LUCENNE

ICD-10-CM 2027

Quick Reference + Change Guide

What changes October 1, 2026 - and what coders should do differently

190 NEW | 30 INVALID | 4 REVISED TITLES

Built for use while coding

The first section is a compact desk reference. The second section explains the higher-impact changes, documentation cues, official guideline updates, and common transition traps. This is a focused change guide - not a replacement for the complete Tabular List, Alphabetic Index, or Official Guidelines.

Effective dates

Use FY 2027 ICD-10-CM for encounters and discharges from October 1, 2026 through September 30, 2027.

Version 1.0 - prepared August 28, 2026 from the FY 2027 files published by CMS and CDC/NCHS. Always verify code assignment in the current official code set and payer-specific rules.

PART 1 | Quick Reference

If you only have five minutes, start here. These are the changes most likely to alter code selection, documentation review, or sequencing behavior.

Where to focus	Volume	Why it matters
Chapter 19 - Injury / poisoning	60 new	Largest volume. New toxic-effect families; intent + encounter character remain critical.
Chapter 15 - Pregnancy	44 new	Major ectopic-pregnancy specificity plus continuing pregnancy after vanishing twin syndrome.
Chapter 13 - Musculoskeletal	31 new	Plantar fasciitis separated from fibromatosis; expanded osteomyelitis specificity.
Chapter 21 - Z codes	16 new	BMI split, exposure/history codes, including DES guidance and veteran-related exposure concepts.
Chapter 9 - Circulatory	9 new	Dilated/arrhythmogenic cardiomyopathy and specified arrhythmia expansions.
Chapter 10 - Respiratory	6 new	Odontogenic sinusitis and pulmonary mycetoma.
Chapter 11 - Digestive	6 new	Pelvic disease/abscess additions and hepatic-fibrosis specificity among notable changes.

Chapter counts above reflect the FY 2027 change summary: 190 new, 30 invalid, 4 revised titles in total.

10 things to remember on October 1

1. **Do not carry deleted codes forward:** Several familiar billable codes become invalid because they were expanded. Examples include I42.0, I49.8 and D69.1.
2. **Read the Tabular notes again:** FY 2027 includes changes to Excludes1/Excludes2, Code first, Code also and Use additional code instructions.
3. **Cardiomyopathy now asks for cause/type:** Familial-genetic dilated cardiomyopathy has its own code; arrhythmogenic cardiomyopathy is separately identifiable.
4. **Dental origin matters for sinusitis.** Odontogenic sinusitis is now coded by the involved sinus.
5. **Pulmonary mycetoma is now explicit.** J4B identifies pulmonary mycetoma/fungal ball; verify any associated infection and Tabular instructions.
6. **Foot documentation needs laterality.** Plantar fasciitis and plantar fascial fibromatosis now have dedicated/right/left/unspecified options.
7. **OB documentation gets much more granular.** Ectopic pregnancy adds site, coexistence with intrauterine pregnancy, and laterality where applicable; vanishing twin syndrome gains O31.4-.
8. **Toxic effects need intent + encounter status.** New substance-specific families do not remove the need to capture accidental/self-harm/assault/undetermined intent and 7th-character encounter status.
9. **Adult low BMI is split.** Z68.1 is replaced by Z68.18 (18.4 or less) and Z68.19 (18.5-19.9).
10. **The Index can change even when the code set looks familiar.** Example: cecal polyp now routes to a digestive-system polyp code rather than a benign neoplasm route; acute confusion has clearer Index routing to R41.0.

Desk-reference code families

Code / family	2027 change	Coder action
D69.11 / D69.19	Qualitative platelet defects split	Confirm whether documentation supports Glanzmann thrombasthenia vs other qualitative platelet defect.
E89.830 / E89.838	Postprocedural hypoglycemia expanded	Distinguish post-bariatric from other postprocedural hypoglycemia; review the additional-code instruction for hypoglycemia level (E16.A-).
I42.00 / I42.01 / I42.09	Dilated cardiomyopathy expanded	Capture familial-genetic vs other vs unspecified. Do not use invalid I42.0 after 9/30/26.
I42.81 / I42.89	Other cardiomyopathy expanded	Arrhythmogenic cardiomyopathy now has a distinct code.
I49.81 / I49.82 / I49.89	Specified arrhythmias expanded	Brugada syndrome and ventricular bigeminy get specific codes; I49.8 becomes invalid.
J34.830-.839	Odontogenic sinusitis	Document dental origin and sinus site: maxillary, ethmoid, frontal, sphenoid, or unspecified.
J4B	Pulmonary mycetoma	New explicit code. Verify associated infection and current Tabular note.
K6A.01 / K6A.09	Pelvic abscess specificity	Distinguish prevesical vs other pelvic abscess when documented.
K74.0A	Moderate hepatic fibrosis	Supports stage F2/moderate hepatic fibrosis when documented.
M67.A01 / .A02 / .A09	Plantar fasciitis	Use right / left / unspecified foot rather than the former combined pathway with plantar fibromatosis.
M72.20 / .21 / .22	Plantar fascial fibromatosis	Separate condition from plantar fasciitis; capture laterality.
O00.-	Ectopic pregnancy expansion	Expect more site, intrauterine-pregnancy coexistence and laterality detail.
O31.4-	Continuing pregnancy after vanishing twin	Select by trimester/fetus detail as required by the Tabular List.
T52.81- / T52.82-	Alkenes / cycloparaffins toxic effects	Capture substance, intent, and 7th-character encounter status.
T65.85-	Toxic effect of medetomidine	New substance-specific toxic-effect pathway; verify intent and encounter character.
Z68.18 / Z68.19	Adult low-BMI split	18.4 or less vs 18.5-19.9.
Z84.A / Z91.B	DES exposure/history concepts	Differentiate family history of exposure from the patient's own in-utero exposure risk factor.

Transition safety check

When a familiar code stops validating on October 1, do not “pick the closest new code.” Return to the Alphabetic Index, then verify the full code and all notes in the FY 2027 Tabular List.

PART 2 | The Changes Explained

1. What changed overall

FY 2027 is smaller by raw volume than FY 2026, but many additions are concentrated in areas that demand more precise documentation. The practical risk is not memorizing 190 new codes; it is missing a newly required distinction, continuing to use a code that became invalid, or overlooking a changed instructional note.

Change type	Count / scope	Coder impact
New diagnosis codes	190	Added billable/detail options and new code families.
Invalid/deleted codes	30	No longer valid for dates of service/discharge on or after Oct. 1, 2026.
Revised code titles	4	Descriptor wording changed; verify meaning even if code remains valid.
Official guideline areas updated	5	Two hypertension items, Chapter 17 genetic disorders, and two DES-related Z-code guidance items.

2. Official Guideline changes - the five to review

I.C.9.a.1 - Hypertension with Heart Disease

- **What changed:** The wording now makes explicit that category I11 applies when hypertension is documented with one or more of the listed heart-failure/other heart-disease conditions, subject to the guideline's causal-relationship rules.
- **Coder move:** When hypertension and a qualifying heart condition coexist, revisit the combination-code logic rather than coding each condition independently by habit.

I.C.9.a.10 - Hypertensive Crisis

- **What changed:** The hypertensive-crisis guidance now includes resistant hypertension (I1A) in the “code also” instruction.
- **Coder move:** If the record supports resistant hypertension in addition to hypertensive crisis, check the additional code requirement.

I.C.17 - Congenital malformations, deformations, chromosomal abnormalities, and genetic disorders

- **What changed:** Chapter 17 and its guideline language now explicitly include genetic disorders, matching new genetic-condition coding content.
- **Coder move:** Do not assume a genetic syndrome belongs only in family-history Z codes; check Chapter 17 for a condition-specific diagnosis code.

I.C.21.c.4 - Family history of DES exposure

- **What changed:** New guidance supports Z84.A when a family member's DES exposure creates risk for the patient (for example, exposure in a prior generation).
- **Coder move:** Separate family history of exposure from direct patient exposure.

I.C.21.c.13 - Personal risk factor of DES exposure

- **What changed:** Guidance clarifies Z91.B for a patient directly exposed to DES in utero.

- **Coder move:** Document whose exposure occurred and whether the patient was directly exposed in utero; the coding concept differs from family history.

3. Cardiology: greater specificity, especially genetics and arrhythmia

Old code alert

I42.0 (Dilated cardiomyopathy) and I49.8 (Other specified cardiac arrhythmias) are examples of familiar codes that are replaced by more specific FY 2027 options.

Code	What it captures	Documentation / coding cue
I42.00	Dilated cardiomyopathy, unspecified	Use only when the type/cause is not more specifically documented.
I42.01	Familial-genetic dilated cardiomyopathy	Look for inherited/genetic/familial documentation.
I42.09	Other dilated cardiomyopathy	Use for specified dilated cardiomyopathy not captured by the familial-genetic option.
I42.81	Arrhythmogenic cardiomyopathy	New specificity under other cardiomyopathies.
I49.81	Brugada syndrome	Do not default to “other specified arrhythmia” when Brugada is documented.
I49.82	Ventricular bigeminy	Specific diagnosis now has a dedicated code.
I49.89	Other specified cardiac arrhythmias, NEC	Residual option after the specific new arrhythmia codes are considered.

Mini-case: The cardiologist documents “familial dilated cardiomyopathy with pathogenic variant.” In FY 2027, the new familial-genetic option should be considered rather than carrying forward the old I42.0 pathway.

4. Respiratory: odontogenic sinusitis and pulmonary mycetoma

Two changes are especially practical: sinusitis can now be tied to dental origin and the involved sinus, and pulmonary mycetoma has a dedicated diagnosis code.

Code	2027 concept	Coder cue
J34.830	Odontogenic sinusitis - maxillary	Confirm dental origin and maxillary site.
J34.831	Odontogenic sinusitis - ethmoid	Confirm dental origin and ethmoid site.
J34.832	Odontogenic sinusitis - frontal	Confirm dental origin and frontal site.
J34.833	Odontogenic sinusitis - sphenoid	Confirm dental origin and sphenoid site.
J34.839	Odontogenic sinusitis - unspecified sinus	Use only when site is not further documented.
J4B	Pulmonary mycetoma	Review current Tabular “Code also” instruction for associated infection.

Code	2027 concept	Coder cue

Why the Tabular List matters

A new code may also bring a new sequencing or additional-code instruction. For pulmonary mycetoma, verify the reciprocal "Code also" relationship with the associated infection rather than coding from the diagnosis name alone.

5. Endocrine + digestive: postprocedural hypoglycemia, hepatic fibrosis, pelvic disease

Code	What changed	Documentation cue
E89.830	Post-bariatric hypoglycemia	Differentiate bariatric-related from other postprocedural hypoglycemia; review additional coding for hypoglycemia level.
E89.838	Other postprocedural hypoglycemia	Use when the postprocedural hypoglycemia is not specifically post-bariatric.
K74.0A	Hepatic fibrosis, moderate fibrosis	Supports documented moderate / stage F2 fibrosis.
K6A.01	Prevesical abscess	New pelvic-abscess specificity.
K6A.09	Other pelvic abscess	Use for other specified pelvic abscess when supported.

6. Musculoskeletal: plantar fasciitis finally separates from fibromatosis

This is a high-frequency outpatient change. Plantar fasciitis and plantar fascial fibromatosis are distinct diagnoses and now have distinct coding pathways with laterality.

Code	Diagnosis	What to verify
M67.A01	Plantar fasciitis, right foot	Right foot documented.
M67.A02	Plantar fasciitis, left foot	Left foot documented.
M67.A09	Plantar fasciitis, unspecified foot	Use when laterality is not documented.
M72.20	Plantar fascial fibromatosis, unspecified foot	Fibromatosis, not fasciitis.
M72.21	Plantar fascial fibromatosis, right foot	Capture right laterality.
M72.22	Plantar fascial fibromatosis, left foot	Capture left laterality.

Osteomyelitis: FY 2027 expands M86.8X- specificity across anatomic sites/laterality. When the provider documents site and side, do not settle for an older nonspecific pathway.

7. Pregnancy: one of the biggest FY 2027 changes

Chapter 15 receives 44 new codes. The practical themes are more precise ectopic-pregnancy location and a dedicated pathway for continuing pregnancy after vanishing twin syndrome.

Ectopic pregnancy documentation checklist

Before code assignment, look for: exact site (including cesarean scar, cervix, or cornual/interstitial location); whether an intrauterine pregnancy coexists; laterality where applicable; and the full Tabular requirements for the specific code family.

Example: "Right interstitial ectopic pregnancy without intrauterine pregnancy" now supports a far more specific code than a generic ectopic-pregnancy choice. FY 2027 includes O00.121 for that documented scenario.

Vanishing twin syndrome: New O31.4- codes identify continuing pregnancy after vanishing twin syndrome of one fetus or more. Selection depends on trimester/fetus details in the Tabular List.

8. Genetic and rare-condition coding: check Chapter 17 before defaulting to history codes

FY 2027 explicitly broadens Chapter 17 to include genetic disorders and introduces more direct coding options for inherited syndromes. Examples highlighted in current update education include Lynch syndrome, BRCA-related familial cancer syndromes, Li-Fraumeni syndrome, and Loeys-Dietz syndrome. VEXAS syndrome also receives dedicated coding in the musculoskeletal/autoinflammatory area.

Coder habit to change

When a confirmed genetic syndrome is documented, search the diagnosis itself in the FY 2027 Index. Do not automatically code only a family-history or susceptibility Z code just because that was the familiar route in prior years.

9. Injury, poisoning and toxic effects: the largest code-addition chapter

Chapter 19 adds 60 codes. New substance-specific pathways include alkenes, cycloparaffins, other organic solvents, and medetomidine. These additions are useful only if the record supports the two dimensions toxic-effect coding already demands: intent and encounter status.

Family	Example concept	Coder cue
T52.811-	Alkenes - accidental	Then assign the required 7th character (A/D/S) for encounter status.
T52.812-	Alkenes - intentional self-harm	Intent is part of the code family; do not infer intent.
T52.813-	Alkenes - assault	Use only when assault is documented.
T52.814-	Alkenes - undetermined	Undetermined intent is not the same as undocumented intent; follow official toxic-effect guidance.

Family	Example concept	Coder cue
T52.821- etc.	Cycloparaffins	Parallel intent-specific structure; verify exact substance and 7th character.
T65.85-	Medetomidine toxic effect	New substance-specific option; verify the full code and encounter character in the Tabular List.

Do not confuse "undetermined" with "unknown"

In poisoning/toxic-effect coding, intent is a clinical/circumstantial classification. Follow the Official Guidelines and documentation rules; do not select "undetermined" simply because the record is silent.

10. Z codes: BMI, exposure and history become more specific

Code / family	2027 concept	Key distinction
Z68.18	Adult BMI 18.4 or less	New low-BMI split.
Z68.19	Adult BMI 18.5-19.9	New low-BMI split.
Z77.013	Contact with / suspected exposure to gadolinium	New exposure-history concept.
Z77.3 / Z77.4-	War-theater / blast-overpressure exposure concepts	Review exact FY 2027 code titles and Tabular definitions before assignment.
Z86.17	Personal history of C. difficile infection	Distinguish history from active infection.
Z84.A	Family history of exposure to DES	Family member exposure creates risk for patient.
Z91.B	Personal risk factor of exposure to DES	Patient was directly exposed in utero.

11. Alphabetic Index changes: not every important change is a new code

A coder can miss a change even when the diagnosis itself looks unchanged. FY 2027 revises Index routing and adds search terms. Two useful examples:

Cecal polyp: The Index now routes "Polyp, cecum" to a digestive-system colon-polyp pathway rather than the prior benign-neoplasm pathway.

Acute confusion: New Index terms clarify R41.0 as the default route for acute confusion.

Best practice

Start in the Alphabetic Index, then verify in the Tabular List. Annual updates can change either side of that workflow.

12. A practical implementation checklist

When	Action
Before Oct. 1	Load the FY 2027 code set into encoder/EHR/PM/billing systems; validate edits; update favorites, templates, cheat sheets and local coding tools.
Before Oct. 1	Search local reports for high-use codes that become invalid (especially expanded families) and identify providers/coders most affected.
Before Oct. 1	Train by specialty: OB, orthopedics/podiatry, cardiology, respiratory/ENT, oncology/genetics, toxicology/ED, primary care.
First two weeks	Monitor rejected/denied claims for invalid code, insufficient specificity and payer edit patterns.
First month	Audit documentation for new specificity opportunities, especially laterality, genetic cause, ectopic site, toxic-effect intent and low-BMI split.
Ongoing	Keep the official Index/Tabular files and FY 2027 Guidelines as the source of truth; treat summaries as navigation aids.

13. Common transition traps

"The old code is still in my cheat sheet." Local references can lag. Validate against FY 2027 before billing.

"The provider did not specify right or left." Do not infer. Use the appropriate unspecified option if available, or query when organizational policy/clinical significance supports it.

"It is a new code, so sequencing must be the same." Not necessarily. Review new/changed Tabular instructions.

"A code expanded, so I can map the old code automatically." Sometimes the new branches require a clinical distinction not contained in the old code. Automation cannot invent missing documentation.

"The diagnosis name did not change, so nothing changed." Index routing and notes can change without a headline new code.

Official Sources + How to Verify

Use these as the source of truth whenever a code, note, sequencing instruction or effective date matters.

CMS ICD-10 page

2027 ICD-10-CM files, conversion table, addendum, descriptions, tabular/index links and effective dates. Open source

CDC/NCHS FY 2027 ICD-10-CM directory

Official FY 2027 conversion table, addenda, descriptions, tables/index, POA file and Official Guidelines. Open source

FY 2027 ICD-10-CM Official Guidelines

Official coding and reporting guidance effective Oct. 1, 2026 through Sept. 30, 2027. Open source

CMS Change Request 14503

Medicare implementation notice for the October 2026 / FY 2027 ICD-10-CM file update. Open source

Secondary references used for practical cross-checking

AHA/ACDIS and Health Information Associates (HIA) update summaries were used to cross-check the high-impact topics and chapter-level counts. The official CMS/NCHS files remain authoritative.

Important

This guide is educational. It intentionally highlights high-impact changes rather than reproducing all 190 new codes and 30 invalid codes. For any real claim, verify the complete FY 2027 code, notes, guidelines, and payer requirements.

One-page coding workflow

1	Identify the documented diagnosis / reason for encounter.
2	Search the FY 2027 Alphabetic Index - do not rely on a FY 2026 favorite or memory.
3	Verify the candidate code in the FY 2027 Tabular List.
4	Read every applicable Includes, Excludes1/2, Code first, Code also and Use additional code note.
5	Confirm required specificity: site, laterality, trimester/fetus, intent, encounter character, genetic cause, or other new distinctions.
6	Apply the Official Guidelines and setting-specific rules.
7	Validate the code is active for the date of service/discharge before claim submission.