepatitis

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Alcoholic hepatitis (AH) is an acute inflammatory liver syndrome caused by prolonged heavy alcohol use, characterized by rapid-onset jaundice, hepatocellular injury, and systemic inflammation. The NIAAA 2016 consensus definition requires jaundice within the prior 8 weeks; ongoing heavy alcohol use (>40 g/day women, >60 g/day men) for **≥6** months with **<60** days of abstinence before jaundice onset; serum bilirubin >3 mg/dL; **AST >50 IU/L** with **AST/ALT ratio >1.5** (both <400 IU/L); and exclusion of competing diagnoses (drug-induced liver injury, viral hepatitis, autoimmune hepatitis, biliary obstruction).[1-3]

ICD-10 Codes: K70.10 (alcoholic hepatitis without ascites) and **K70.11** (alcoholic hepatitis with ascites) are the primary codes — both map to HCC 65 under CMS-HCC V28. **F10.xx** (alcohol use disorder) codes must be sequenced alongside **K70.1x** at every encounter — AUD is the root cause, not a secondary finding.[1] **Do NOT use Z87.891 ('history of alcoholic liver disease') when disease is active with ongoing elevated bilirubin, jaundice, or active treatment — this is the single most common AH coding error**. Avoid **K70.9** (unspecified) when **K70.10 or K70.11** can be supported[4,5]

Prevalence and Burden: Approximately 130,000 to **150,000+ U.S. hospitalizations per year** are directly attributed to AH (with primary diagnosis admissions alone exceeding 60,000 annually). True systemic incidence is even higher due to underdiagnosis of mild-to-moderate cases in the outpatient setting. **In-hospital mortality** for **severe AH (MELD >20) ranges 20-50%** without corticosteroid eligibility assessment. Severity bands: moderate (**MELD ≤20, 10-20%** one-year mortality); severe (**MELD >20, ~20%** 90-day mortality); Maddrey DF ≥32 historically identified **50% 30-day mortality untreated**.[1,2,6] In adults **≥65**, immunosenescence, polypharmacy, and CKD amplify corticosteroid-related infection and AKI risk — **15%** of U.S. adults 60–94 consume alcohol at misuse levels and binge drinking has risen sharply in adults >50 since 2000.[7]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF WEIGHT (CNA)	DOCUMENTATION REQUIREMENT
K70.10 (Alcoholic hepatitis without ascites)	**HCC 65**	0.185	Document ascites explicitly ABSENT (physical exam — no shifting dullness, no fluid wave; imaging confirming no ascites, or paracentesis if performed). Active disease supported by bilirubin, **AST/ALT ratio >1.5**, ongoing alcohol use or recent AUD treatment. Annual re-documentation required
K70.11 (Alcoholic hepatitis with ascites)	**HCC 65**	0.185	Document ascites present by physical exam (shifting dullness, fluid wave), imaging (ultrasound/CT), or paracentesis. Active disease markers as for **K70.10**. Ascites is a clinical assessment requirement, not an administrative coding formality