AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Ulcerative Colitis

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Ulcerative colitis (UC) is a chronic immune-mediated inflammatory bowel disease characterized by **continuous mucosal inflammation beginning in the rectum and extending proximally through the colon.**[1,2] Disease extent is classified as **proctitis** (rectum only), **left-sided colitis** (rectum to splenic flexure), or **pancolitis** (extends proximal to splenic flexure).[1,3] Based on the most proximal extent of inflammation documented by colonoscopy and histopathology.

ICD-10 Codes:

Category **K51** — anatomic location and complication required for billing specificity.[4] **K51.0x** (pancolitis), **K51.2x** (proctitis), **K51.3x** (rectosigmoiditis), **K51.4x** (inflammatory polyps), **K51.5x** (left-sided colitis), **K51.8x** (other UC), **K51.9x** (unspecified — AVOID when extent is known). **Fifth-character complication codes: 11** (rectal bleeding), **12** (intestinal obstruction), **13** (fistula), **14** (abscess), **18** (other), **19** (unspecified complications).[4] **TRAP: Z87.19** (personal history of digestive disease) applies ONLY after curative total proctocolectomy — UC in remission with intact colon remains **K51.x.**[4] **Concurrent comorbidities to code: M07.6x** (peripheral arthropathy — ~11% of UC), **K83.0** (PSC — ~2.5%), **I82.4x** (DVT — UC carries 2–4× VTE risk), **M80.x/M81.x** (osteoporosis from steroid exposure), **F32.x** (depression).[5,6]

Prevalence and Burden: UC affects approximately **600,000–900,000 individuals** in the United States with prevalence **~238 per 100,000.**[1,7] Bimodal age distribution — peak incidence between ages 15–35 and a second peak between 50–70 — makes the Medicare population clinically significant.[1,8] **Elderly-onset UC (≥60) carries significantly higher complication rates: C. difficile infection** (11.0% vs 5.4% younger-onset), **CMV infection** (OR 2.9), **colorectal cancer** (3.2% vs 0.9%), and **all-cause mortality** (7.0% vs 1.0%).[8] **UC-associated VTE risk is 2–4× the general population** (HR 2.12, 95% CI 2.02–2.23);[6] CRC risk after 20 years of UC is ~4.5% with 1.7-fold higher risk vs general population; patients with PSC carry up to 5× CRC risk requiring annual surveillance.[1,6] During annual review, follow FY 2026 ICD-10-CM Official Guidelines by confirming UC as an active diagnosis when it requires ongoing monitoring, evaluation, treatment, surveillance, medication management, or GI follow-up.[9]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)[4,10,11]	RAF (CNA)	DOCUMENTATION REQUIREMENT
K51.00, K51.011–K51.019 (Universal/ Pancolitis)	HCC 81 — Ulcerative Colitis	**0.244**	Active pancolitis confirmed by colonoscopy with histopathology[13,14]
K51.20, K51.211–K51.219 (Ulcerative Proctitis)	HCC 81	**0.244**	**Inflammation limited to rectum** (≤18 cm from anal verge); **most common pattern in elderly-onset UC**[8]
K51.30, K51.311–K51.319 (Rectosigmoiditis)	HCC 81	**0.244**	**Colonoscopy confirming rectum + sigmoid involvement**[13]