

ICD-10-CM Code Update: October 2026

Article Highlights

This article reviews the fiscal year 2027 (FY 2027) updates to the *International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM)* for conditions that may be addressed by pediatric physicians and other qualified health care professionals, including the following:

- Arrhythmogenic cardiomyopathy
- Cardiac arrhythmia
- Hypertrophic pyloric stenosis, in childhood
- Loeys-Dietz syndrome
- Lynch and Li Fraumeni syndromes
- Post-bariatric hypoglycemia
- Pott puffy tumor and Brodie abscess
- Progressive myopathy
- Pulmonary mycetoma
- Other new and revised codes

These code changes are effective for services provided on and after October 1, 2026.

Arrhythmogenic Cardiomyopathy

Code **I42.81** is now reported for arrhythmogenic cardiomyopathy, including that documented as biventricular or ventricular (left or right) cardiomyopathy or as arrhythmogenic right ventricular dysplasia.

I42.81 Arrhythmogenic cardiomyopathy

Other specified cardiomyopathy, previously reported with **I42.8**, is now reported with **I42.89** (other cardiomyopathies not elsewhere classified). Report **I42.89** for newborn cardiomyopathy without further specification (eg, not specified as congenital cardiomyopathy).

TIP

A diagnosis of congenital cardiomyopathy in a newborn is reported with **I42.4** (endocardial fibroelastosis) or, when documented as congenital hypertrophic obstructive cardiomyopathy, **Q24.8** (other specified congenital malformations of heart).

Cardiac Arrhythmia

Code **I47.22** is added for reporting catecholaminergic polymorphic ventricular tachycardia, also known as familial polymorphic ventricular tachycardia.

I47.22 Catecholaminergic polymorphic ventricular tachycardia

Additionally, new codes in category **I49.8** specify

I49.81 Brugada syndrome

I49.82 Ventricular bigeminy

I49.89 Other specified cardiac arrhythmias not elsewhere classified

When reporting ventricular bigeminy, use additional codes, if applicable, for associated symptoms such as dizziness (**R42**) or syncope (**R55**).

Hypertrophic Pyloric Stenosis, in Childhood

New code **K31.B** is reported when hypertrophic pyloric stenosis is diagnosed in childhood (infantile or pediatric) and is not specified as a congenital condition. This condition may be documented as idiopathic hypertrophic pyloric stenosis.

K31.B Hypertrophic pyloric stenosis, in childhood

An additional code may be reported for an identified risk factor such as preterm birth (**P07.31–P07.39**).

Report congenital hypertrophic pyloric stenosis (**Q40.0**) only when the condition is specified as congenital.

Loeys-Dietz Syndrome

Loeys-Dietz syndrome is a genetic connective tissue disorder with potentially severe cardiovascular manifestations that require frequent surveillance with imaging of the entire arterial system. The new ICD-10-CM code, **Q87.A**, will better support the indication for frequent-surveillance imaging and, as required, treatment.

Q87.A Loeys-Dietz syndrome

Use additional codes to identify all associated manifestations. Do not report **Q87.A** in conjunction with a code for arterial tortuosity syndrome (**Q87.82**), Ehlers-Danlos syndrome (**Q79.6**), Marfan syndrome (**Q87.40–Q87.43**), or other systemic involvement of connective tissue (**M35**) without supporting documentation. An Excludes1 note prohibits reporting **Q87.A** in conjunction with codes for these conditions except when documentation supports that the condition is unrelated to Loeys-Dietz syndrome.

Lynch and Li Fraumeni Syndromes

A new category of codes, **QA1** (genetic disorders associated with neoplasms, not elsewhere classified), has been added for reporting family cancer syndromes. Included here are codes for reporting Lynch and Li Fraumeni syndromes.

QA1.71 Lynch syndrome

QA1.792 Li Fraumeni syndrome

At this time, **QA1.71** is reported for Lynch syndrome caused by any genetic variant (eg, *MHL1*, *MSH2*, *PMS2*) as indicated by inclusion terms in the tabular list.

Also added is **QA1.798** (other inherited neoplasm predisposition syndrome of multiple systems). Before selecting **QA1.798**, it is important to verify whether a more specific code is available (eg, **Q87.3**, Beckwith-Wiedemann syndrome).

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In addition to codes in category **QA1**, report a code for genetic susceptibility to malignant neoplasm by site (**Z15.0-**), malignant neoplasms (**C00.0–C96.9**), or personal history of malignant neoplasm (**Z85.-**), as applicable.

An Excludes2 note in the tabular list instructs that codes in category **QA1** not be reported for multiple endocrine neoplasia (MEN) syndromes (**E31.2-**), but a code may be reported for MEN when both a condition reported with a category **QA1** code and MEN are addressed at the same visit.

TIP

Codes for genetic disorders (subcategories **Q00-** and **QA1.-**), like other codes from Chapter 17 of the *ICD-10-CM* tabular list, may be used throughout the life of the patient once the condition is diagnosed.

Post-Bariatric Hypoglycemia

To differentiate recurrent hypoglycemic events following bariatric surgery from other post-procedural hypoglycemia, **E89.830** has been added.

E89.830 Post bariatric hypoglycemia

As with other hypoglycemia, report a code to indicate the level of hypoglycemia using **E16.A1–E16.A3** (representing levels 1–3). However, for transient post-procedural hypoglycemia, report **E16.2** in lieu of **E89.830**.

TIP

It is unnecessary to report the code for bariatric surgery status (**Z98.84**) in addition to **E89.830** because **E89.830** includes the information provided by the status code. Report **E89.838** (other postprocedural hypoglycemia) for hypoglycemia following procedures other than bariatric surgery.

Pott Puffy Tumor and Brodie Abscess

“Pott’s puffy tumor” is now an inclusion term to **M86.8X81** (other osteomyelitis, face and sinuses). The condition is found in the Alphabetic Index under the terms “Pott’s” and “tumor.” At this time, codes for laterality have not been added.

In addition, codes in the category **M86** (other osteomyelitis), including those for Brodie abscess, are now expanded to include laterality (right, left, unspecified). For the expansions, refer to the **M86.8X11–M86.8X89** list in the Other New and Revised Codes section later in this article.

Pulmonary Mycetoma

Coding for pulmonary mycetoma (pulmonary fungal ball) will now include a specific code, **J4B** (pulmonary mycetoma), and a code for the associated infection (when identified). A “Code also” note at **J4B** instructs that 2 codes may be required to report the condition and provides examples of codes for infectious agents including aspergillus (**B44.-**), agents causing chronic pulmonary coccidioidomycosis (**B38.1**), and agents causing pulmonary candidiasis (**B37.1**).

TIP

A “Code also” note does not instruct on the sequencing of codes. Either code may be listed first according to the circumstances of the encounter (eg, care directed to treatment of the infection or of the pulmonary mycetoma).

Other New and Revised Codes

The following list of new codes is not all inclusive. Refer to your 2027 *ICD-10-CM* reference or the addenda files (linked to in the Dig Deeper section later in this article). Codes for unspecified laterality are not included, as documentation should typically include laterality.

Qualitative platelet defects

Glanzmann thrombasthenia **D69.11**

Other qualitative platelet defects **D69.19**

Gender identity disorder, in remission **F64.A**

Pelvic abscess

Prevesical abscess **K6A.01**

Other pelvic abscess **K6A.09**

Carbuncle of flank **L02.237**

Other disorders of synovium and tendon

Plantar fasciitis

right foot **M67.A01**

left foot **M67.A02**

Plantar fascial fibromatosis

right foot **M72.21**

left foot **M72.22**

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Key Takeaways

This review of hospital discharge day management included multiple code categories and key points, including the following:

- Discharge day management services may be reported by a patient's admitting/attending physician or other QHP who is responsible for the discharge services.
- Consulting physicians and QHPs report subsequent hospital care (**99231–99233**) in lieu of discharge day management services, although discharge instructions and/or coordination of post-discharge services may be included in the care provided.
- When a patient is discharged on a date subsequent to the date of initial hospital care, typically **99238** or **99239** is reported according to the physician's or QHP's documented total time spent providing E/M services on that

date. Exceptions to reporting **99238** or **99239** include the following:

- When both initial hospital care and discharge management services are provided at 2 separate visits on the same date during a patient's hospital stay of 8 hours or longer, a same-date admission and discharge code, **99234–99236**, is reported.
- When initial hospital care and discharge management services are provided during a hospital stay of less than 8 hours or at a single visit, only the initial hospital care (**99221–99223**) is reported.
- Newborn hospital care, including admission and discharge from the birth hospitalization on the same date, is reported with **99463**, regardless of the length of the hospital stay or number of visits provided.



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Other osteomyelitis

- right shoulder **M86.8X11**
- left shoulder **M86.8X12**
- right upper arm **M86.8X21**
- left upper arm **M86.8X22**
- right forearm **M86.8X31**
- left forearm **M86.8X32**
- right hand **M86.8X41**
- left hand **M86.8X42**
- right thigh **M86.8X51**
- left thigh **M86.8X52**
- right lower leg **M86.8X61**
- left lower leg **M86.8X62**
- right ankle and foot **M86.8X71**
- left ankle and foot **M86.8X72**
- skull **M86.8X80**
- other site **M86.8X89**

Toxic effect of hexamethylene diisocyanate

- accidental (unintentional) **T59.821^{-a}**
- intentional self-harm **T59.822^{-a}**
- assault **T59.823^{-a}**
- undetermined **T59.824^{-a}**

Allergy to mammalian meats (Alpha-gal syndrome) **Z91.014**

^a Use seventh character **A** (initial encounter), **D** (subsequent encounter), or **S** (sequela) to complete this code.

Dig Deeper

Pediatric ICD-10-CM 2027: A Manual for Provider-Based Coding, 12th Edition, includes all the coding updates implemented for services on and after October 1, 2026 (www.aap.org/en/shopaap/shop-by-topic/coding).

Other helpful resources include the following:

- The National Center for Health Statistics *ICD-10-CM* browser tool (<https://icd10cmtool.cdc.gov/?fy=FY2027>), a free resource that provides an online search for diagnosis codes with inclusion of Alphabetic Index and tabular list notes
- A downloadable zip file of the 2027 *ICD-10-CM* addenda (https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Publications/ICD10CM/2027/icd10cm-addenda-2027.zip)

Key Takeaways

The FY 2027 *ICD-10-CM* code updates have been released and can be implemented for services on and after October 1, 2026. Practices should review code changes and update coding resources to support accurate code selection.

