AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Chronic Hepatitis

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Chronic hepatitis is **sustained hepatic inflammation persisting ≥6 months**, driven by **five principal etiologies** in primary care: **chronic viral hepatitis B** (**HBV**), chronic **viral hepatitis C** (**HCV**), **metabolic dysfunction-associated steatohepatitis** (**MASH**, the inflammatory phenotype of MASLD), **autoimmune hepatitis** (**AIH**), and **alcohol-related** or **drug/toxin-induced** chronic hepatitis.[1–5] Regardless of etiology, **unresolved inflammation** drives progressive **fibrosis** toward **cirrhosis**, **portal hypertension**, **decompensation**, and **hepatocellular carcinoma** (HCC).[6–10]

ICD-10 Codes

HBV **B18.1** (**without delta**; most common HBV code) and **B18.0** (**with delta**/HDV co-infection); HCV **B18.2** (**most common HCV code**, genotype specified when known); **K70.1** (chronic alcoholic hepatitis); **K71.x** (chronic drug/toxin-induced; **specify causative agent**); **K75.4** (autoimmune hepatitis); **K75.3** (granulomatous hepatitis, NEC); **K73.9** (chronic hepatitis unspecified; reserved **ONLY** when extensive evaluation has **not established etiology**). **Avoid B19.x** (**unspecified** viral hepatitis) and **Z87.39** ('history of hepatitis') for active chronic hepatitis disease states.

Prevalence and Burden: Chronic liver disease **disproportionately affects older adults**. **MASLD** is the most prevalent etiology, with peak incidence at ages **61–65** and MASLD-related cirrhosis the leading transplant indication for adults over 65; projected MASLD case counts in those ≥80 years will **increase 300% by 2050**.[11,12] The **1945–1965 birth cohort** carries a **sixfold higher** HCV prevalence than other age groups and accounts for **~75%** of US HCV infections and HCV-related mortality; an estimated **2.4 million adults** have chronic HBV, with approximately **two-thirds undiagnosed**.[13–15] Alcohol-associated liver disease prevalence and mortality are rising in older adults, with **15%** of adults aged **60–94** consuming alcohol at **misuse levels** and the greatest increases in binge drinking occurring in those **over 50**.[12,16] AIH incidence is highest in adults **over 65** (**3.59/100,000 person-years**), with a 3:1 female predominance and frequent presentation with advanced fibrosis.[17–19] Drug-induced liver injury risk **rises with age due to polypharmacy**, with **32%** of DILI events reported in adults ≥65.[20,21] Cirrhosis prevalence among Medicare Advantage enrollees reached **1.67%** in 2018, **more than double** the commercially insured rate, increasing **8.1%** year-over-year.[22,23]

HCC/RAF V28 Mapping

ICD-10 CODE(S)[24]	HCC CATEGORY (V28)[25]	RAF (CNA)*[26]	DOCUMENTATION REQUIREMENT[24]
B18.1 (HBV without delta) **B18.0 (HBV with delta/HDV)**	**HCC 65** Chronic Hepatitis	0.185	**Chronic HBV**; **document:** HBsAg positivity ≥6 months confirming chronicity; HBV DNA level and HBeAg/anti-HBe status; treatment phase (immune-tolerant vs. immune-active); annual MEAT required; **HDV co-infection** must be **documented separately when B18.0 applies**