



Liver Cirrhosis

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Liver cirrhosis is the fibrotic replacement of normal hepatic parenchyma resulting from chronic hepatocellular injury, characterized by distortion of lobular architecture and formation of regenerative nodules.¹ Cirrhosis spans a clinical spectrum from compensated disease (with median survival >12 years) to decompensated disease, defined by ascites, variceal hemorrhage, hepatic encephalopathy (HE), or jaundice, at which point median survival falls to <1.5 years.² Noninvasive diagnosis is now standard using FIB-4 index followed by transient elastography (liver stiffness measurement ≥ 15 kPa $\approx$ cirrhosis); liver biopsy is rarely needed. **Major etiologies in older adults: metabolic-associated steatotic liver disease (MASLD/NASH), chronic hepatitis B (HBV) and C (HCV), and alcohol-associated cirrhosis.**

ICD-10 Codes:

Primary cirrhosis codes under **K74.x** (Fibrosis and Cirrhosis of Liver): **K74.60** (unspecified—avoid when etiology known); **K74.69** (other cirrhosis, including NASH/cryptogenic); **K70.30/K70.31** (alcoholic cirrhosis without/with ascites). Secondary stream: **K72.10/K72.11** (chronic hepatic failure without/with coma).³

Complication codes: **G93.40** (hepatic encephalopathy); **R18.8** (ascites, non-alcoholic); **I85.01/I85.11** (esophageal varices with/without bleeding); **K65.2** (spontaneous bacterial peritonitis); **K76.7** (hepatorenal syndrome).

Associated codes critical: **B18.1** (chronic HBV), **B18.2** (chronic HCV), **E11.x** (type 2 diabetes, common in MASLD), **E66.01** (morbid obesity), **C22.0** (hepatocellular carcinoma). **Do NOT use Z87.19 (history of liver disease) when cirrhosis is active—this suppresses HCC mapping.**

Prevalence and Burden: Cirrhosis affects approximately **2.2 million adults** in the US, with age-adjusted mortality rising from **14.9 to 21.9 per 100,000 between 2010 and 2021**.¹ Among Medicare Advantage enrollees, cirrhosis prevalence reached **1.67%** in 2018—the highest across all insurance types.⁴ Among patients ≥ 65 newly diagnosed with cirrhosis, NASH is the leading etiology, followed by viral hepatitis and alcohol use; all-cause mortality is significantly higher than in younger cohorts (HR 2.26, 95% CI 1.89–2.69). Comorbidity burden is substantial: **53.8% of cirrhosis patients ≥ 65 have ≥ 2 additional chronic diseases** (diabetes, CVD, CKD) compared to **35.8% in ages 40–64**.²

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY	RAF WEIGHT (CNA)	DOCUMENTATION REQUIREMENT
K74.60 (Unspecified cirrhosis of liver)	HCC 64	0.447	AVOID as primary code when etiology is known. Most common coding error. Use only when etiology is undetermined after clinical workup. Requires documentation of diagnostic workup performed (imaging, serology, alcohol history assessment)

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