AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Acromegaly

Quick Reference Guide

2026

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1 CLINICAL SNAPSHOT

Definition: Acromegaly is a chronic endocrine disorder caused by sustained excess of **growth hormone** (GH), arising in more than **95%** of **cases from** a **benign GH-secreting pituitary adenoma.** Unregulated GH drives hepatic production of **insulin-like growth factor-1** (IGF-1), which produces progressive somatic enlargement of bone, soft tissue, and visceral organs along with a systemic cardiovascular, metabolic, and musculoskeletal burden. Because growth is gradual, acromegaly is better understood as an **underdiagnosed systemic disease** than a rare endocrine curiosity: the diagnosis is typically delayed **6–10 years** from symptom onset, and by then patients carry a mean of roughly **four coexisting comorbidities**. The single highest-value primary care behavior is to check a serum IGF-1 when a cluster of common comorbidities accumulates is not to wait for overt acral or facial change.[1,2]

ICD-10 Codes:

Acromegaly is reported with **E22.0** (acromegaly and pituitary gigantism) — the most specific available code — supported by documentation of "acromegaly due to GH-secreting pituitary adenoma". Because a pituitary adenoma is the cause in more than 95% of cases, **D35.2** (benign neoplasm of pituitary gland) is a required companion code whenever the adenoma is documented. **E23.0** (hypopituitarism) is coded when post-surgical or post-radiation pituitary insufficiency is present. Avoid **E22.9** (hyperfunction of pituitary gland, unspecified) — it lacks specificity and does not map to an HCC; use **E22.8** only for non-GH pituitary hypersecretion. Code each GH-driven comorbidity to its true etiology rather than a nonspecific term: type 2 diabetes (**E11.-**, not **R73.09** hyperglycemia), obstructive sleep apnea (**G47.33**, not **G47.9**), bilateral carpal tunnel syndrome (**G56.03**, not unspecified neuropathy), acromegalic arthropathy (**M14.8-**, with **E22.0** as the underlying cause), hypertensive heart disease (**I11.-**), and cardiomyopathy (**I42.-**).[3]

Prevalence and Burden: Acromegaly is estimated to affect approximately **25,000 people in the United States**, with **roughly 3,000 new cases diagnosed annually.** Two large US claims-based analyses using nationwide databases (2008–2013) found a prevalence of approximately 78–88 cases per million enrollees, with incidence rates of about 11 new cases per million person-years.[4]

HCC/RAF V28 Mapping

ICD-10 CODE(S)[3]	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
E22.0 (Acromegaly and pituitary gigantism)	HCC 51 — Addison's and Cushing's Diseases/ Acromegaly/ Other Specified Endocrine Disorders[31]	**0.510**	Acromegaly and pituitary gigantism. Document 'acromegaly due to GH-secreting pituitary adenoma;' must appear at every encounter where acromegaly is managed, including 'controlled' post-treatment visits
D35.2 (Benign neoplasm of pituitary gland)	HCC 23 — Prostate/ Breast/and Other Cancers and Tumors	0.186	Benign neoplasm of pituitary gland. Code alongside **E22.0** whenever the adenoma is documented (>95% of cases); omitting it misses the disease mechanism