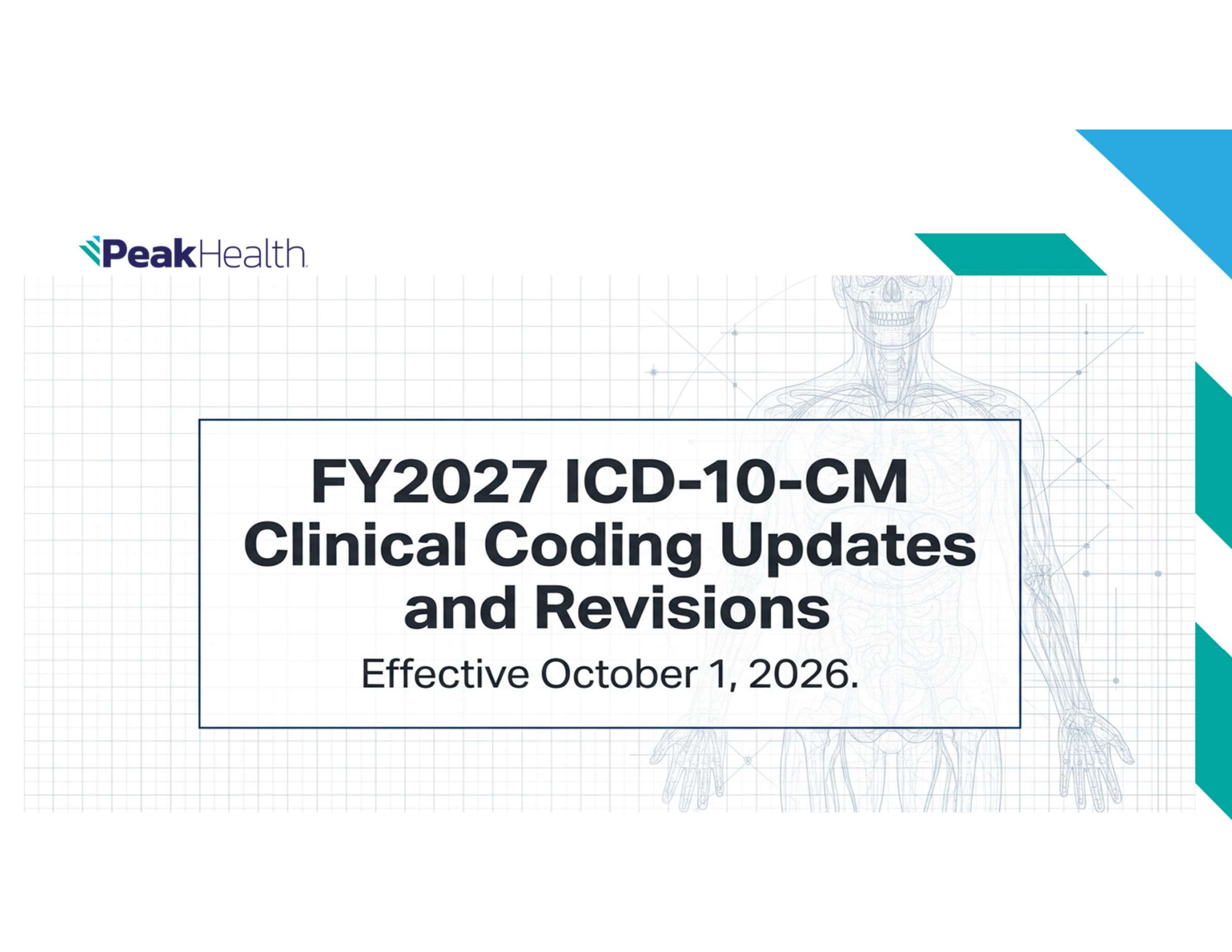


The background features a light blue grid pattern. On the right side, there are several overlapping geometric shapes in shades of blue and teal. A faint, wireframe illustration of a human figure is visible in the background, centered behind the text box. The text is enclosed in a dark blue rectangular border.

FY2027 ICD-10-CM Clinical Coding Updates and Revisions

Effective October 1, 2026.

The High-Resolution Patient: FY2027 ICD-10-CM Updates

Effective October 1, 2026: Moving from familiar choices to absolute clinical specificity.

74,879

Total codes

190

New codes

30

Deletions.

4

Title revisions

Core Focus Areas



More precise diagnosis reporting

Enhances accuracy in capturing patient conditions and complexities.



Expanded code families

Broadens clinical data capture for detailed condition classification.



Laterality and anatomical detail

Requires specific identification of affected side and exact location.



More specific history and exposure reporting

Captures comprehensive patient background and environmental factors.

Oncology: Granular Metastatic Topography

New Codes

ICD-10-CM		
!	C78.31	Secondary malignant neoplasm of larynx
!	C78.32	Secondary malignant neoplasm of pharynx
!	C79.83	Secondary malignant neoplasm of oral cavity

Clinical Impact

- ! Require more aggressive treatment
- ! Speech/swallowing impairment
- ! Increased rehab needs

Benefits of Specificity

- ✓ Enhanced patient identification for SLP services
- ✓ Improved disease burden reporting

Breast Coding Rules & Postprocedural Complications

Rule Hierarchy

C50.-



Avoid Autopilot: **D05** (carcinoma in situ of breast) is **NO LONGER** an **Excludes2**. It is now an **Excludes1**: malignant neoplasm of breast (**C50.-**).

D05.-

Complication Expansion: N99.86- breast complication



N99.860

Intraoperative and postprocedural nipple ischemia



N99.861

Intraoperative and postprocedural nipple necrosis

Seen in nipple-sparing surgeries; insufficient blood flow leading to tissue loss. Requires Hyperbaric oxygen therapy, Debridement, or Nipple resection/reconstruction.

Documentation Need

Current vs *in situ* disease, laterality/site, procedure relationship, timing of complication (intraoperative, postprocedural, or unrelated).



Hematology - Qualitative Platelet Defects

~~D69.1 Qualitative platelet defects~~

D69.11 Glanzmann thrombasthenia
(Glanzmann's disease,
Thrombasthenia)

D69.19 Other qualitative platelet
defects (Bernard-Soulier
syndrome, Grey platelet
syndrome, Thrombocytopathy)

Documentation Need: Specific platelet disorder;
if congenital/hereditary; associated bleeding
manifestations.



Endocrinology - Postprocedural Hypoglycemia

E89.83 Postprocedural hypoglycemia
(Use add'l code for level E16.A-)

E89.830 Post bariatric hypoglycemia

E89.838 Other postprocedural
hypoglycemia

Clinical Context

- Procedure link matters.
- Presents ≥ 6 months after bariatric surgery.
- Triggered after meals (1-3 hrs). Often overlooked.
- Managed with diet, CGM, medication.

Cardiology: Expanding the I-Codes

Delta Matrix

Cardiomyopathy Expansion Matrix

- Deleted: **I42.0** (Dilated)
- Deleted: **I42.8** (Other)

Added Precision

- I42.00** Unspecified
- I42.01** Familial-genetic
- I42.09** Other
- I42.81** Arrhythmogenic
- I42.89** Other (NEC)

Arrhythmias & Rhythm Disorders Update

- Added: **I47.22** Catecholaminergic polymorphic ventricular tachycardia [CPVT]
- Added: **I49.81** Brugada syndrome
- Added: **I49.82** Ventricular bigeminy (Use add'l code for dizziness **R42** or syncope **R55**)
- Added: **I49.89** Other specified cardiac arrhythmias NEC

Clinical Callout

Arrhythmogenic Cardiomyopathy involves PVCs/ventricular arrhythmias with sudden cardiac arrest risk. Managed via ablation, ICD, meds.

Respiratory & ENT: Pathways of Infection

Odontogenic Sinusitis (ODS) Pathology Flow



J34.83 Odontogenic sinusitis

- J34.830** Odontogenic maxillary sinus
- J34.831** Odontogenic ethmoid sinus
- J34.832** Odontogenic frontal sinus
- J34.833** Odontogenic sphenoid sinus
- J34.839** Odontogenic sinusitis, unspecified



Pulmonary Mycetoma

J4B Pulmonary mycetoma (Pulmonary fungal ball)

Coding Rule

Code also associated infection: aspergillosis (B44.-), chronic pulmonary coccidioidomycosis (B38.1), pulmonary candidiasis (B37.1).

Anatomical Geography: Abdominal, Pelvic & Flank Precision



Gastric & Intestinal

K31.B Hypertrophic pyloric stenosis, in childhood.



Hepatic Pathologies

K74.0A Hepatic fibrosis, moderate fibrosis.
K76.83 Intestinal failure-associated liver disease.



Pelvic Abscesses

K6A.01 Prevesical abscess.
K6A.09 Other pelvic abscess.
K6A.8 Other diseases of the pelvis, NEC.



The Flank (Location Matters)

! Cutaneous abscess (~~L02.212~~) and Furuncle (~~L02.222~~) of back updated to **EXCLUDE** flank.
L02.217 Cutaneous abscess of flank
L02.227 Furuncle of flank
L03.31A Cellulitis of flank

Systemic & Genetic Syndromes: Defining the Unspecified

VEXAS Syndrome (MSK)	Loeys-Dietz Syndrome (Congenital)	Inherited Neoplasm Predispositions
M043 VEXAS syndrome (Code also associated conditions). V – Vacuoles E – E1 ubiquitin-activating enzyme X – X-linked A – Autoinflammatory S – Somatic syndrome	Q87A Loeys-Dietz syndrome. Connective tissue disorder with aortic aneurysm/dissection risk, historically miscoded with Marfan-spectrum conditions. Excludes1 Warning Arterial tortuosity syndrome, Ehlers-Danlos, Marfan, Other systemic connective tissue involvement.	QA17.1 Lynch syndrome QA17.90 Familial cancer syndrome with patho-BRCA1 mutation QA17.91 Familial cancer syndrome with pathogenic BRCA2 mutation QA17.92 Li Fraumeni syndrome QA17.98 Other inherited neoplasm predisposition syndrome

Diagnostic Matrix: Plantar Fasciitis vs. Plantar Fascial Fibromatosis

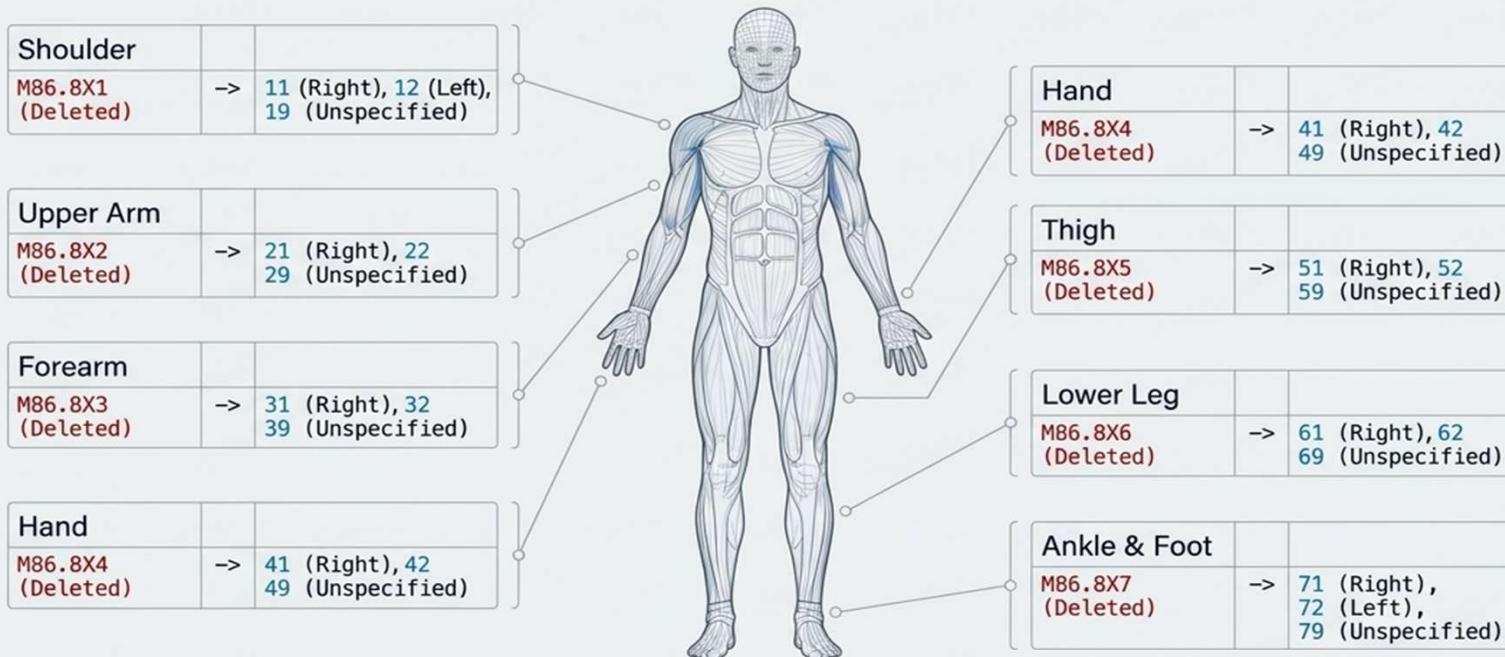
	Plantar Fasciitis	Plantar Fascial Fibromatosis
New Codes	M67.A01 (Right), M67.A02 (Left), M67.A09 (Unsp)	M72.21 (Right), M72.22 (Left), M72.20 (Unsp). Note: M72.2 deleted.
Site	Plantar heel	Medial and central bands of plantar fascia
Pathophysiology	Overuse, degenerative process, microtearing	Development of fibromas, genetic disorder
Treatment	Physical therapy, steroid injections, orthotics, surgical release	Topical medication, enzymatic/steroid injections, orthotics, surgical excision

Documentation Need

Condition type and affected foot: right, left, or unspecified.

Osteomyelitis: The Laterality Expansion (M86.8X-)

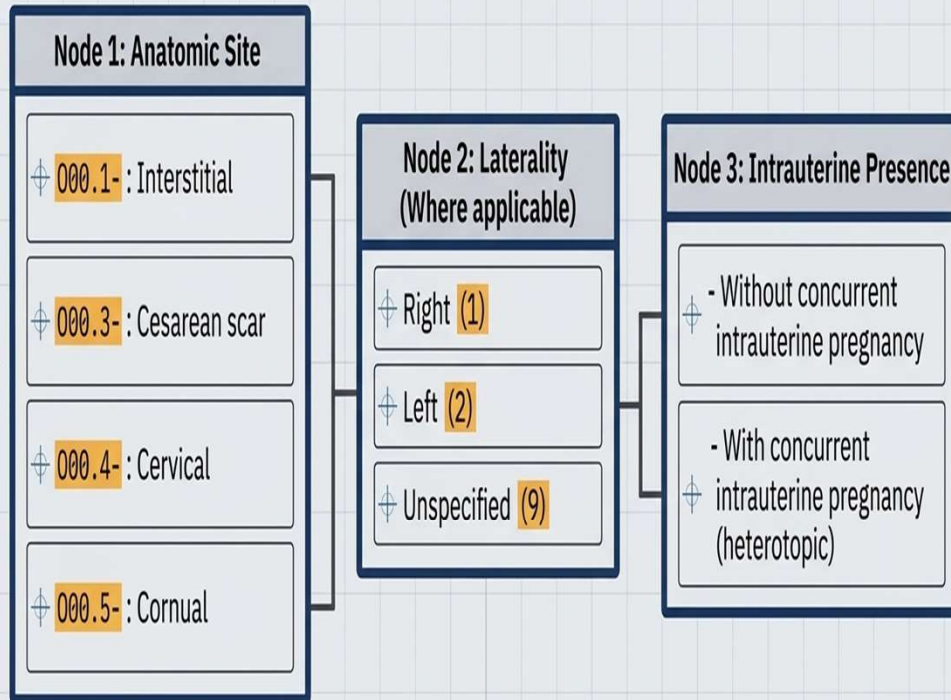
Concept: A straightforward laterality expansion. One previously unspecified code becomes three: Right (1), Left (2), Unspecified (9).



Other/Skull/Face:

M86.8X8 (Deleted) → 80 (Skull), 81 (Face/sinuses), 89 (Other site).

000 Ectopic Pregnancy: Major Restructuring (56 New Codes)



Example Pathway: 000132 = Left **interstitial** ectopic pregnancy **WITH** intrauterine pregnancy.

Tracking Continuing Pregnancy After Vanishing Twin Syndrome

New Code Family: Continuing pregnancy after vanishing twin syndrome (031.4-).
Mapped by Trimester and specific fetus.

Unspecified Trimester

+ ADD 03140X0 (not applicable/unspecified)

+ ADD 03140X1
03140X2 (fetus 2),
03140X3 (fetus 3),
03140X4 (fetus 4),
03140X5 (fetus 5),
03140X9 (other fetus).

First Trimester

+ ADD 03141X0 (n/a or unspec)

+ ADD 03141X1
(fetus, (fetus 1),
03141X2 (fetus 2),
03141X3 (fetus 3),
03141X4 (fetus 4),
03141X5 (fetus 5),
03141X9 (other fetus).

Second Trimester

+ ADD 03142X0 (n/a or unspec)

+ ADD 03142X1
(fetus, (fetus 1),
03142X2 (fetus 2),
03142X3 (fetus 3),
03142X4 (fetus 4),
03142X5 (fetus 5),
03142X9 (other fetus).

Third Trimester

+ ADD 03143X0 (n/a or unspec)

+ ADD 03143X1
(fetus, (fetus 1),
03143X2 (fetus 2),
03143X3 (fetus 3),
03143X4 (fetus 4),
03143X5 (fetus 5),
03143X9 (other fetus).

Toxicology 1: Industrial Exposures

Organic Solvents Restructuring

Deleted: T52.8X-

Added: **T52.81**- Toxic effects of Alkenes
(Plastics, rubber, Jet fuel 5)

Added: **T52.82**- Toxic effects of Cycloparaffins
(Solvents, adhesives, Jet fuel 4 & 5)

Added: **T52.89**- Toxic effects of other organic
solvents



CNS



GI



Skin

Symptoms: CNS, GI, and Skin effects.

Gases, Fumes, Vapors

Added: **T59.82**- Toxic effect of hexamethylene
diisocyanate.

Note: All T-codes above expand to specific encounters (Initial **A**, Subsequent **D**, Sequela **S**) across
intentionality types (1-Accidental, 2-Intentional, 3-Assault, 4-Undetermined).

Emerging Threat Alert: Medetomidine (T65.85-)

What is it?	Impact on Opioid Overdoses 	Medetomidine Withdrawal Syndrome
• Sedative veterinary medication. • Non-opioid sedative. • Greater potency than xylazine.	• Increasingly seen with illicit opioids. • Alters typical overdose presentation. • May delay recognition. • Effects NOT reversed by naloxone.	• Altered mental status. • No reported seizure association. • Severe complications: NSTEMI, Posterior reversible encephalopathy syndrome.

New codes **T65.851** through **T65.854** (Accidental, Intentional, Assault, Undetermined) structured with A/D/S 7th character logic.

T65.851X		A (Initial)	D (Subsequent)	S (Sequela)
T65.852X		T65.851A	T65.851D	T65.851S
T65.853X		T65.853A	T65.853D	T65.853S
T65.854X		T65.854A	T65.854D	T65.854S

The Complete Lived Experience: Z-Codes & Context

Anthropometrics: Body Mass Index

Deleted:

~~Z68.1 BMI 19.9 or less:~~

New precision codes:

Z68.18 BMI 18.4 or less

Z68.19 BMI 18.5-19.9

Clinical impact:

Impacts of BMI < 18.5:
Increased infection severity,
procedural complication risk,
fertility impacts.

Environmental Exposures

New codes:

Z77.013 Exposure to gadolinium.
(R78.72 Abnormal gadolinium
level in blood - Excludes1: Toxic
effect).

Document: confirmed dx vs
abnormal finding vs genetic.

Veterans/Military:

Z77.32 Burn pits in war theater

Z77.33 Agent Orange

Z77.40-49 Blast overpressure
(unspecified, low-level,
high-level, other)

Identity & Personal History

Historical codes:

Z86.17 History of C. diff.

Gender transition expansions:

(Deleted Z87.890)

Z87.8901 (Social)

Z87.8902 (Medical/Pharmacological)

Z87.8903 (Surgical)

Z87.8904 (Intersex surgery)

Z87.8909 (Unspecified)

Detransition rule:

Z87.893 History of gender
detransition. Code also history
of sex reassignment.

**Thank you for your time today.
For any questions, please feel
free to reach out to:**

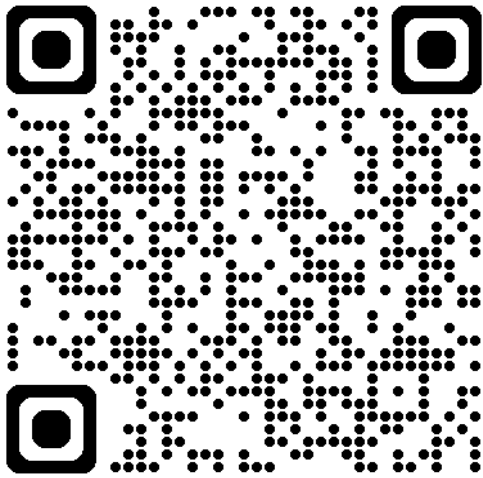


**For inquiries/questions please email at:
riskadjustmenthelp@peakhealth.org**

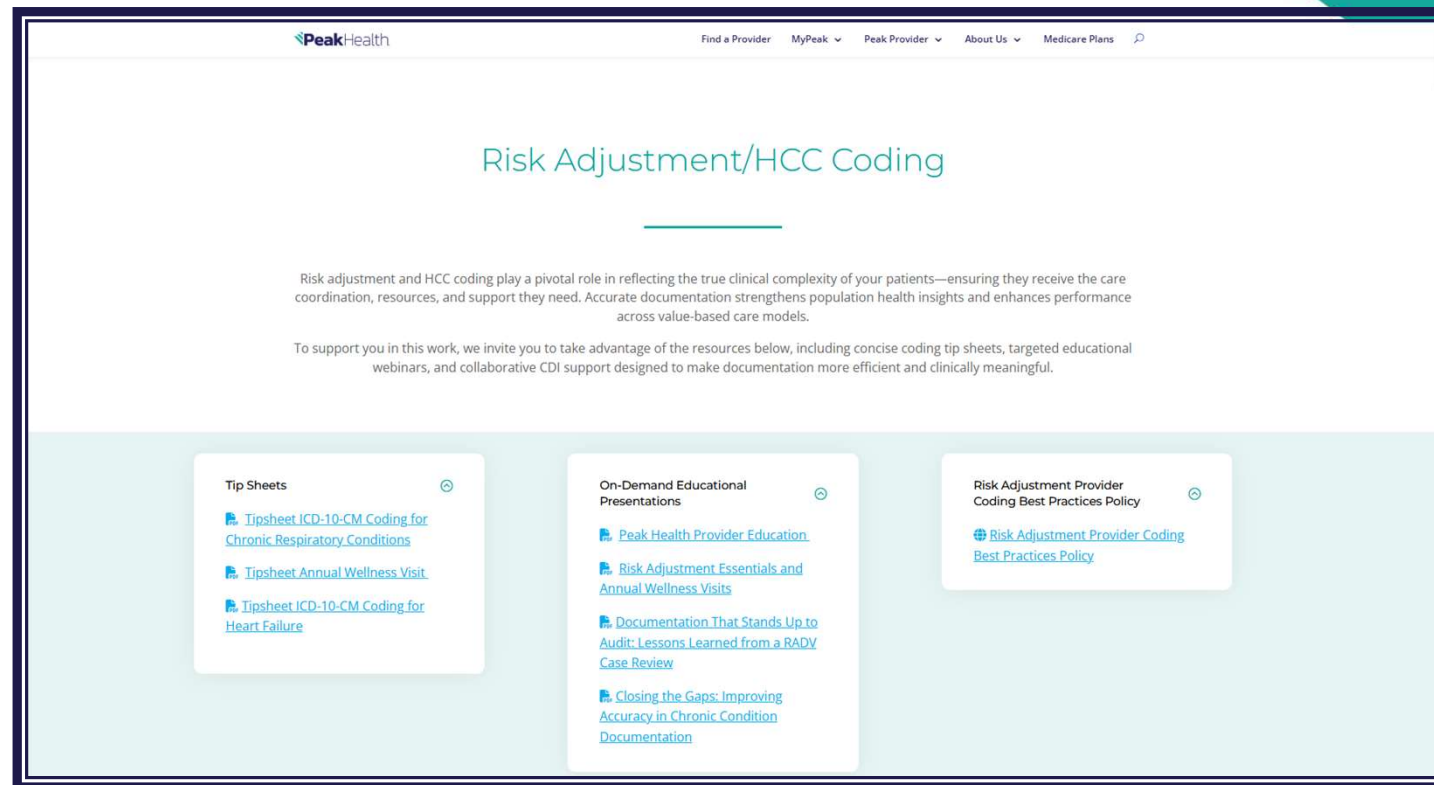


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QR Code





Thank you for your time today.
For any questions, please feel free to reach out to:

For inquiries/questions please email at: riskadjustmenthelp@peakhealth.org