AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Liver Cirrhosis

Quick Reference Guide

2026

Table of Contents

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 ≈ 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)