AAVBC
AMERICAN ACADEMY OF VALUE BASED CARE

Muscular Dystrophy

Quick Reference Guide

2026

Table of Contents

1. CLINICAL SNAPSHOT **3**
HCC/RAF V28 Mapping **3**
2. RECOGNITION AND DIAGNOSIS **4**
Medicare Screenings and Diagnostic Coverage **4**
Subtle Early Signs in Older Adults (>65) **5**
Geriatric Risk Factors and Late-Onset Subtypes **6**
Diagnostic Thresholds and Confirmation **7**
Clues to Dig Deeper **7**
Common Oversights **8**
Key Differentials in Elderly **8**
Comorbidity Screening **9**
Validated Functional Measures and Classification **10**
Muscular Dystrophy Functional Rating Scale (MDFRS) **10**
3. MEAT DOCUMENTATION ESSENTIALS **13**
Documentation Elements That Protect the Record **13**
Reframing Common Documentation Shortcuts **14**
4. TREATMENT AND REFERRAL QUICK GUIDE **15**
Therapy Escalation Criteria **15**
Guideline-Aligned Management by Category **15**
Non-Pharmacologic Care and Supportive Interventions **16**
Medication Safety and Key Interactions **17**
When to Refer **18**
Follow-Up Timing **18**
Comorbidity Management **19**
Patient Education and Adherence **19**
Cost-Smart Options **20**
Quality Metrics Tie-In **21**
5. CODING REMINDERS AND CASE EXAMPLES **25**
Coding Specificity **25**
Annual Clinical Review and Confirmation **25**
Good Documentation – EHR Tips **26**
Brief Case Examples **26**
REFERENCES **27**

1 CLINICAL SNAPSHOT

Definition: Muscular dystrophy (MD) is a group of genetically determined myopathies causing **progressive skeletal-muscle degeneration and weakness**, driven by mutations in the **dystrophin-glycoprotein complex** and related structural, enzymatic, and nuclear-envelope proteins.[1] More than **40 causative genes** are recognized across subtypes.[2] Although MD is widely stereotyped as a pediatric disease, several forms present or accelerate in older adults - **myotonic dystrophy type 2 (DM2)**, **limb-girdle MD (LGMD)**, **facioscapulohumeral MD (FSHD)**, and **oculopharyngeal MD (OPMD)** - where adult-onset diagnostic delay runs about **4 to 14 years**.[3-7] The clinical stakes in older adults are **systemic**, not just motor: cardiomyopathy and conduction disease, restrictive respiratory failure, and dysphagia with aspiration risk all track with these disorders.

ICD-10 Codes:

MD is coded under category **G71.0-**, and the FY2026 tabular provides granularity down to the specific protein-dysfunction level – always assign the most specific code the record supports. **G71.01** covers Duchenne or Becker MD; **G71.02** facioscapulohumeral MD; the LGMD series runs **G71.031** (autosomal dominant), **G71.032** (calpain-3), **G71.033** (dysferlin), **G71.0340-.0349** (sarcoglycan, 6th character = alpha/beta/other), **G71.035** (anoctamin-5), and **G71.036** (fukutin-related protein); **G71.09** documents other specified MD – **Emery-Dreifuss, OPMD, and congenital MD** (which has no dedicated code). Myotonic MD is **G71.11**. Reserve **G71.00 (unspecified)** for cases genuinely pending workup - it lacks specificity and invites audit scrutiny.[8]

Prevalence and Burden: MDs are individually rare and reported by subtype rather than in aggregate. **Myotonic dystrophy is the most common adult-onset MD**, with an estimated incidence of **~1 per 8,000** and adult DM1 prevalence **~10.6 per 100,000**.[2,9] DM2 is likely underestimated, with a diagnostic delay averaging **14 years**.[4] **FSHD** affects **~3 per 100,000,**[2] and **LGMD** ranges from **1:14,500**[10] **to 1.63:100,000**[11] by subtype. DMD/BMD incidence is **~1 in 5,000-6,000 live male births**, about one-third from de novo mutations.[12,13]

HCC/RAF V28 Mapping

ICD-10 CODE(S)	HCC CATEGORY (V28)	RAF (CNA)	DOCUMENTATION REQUIREMENT
G71.0- (Muscular dystrophy, all subcodes)	HCC 197 - Muscular Dystrophy	**0.426**	**Named subtype + genetic and/or CK evidence**; confirm at least annually
G71.11 (Myotonic disorders)	HCC 197 - Muscular Dystrophy	**0.426**	**Specify DM1 vs DM2**; CTG/CCTG repeat expansion
G71.20-.29- – (Congenital myopathies)	HCC 197 - Muscular Dystrophy	**0.426**	**Named myopathy** (nemaline, myotubular, centronuclear)