Hepatitis is the inflammation of the liver often caused by viral exposure.
Hepatitis B and C are the most common forms of Hepatitis transmitted by blood and body fluid.

**Note:** Hepatitis A is also common but transmitted by food. Hepatitis D and E are less common.

### STATISTICS

The CDC (2016) estimates that:

- 850,000 to 2.2 million Americans have Hepatitis B infection
- 2.7 million to 3.9 million Americans have Hepatitis C infection
- More deaths and chronic liver disease, including cirrhosis, liver failure, and liver cancer occur in Hepatitis C infected patients.

### TYPES OF HEPATITIS

**Hepatitis B with delta agent**
Defined as most severe and acute and chronic form of Hepatitis. It is transmitted either by the Hepatitis D viral strain, and is often linked towards the progression of cirrhosis and/or hepatocellular carcinoma. The virus is transmitted sexually, or by blood/body fluid exposure.

**Hepatitis B without delta agent**
Transmitted by the Hepatitis B virus strain that does not work in conjunction of the Hepatitis D viral strain. The virus is transmitted sexually, or by blood/body fluid exposure.

**Hepatitis C**
Transmitted by the Hepatitis C viral strain. The virus is transmitted sexually, or by blood/body fluid exposure.

**Persistent Hepatitis**
The persistent nature of Hepatitis is determined by hepatic biopsy, which fails to demonstrate necrotic damage of the liver.

**Active Hepatitis**
The active nature of Hepatitis is determined by hepatic biopsy, which reveals that active necrosis of the hepatocyte is occurring.

**Lobular Hepatitis**
A form of Hepatitis that affects one or more of the four (caudate, quadrate, left or right) lobes of the liver.

**Autoimmune Hepatitis**
A form of Hepatitis that is caused by the body’s own immune system attacking the hepatic cells of the liver. Typically, this form of Hepatitis is caused by a genetic predisposition or by environmental exposures.
**ASSOCIATED DISEASES**

- **Cirrhosis**
  Scarring or fibrosis of the functional cells (hepatocytes) of the liver, which occurs as a result of environmental, toxin (alcohol), or viral exposure

- **Primary biliary cirrhosis**
  Thought to be an autoimmune process that leads to destruction of the small biliary ducts of the liver

- **Secondary biliary cirrhosis**
  Partial or complete destruction of the extra-hepatic (large) biliary ducts of the liver

- **Hepatocellular carcinoma**
  The most common form of liver cancer, which is caused either by genetic predisposition, Hepatitis, or underlying cirrhosis

- **Hepatopulmonary syndrome**
  Intrapulmonary vasodilatation of the pulmonary vasculature, which results in shortness of breath and/or hypoxemia

- **Hepatorenal syndrome**
  The development of renal failure as a result of advanced hepatic failure, whereby there is a reduction in renal perfusion which may cause renal infarction

**RISK FACTORS**

- IV drug use
- Unprotected sex
- Multiple sex partners
- History of sexually transmitted disease
- Alcohol dependence
- Blood transfusion before 1992
- Persons that have not been inoculated with the Hepatitis B vaccine

> People born between 1945 and 1965 are five times more likely to have Hepatitis C (CDC, 2015).

**SIGNS AND SYMPTOMS**

- Nausea
- Vomiting
- Loss of appetite
- Jaundice
- Dark urine
- Abdominal pain
- Dry mucous membranes

**PHYSICAL EXAM FINDINGS**

- Fever, typically noted during the acute phase of virus
- Dehydration – loss of skin turgor and reduced capillary refill
- Anorexia
- Palmar erythema
- Malaise
- Firm and/or enlarged liver
- Fatigue
- Hepato-jugular reflux
- Urticaria
- Pulsatile liver
- Pruritus
- Ascites
- Fetor hepaticus

**DIAGNOSTIC TESTING**

- **Hepatitis B**
  - Hepatitis B surface antigen (HBsAg) is present in acute and chronic infection
  - The Anti-Hepatitis B core antigen (Anti-HBc IgM) is only positive during the acute phase of the infections

- **Hepatitis C**
  - There is no acute infectious phase serological testing available
  - Confirmation of infection determined by Anti-Hepatitis C (Anti-HCV) for initial screening, which can be confirmed with more specific testing through polymerase chain reaction (PCR) and/or nucleic acid testing (NAT)

**SECONDARY PREVENTION MEASURES**

- Inoculate against potential infections, such as influenza and pneumonia
- Consider providing Hepatitis A and B vaccines to those patients that are infected with the Hepatitis C infection
- Avoid medications and toxins that are metabolized by the liver
- Provide education that encourages the use of a protective sexual barrier
- Instruct the patient to avoid donating blood products

**CODING AND DOCUMENTATION TIPS**

- Verify patient name and date of birth
- Make sure there is a date of service with the clinical encounter
- Include provider name, credentials and signature
- Document the treatment and follow-up plan
- Consider the causative agent or behavior that led to the acquisition of Hepatitis
### Viral Hepatitis

<table>
<thead>
<tr>
<th>ICD-10-CM code</th>
<th>ICD-10-CM description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>B15.9</td>
<td>Acute Hepatitis A w/o hepatic coma</td>
<td>Hepatitis A (acute) (viral), not otherwise specified (NOS)</td>
</tr>
<tr>
<td>B18.0</td>
<td>Chronic viral Hepatitis B w/ delta agent</td>
<td></td>
</tr>
<tr>
<td>B18.1</td>
<td>Chronic viral Hepatitis B w/o delta-agent</td>
<td>• Chronic (viral) Hepatitis B  • Carrier of viral Hepatitis B</td>
</tr>
<tr>
<td>B18.2</td>
<td>Chronic viral Hepatitis C</td>
<td>Carrier of viral Hepatitis C</td>
</tr>
<tr>
<td>B18.8</td>
<td>Other chronic viral Hepatitis</td>
<td>Carrier of other viral Hepatitis</td>
</tr>
<tr>
<td>B18.9</td>
<td>Chronic viral Hepatitis, unspecified</td>
<td>Carrier of unspecified viral Hepatitis</td>
</tr>
<tr>
<td>B19.10</td>
<td>Unspecified viral Hepatitis B w/o hepatic coma</td>
<td>Unspecified viral Hepatitis B (NOS)</td>
</tr>
<tr>
<td>B19.20</td>
<td>Unspecified viral Hepatitis C w/o hepatic coma</td>
<td>Viral Hepatitis C NOS</td>
</tr>
<tr>
<td>B19.9</td>
<td>Unspecified viral Hepatitis w/o hepatic coma</td>
<td>Viral Hepatitis NOS</td>
</tr>
</tbody>
</table>

Tip: Viral Hepatitis in remission, any type, code to Hepatitis chronic, by type

### Chronic Hepatitis

<table>
<thead>
<tr>
<th>ICD-10-CM code</th>
<th>ICD-10-CM description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>K73.0</td>
<td>Chronic persistent Hepatitis, not elsewhere classified (NEC)</td>
<td></td>
</tr>
<tr>
<td>K73.1</td>
<td>Chronic lobular Hepatitis, NEC</td>
<td></td>
</tr>
<tr>
<td>K73.2</td>
<td>Chronic active Hepatitis, NEC</td>
<td></td>
</tr>
<tr>
<td>K73.8</td>
<td>Other chronic Hepatitis, NEC</td>
<td></td>
</tr>
<tr>
<td>K73.9</td>
<td>Chronic Hepatitis, unspecified</td>
<td></td>
</tr>
</tbody>
</table>

### Other related conditions

<table>
<thead>
<tr>
<th>ICD-10-CM code</th>
<th>ICD-10-CM description</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>K75.4</td>
<td>Auto-immune Hepatitis</td>
<td>Definition: Lupoid Hepatitis NEC</td>
</tr>
<tr>
<td>R17.1</td>
<td>Unspecified jaundice</td>
<td></td>
</tr>
<tr>
<td>K70.9</td>
<td>Alcoholic liver disease, unspecified</td>
<td></td>
</tr>
<tr>
<td>F10.21</td>
<td>Alcohol dependence, in remission</td>
<td></td>
</tr>
<tr>
<td>F11.21</td>
<td>Opioid dependence, in remission</td>
<td></td>
</tr>
<tr>
<td>F13.21</td>
<td>Sedative, hypnotic, or anxiolytic dependence, in remission</td>
<td></td>
</tr>
<tr>
<td>F14.21</td>
<td>Cocaine dependence, in remission</td>
<td></td>
</tr>
<tr>
<td>F15.21</td>
<td>Other stimulant dependence, in remission</td>
<td></td>
</tr>
<tr>
<td>Z72.51</td>
<td>High risk heterosexual behavior</td>
<td></td>
</tr>
<tr>
<td>Z72.52</td>
<td>High risk homosexual behavior</td>
<td></td>
</tr>
<tr>
<td>C22.-</td>
<td>Malignant neoplasm of liver and intra-hepatic bile ducts</td>
<td>Tip: Use additional code to identify: alcohol abuse and dependence (F10.-); Hepatitis B (B16.-, B18.0 – B18.1), Hepatitis C (B17.1-, B18.2)</td>
</tr>
</tbody>
</table>

### References:
