AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Liver Cancer

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Hepatocellular carcinoma (HCC) is the most common primary malignancy of the liver (~75–85% of primary liver cancers) and arises predominantly from hepatocytes in the setting of chronic liver disease.[1] Cirrhosis is present in >80% of cases;[1] the dual diagnostic challenge of HCC and the failing liver must both be managed simultaneously. Liver cancer incidence in the US has tripled over the past four decades,[2] driven by the convergence of three epidemics: HCV (birth cohort 1945–1965, now Medicare-aged), MASLD/NASH fueled by obesity and type 2 diabetes, and historically undertreated HBV.[3]

ICD-10 Codes:

Primary tumor: **C22.0** (liver cell carcinoma — most common; preferred over C22.8/C22.9), **C22.1** (intrahepatic cholangiocarcinoma), **C22.2–C22.4** (rare histologies), **C22.7** (other specified), **C22.8** (unspecified type — **AVOID**), **C22.9** (not specified as primary or secondary — AVOID, commonly overused). Secondary/metastatic liver involvement: **C78.7** (secondary malignant neoplasm of liver and intrahepatic bile duct). **Status code: Z85.05** (personal history — only after complete eradication and end of active surveillance). Concurrent **comorbidities to code: K74.60** (cirrhosis), **B18.2** (HCV), **B18.0/B18.1** (HBV), **K75.81/K76.0** (NASH/MASLD), **E11.x** (T2DM), **K76.6** (portal hypertension), **Z94.4** (liver transplant status), **K76.82** (hepatic encephalopathy).[4,5,6]

Prevalence and Burden: Approximately **42,340 new cases** of primary liver and intrahepatic bile duct cancer projected in the US in 2026 (27,790 men; 14,550 women), with **30,980 deaths**.[2] **5-year survival across all stages remains below 20%**; most patients are diagnosed at intermediate or advanced BCLC stages when curative options are foreclosed.[7] **Incidence is rising most rapidly in adults ≥60 years** and in rural areas (5.7% annual increase).[8] Black patients have 50% higher incidence and are diagnosed at more advanced BCLC stages (74% at stage C/D vs 57% in White patients).[8] **HCV effect on HCC risk strengthens with age**: HR 22.51 at age ≥70 vs HR 5.72 at age 50.[3] Surveillance utilization remains ~24% across all settings; only ~16% achieve guideline-concordant semiannual surveillance.[9,25]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
C22.0 Hepatocellular carcinoma (primary)	HCC 22 — Bladder, Colorectal and other Cancers (incl. hepatocellular carcinoma)[10]	0.363	Active **primary liver malignancy** confirmed by **imaging** (LI-RADS LR-5) or biopsy;[11] document 'hepatocellular carcinoma' explicitly to support C22.0 — preferred over C22.8/C22.9

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