

ICD-10-CM

Select List of Codes for Hepatitis B

(Effective October 1, 2018 through September 30, 2019)

Hepatitis B Diagnosis	
B18.0	Chronic viral hepatitis B with delta-agent
B18.1	Chronic viral hepatitis B without delta-agent
B19.10	Unspecified viral hepatitis B without hepatic coma
B19.11	Unspecified viral hepatitis B with hepatic coma
B16.0	Acute hepatitis B with delta-agent and with hepatic coma
B16.1	Acute hepatitis B with delta-agent and without hepatic coma
B16.2	Acute hepatitis B without delta-agent and with hepatic coma
B16.9	Acute hepatitis B without delta-agent and without hepatic coma
B17.0	Acute delta-(super) infection of hepatitis B carrier
B17.8	Other specified acute viral hepatitis
B17.9	Acute viral hepatitis, unspecified

Potential Symptoms Related to Hepatitis B

R17	Jaundice
R11.0	Nausea (without vomiting)
R11.2	Nausea (with vomiting)
G93.3	Postviral fatigue syndrome
R53.1	Weakness
R53.82	Chronic fatigue, unspecified
R53.83	Other fatigue
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R10.10	Upper abdominal pain, unspecified
R10.30	Lower abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.81	Abdominal tenderness

Liver-Related Symptoms/Complications	
R94.5	Abnormal results of liver function studies
K74.0	Hepatic fibrosis
K74.60	Unspecified cirrhosis of the liver
K74.69	Other cirrhosis of the liver
K76.6	Portal hypertension
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
K72.90	Hepatic failure, unspecified without coma
K72.91	Hepatic failure, unspecified with coma
K72.00	Acute and subacute hepatic failure without coma
K72.01	Acute and subacute hepatic failure with coma
R16.0	Hepatomegaly, not elsewhere classified
R16.1	Splenomegaly, not elsewhere classified
R16.2	Hepatomegaly with splenomegaly, not elsewhere classified
C22.1	Intrahepatic bile duct carcinoma
C22.8	Malignant neoplasm of liver, primary, unspecified as to type

Others

Z11.59	Encounter for screening for other viral diseases
Z20.5	Contact with and (suspected) exposure to viral hepatitis
Z20.828	Contact with and (suspected) exposure to other viral communicable diseases
Z23	Encounter for immunization
Z86.19	Personal history of other infectious and parasitic diseases
Z85.05	Personal history of malignant neoplasm of liver
R76.8	Other specified abnormal immunological findings in serum
P00.89	Newborn affected by other maternal conditions
O98.41	Viral hepatitis complicating pregnancy

ICD-10 Code Lookup: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2019/icd10cm_tabular_2019.pdf.

This is a select list of ICD-10 codes that may be used for ordering tests related to screening and diagnosing potential patients with HBV infection. Please consult the latest ICD-10-CM for a full list of ICD-10 codes. This is for your information only. Each provider must make an individualized decision for each patient's needs. Gilead does not guarantee the coverage or reimbursement of any item or service through the use of these codes.

Burden of Chronic Hepatitis B in the United States

- Approximately 2 million people are living with chronic HBV infection in the US^{1,2}
- About 2 in 3 persons with chronic HBV infection are not aware that they are infected and are at risk of infecting others as well as of developing serious liver diseases later in life^{3,4}
- Of persons with chronic HBV infection^{4,5}
 - 15% to 40% will develop cirrhosis, liver cancer, or liver failure
 - 15% to 25% may die prematurely due to these complications

Hepatitis B Screening

The following tests are recommended for HBV screening (ACP/CDC, USPSTF)^{5,6}

Hepatitis B surface antigen (HBsAg)

Hallmark of infection
(CPT code: 87340)

Antibody to HBsAg (anti-HBs)

Marker of immunity
(CPT code: 86706)

Antibody to hepatitis B core antigen (anti-HBc)

Marker of prior exposure
(CPT code: 86704)

Interpretation and management based on screening test results (AASLD, ACP/CDC)^{5,7}

Screening Tests			Interpretation	Management
HBsAg	Anti-HBs	Anti-HBc ^a		
+	-	+	Acute or chronic infection ^b	Additional testing and management needed
-	+ / -	+	Exposure to HBV; Risk for reactivation	Follow up as appropriate^{c,d}
-	+	-	Immunity from vaccination	No further action required
-	-	-	Uninfected and not immune (at risk for infection)	Vaccinate

^aAnti-HBc refers to total anti-HBc.⁵

^bPatient is chronically infected if HBsAg+ for ≥6 months. Patients with acute infection will be positive for anti-HBc IgM.⁴

^cPatients undergoing immunosuppressive therapy or treatment with direct-acting antivirals for HCV coinfection should be monitored for HBV reactivation.⁷

^dPatients with cirrhosis should be screened every 6 months for hepatocellular carcinoma per the AASLD guidance.⁷

Linkage to Care for Persons With Chronic HBV Infection

- The initial evaluation should include⁸
 - A history and physical examination
 - Careful assessment of risk factors for coinfection
 - Determination of alcohol use
 - Inquiry about a family history of HBV infection and liver cancer
 - Laboratory tests to assess liver disease activity and function, markers of HBV replication, and tests for coinfection (eg, HCV, HDV, HIV)
- Patients should be counseled regarding prevention of transmission and the importance of lifelong monitoring. Eligible patients should be treated promptly, if appropriate⁷

“These people are at risk of a slow progression to severe liver disease and death unless they receive timely testing and treatment.”

“There is a new generation of highly effective medicines for treating chronic HBV...”

— World Health Organization^{9,10}

AASLD=American Association for the Study of Liver Diseases; ACP=American College of Physicians; anti-HBc=antibody to hepatitis B core antigen; anti-HBs=antibody to hepatitis B surface antigen; CDC=Centers for Disease Control and Prevention; HBsAg=hepatitis B surface antigen; HBV=hepatitis B virus; HCV=hepatitis C virus; HDV=hepatitis D virus; HIV=human immunodeficiency virus; IgM=immunoglobulin M; USPSTF=US Preventive Services Task Force.

References: 1. Gish RG, et al. *Hepatology*. 2015;62:1339-1341; 2. Kowdley KV, et al. *Hepatology*. 2012;56:422-433; 3. Cohen C, et al. *J Viral Hepat*. 2011;18:377-383; 4. CDC. *MMWR Recomm Rep*. 2008;57:1-20; 5. Abara WE, et al. *Ann Intern Med*. 2017;167:794-804; 6. LeFevre ML; USPSTF. *Ann Intern Med*. 2014;161:58-66; 7. Terrault NA, et al. *Hepatology*. 2018;67:1560-1599; 8. Terrault NA, et al. *Hepatology*. 2016;63:261-283; 9. WHO. Combating Hepatitis B and C to Reach Elimination by 2030. May 2016. www.who.int/hepatitis/publications/hep-elimination-by-2030-brief/en/. Accessed October 10, 2018; 10. WHO. Global Hepatitis Report, 2017. April 2017. <http://www.who.int/hepatitis/publications/global-hepatitis-report2017/en/>. Accessed October 10, 2018.



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