

2026 Coding Update

Presented for Kids Health First Pediatric Alliance



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Notices



When a third-party payer is involved, the determination of reimbursement for services is the decision of the individual insurance company based on the patient's policy and the third-party payer guidelines. No guidance can adequately address reimbursement issues for the hundreds of insurance payers that exist. Efforts have been made to ensure the information was valid at the date of presentation. Reimbursement policies vary from insurer to insurer and the policies of the same payer may vary within different U.S. regions. All policies should be verified to ensure compliance. Therefore, it is essential that each payer be contacted for their individual requirements.

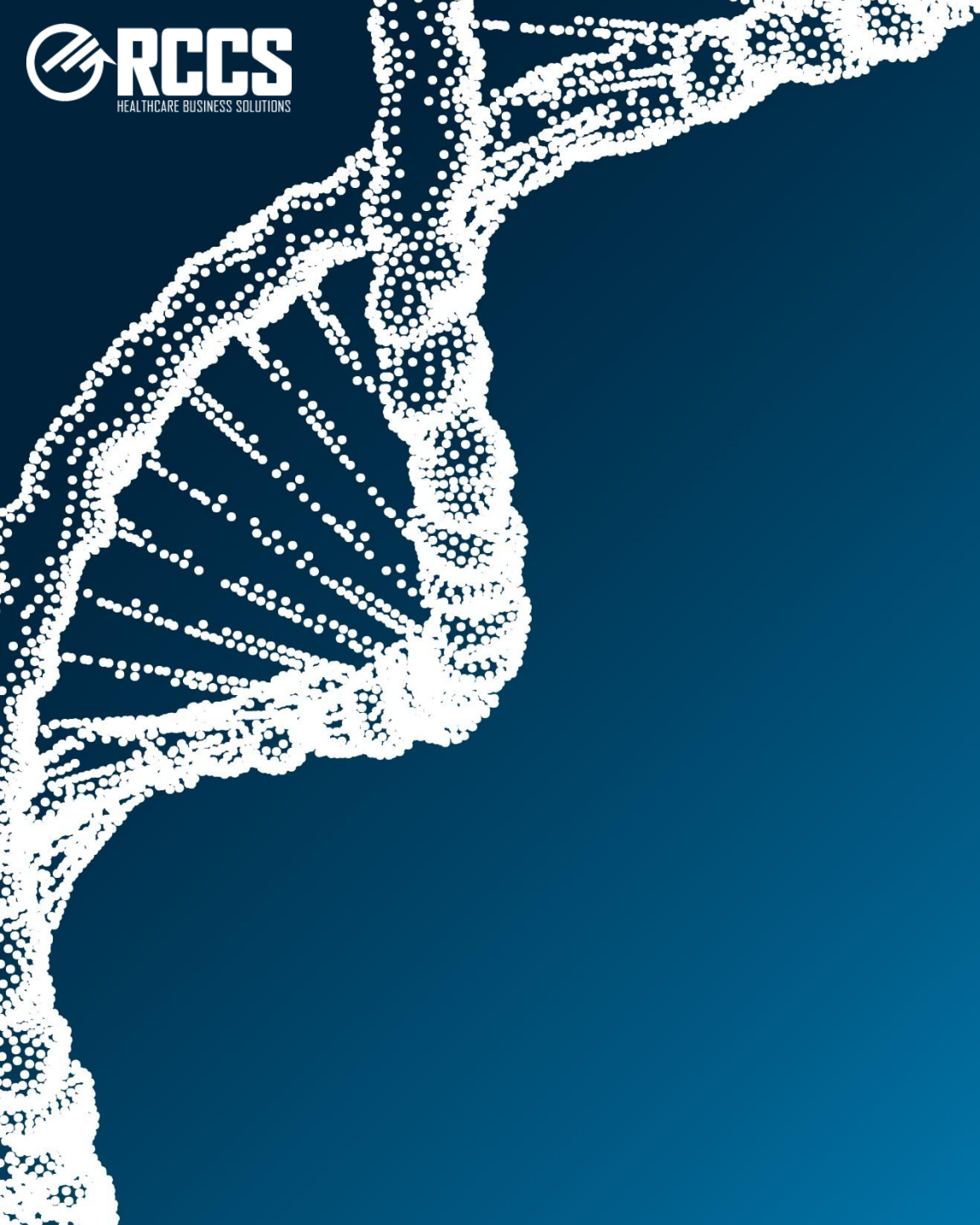


The websites listed in this presentation are current and valid as of the date of this presentation. However, webpage addresses and the information on them may change or disappear at any time and for any number of reasons. The attendee is encouraged to confirm or locate any URLs listed here that are no longer valid.



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- CPT Updates:
 - Lab/Pathology
 - Medicine
 - Vaccines
- E/M Hot Topics
 - G2211
 - Downcoding Algorithms
 - Incident-To and APP work
 - Social Determinants of Health
 - Behavioral Health
- What's New for EPSDT
- ICD-10 Updates:
 - Guidelines and Codes



Lab and Pathology Updates

87636: Amplified Probe COVID-19 and Flu A and B

- Fluorescent Probes are used to amplify unique RNA sequence
- Usually more expensive

87428: Immunoassay COVID-19 and Flu A and B

- Sample swirled with reagent, put on cassette and read by machine

87812: Direct Optical Immunoassay COVID-19 and Flu A and B (NEW)

- Sample swirled with reagent, put on cassette and read by visual observation
- Like at-home test kits
- COVID alone had 87811 already



Medicine Updates

Remote Monitoring

- **Examples of use:**
 - **Cardiology:** pulse ox for single ventricle heart disease, scales for weight loss in infants, implanted devices and external rhythm monitoring
 - **Endocrinology:** Continuous Glucose monitoring
 - **Pulmonology:** Self monitoring apps for asthma
 - **General care:** Activity based monitoring for cancer and post operative patients
 - **GI:** IBD drug adherence using electronic pill monitoring
 - **Medically Complex patients:** Caregiver reports of vitals, pain, feeling, fluids, mental status, seizures and parental worry
 - **Behavioral Health:** Metabolic tests for medicine and depression scales





Remote Monitoring (Therapeutic)

Code	Description	Provider Type	Duration
98975	Initial set up and education	N/A	N/A
98984*	Device supply for monitoring of respiratory system	N/A	2-15 days per month
98976	Device supply for monitoring of respiratory system	N/A	16-30 days
98985*	Device supply for monitoring of musculoskeletal system	N/A	2-15 days per month
98977	Device supply for monitoring of musculoskeletal system	N/A	16-30 days
98986*	Device supply for monitoring of cognitive behavioral therapy	N/A	2-15 days per month
98978	Device supply for monitoring of cognitive behavioral therapy	N/A	16-30 days
98980	RTM treatment management services	MD or APP	20 minute minimum with at least 1 real-time interactive communication
98981	RTM treatment management services	MD or APP	Each add'l 20 min (use with 98980)
98979*	RTM treatment management services	MD or APP	10-19 minute minimum with at least 1 real time interactive communication

* New for 2026

Vaccine Update

CPT Code	Description	Administration Code	Manufacturer
90631	Flu vaccine, H5, pandemic formulation, split virus, adjuvanted	90460/90461/90471/90472	Sanofi Pasteur, CSL Seqirus, Moderna
91323	SARS/COVID, mRNA-LNP, 10 mcg/0.2 ml dosage	90480	Moderna and Pfizer
90635	Flu vaccine, H5N1, derived from cell cultures, adjuvanted, for intramuscular use	90460/90461/90471/90472	CSL Seqirus
90612	Flu, trivalent, and SARS/COVID vaccine, mRNA-LNP, 31.7 mcg/0.32 ml	90480 and 90481	Sanofi
90613	Flu, quadrivalent, and SARS/COVID, mRNA-LNP, 40 mcg/0.4 ml	90480 and 90481	Sanofi
90382	RSV monoclonal antibody, seasonal dose, 0.7ml for intramuscular use	96380 and 96381	Merck

* CPT 90481 created for additional component for COVID combo vaccines (e.g. flu)

CPT Code	Description
90482	Immunization counseling by physician or other qualified healthcare professional when immunization(s) is not administered by provider on the same date of service; 3 minutes up to 10 min
90483	Greater than 10 min up to 20 min
90484	Greater than 20 min



Social Determinants of Health (SDOH) Screening and Assessment

- **Social Determinants of Health:**

- Z55 – Problems related to education and literacy
- Z56 – Problems related to employment and unemployment
- Z57 – Occupational exposure to risk factors
- Z58 – Problems related to physical environment
- Z59 – Problems related to housing and economic circumstances
- Z60 – Problems related to social environment
- Z62 – Problems related to upbringing
- Z63 – Other problems related to primary support group, including family circumstances
- Z64 – Problems related to certain psychosocial circumstances (e.g., problems related to unwanted pregnancy, discord with counselors)
- Z65 – Problems related to other psychosocial circumstances

- **Screening**

- 96160: Administration of patient-focused health risk assessment instrument (eg, health hazard appraisal) with scoring and documentation, per standardized instrument
- 96161: Administration of caregiver-focused health risk assessment instrument (eg, depression inventory) for the benefit of the patient, with scoring and documentation, per standardized instrument

- **Assessment**

- 96156: Health behavior assessment, or re-assessment (ie, health-focused clinical interview, behavioral observations, clinical decision making)^{***}not a screening, more diagnostic interview

- **Medicare Code**

- G0136: Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes
- Could use this code if payer policies require it

- **Results**

- G9920: Screening performed and negative
- G9919: Screening performed and positive and provision of recommendations



E/M Updates and Hot Topics



Remote Monitoring (Physiologic)

Code	Description	Provider Type	Duration
99453	Initial set up and education	N/A	N/A
99445*	Device supply with daily recordings or programmed alerts	N/A	2-15 days per month
99454	Device supply with daily recordings or programmed alerts	N/A	16-30 days per month
99091	Collection and interpretation of physiologic data	Anyone qualified by training	30 minute minimum per month
99470*	RPM treatment management services	Anyone qualified by training	First 10-19 min with at least one real-time interactive communication
99457	RPM treatment management services	Anyone qualified by training	First 20 minute minimum with at least 1 real time interactive communication
99458	RPM treatment management services	Anyone qualified by training	Each additional 20 min (use with 99457)

* New for 2026

Complex Add-on Code G2211

CMS expected over half of E/M codes to have G2211, actual utilization is significantly lower

No specific documentation requirements, but longitudinal relationship needs to be clear and the need for ongoing care

Would not be expected for diagnoses that can resolve on their own or with surgery

G2211 is worth 0.33 wRVUS

Payer Downcoding Algorithms

Several payers have tried to implement them



Can get removed if you successfully appeal claims over a given time period



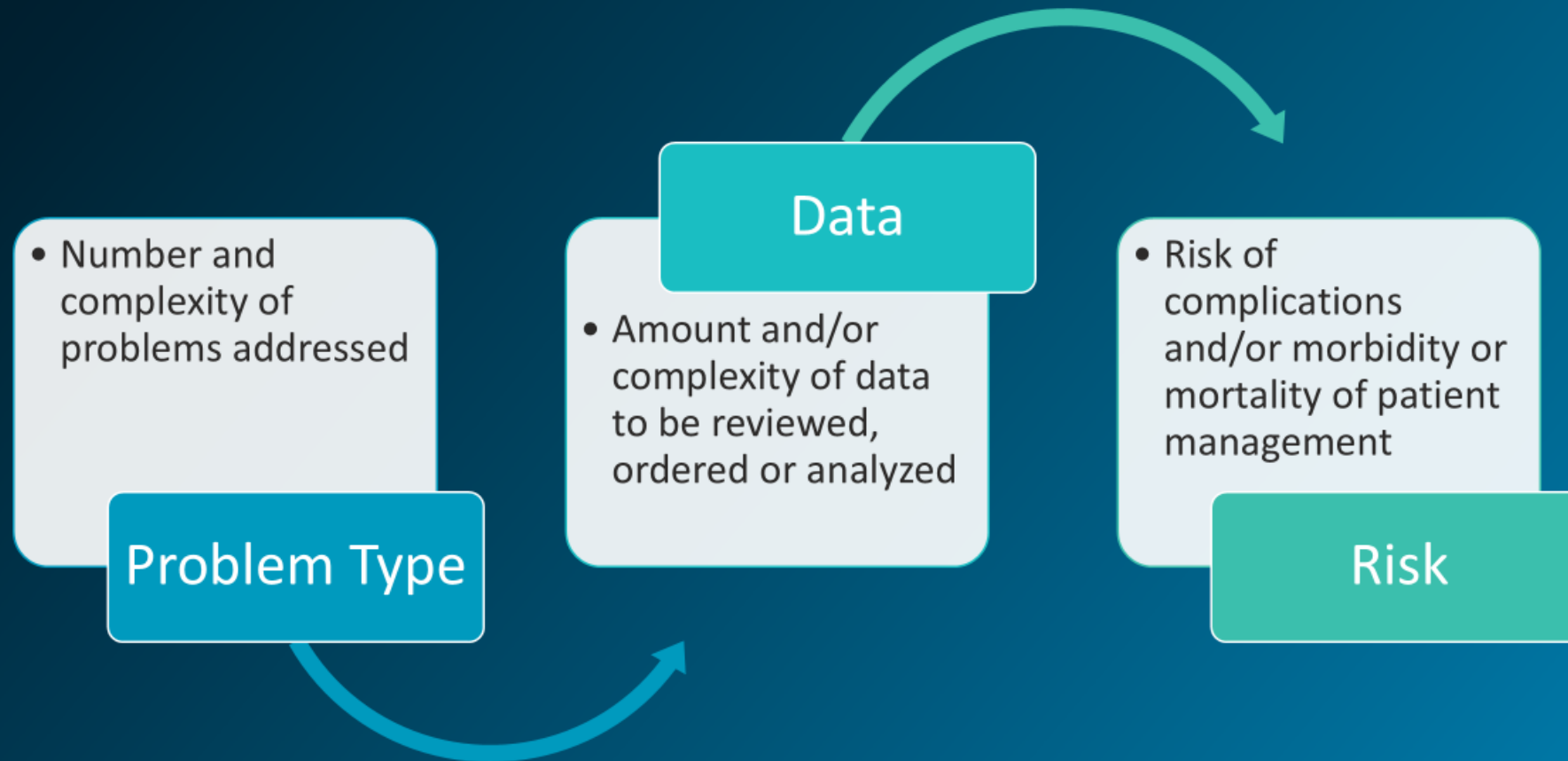
Coders can help by:

Using the most specific ICD-10 code

Alerting leadership of provider trends for over-coding

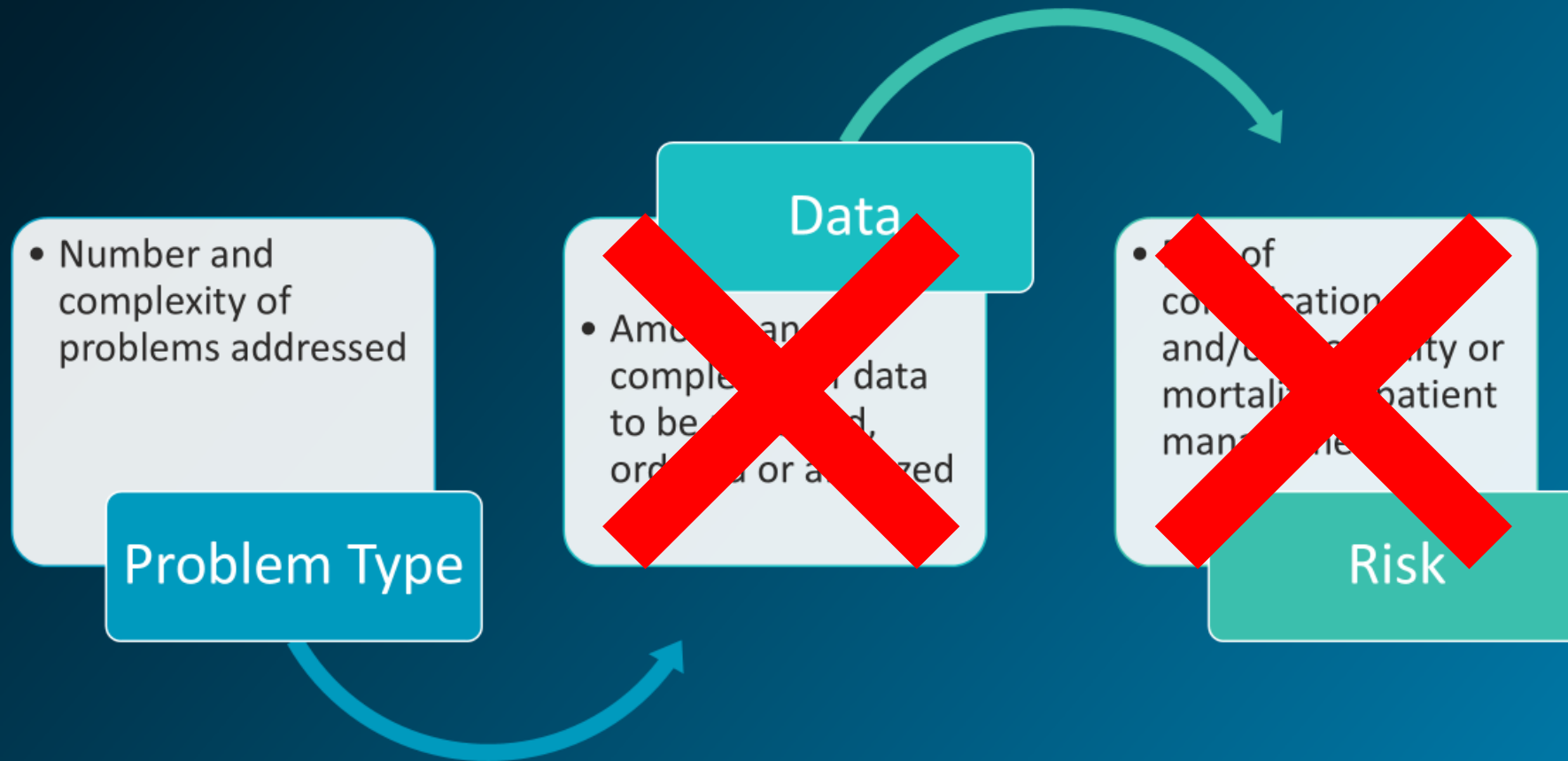
Assisting in reviews for appeal projects

Medical Decision Making



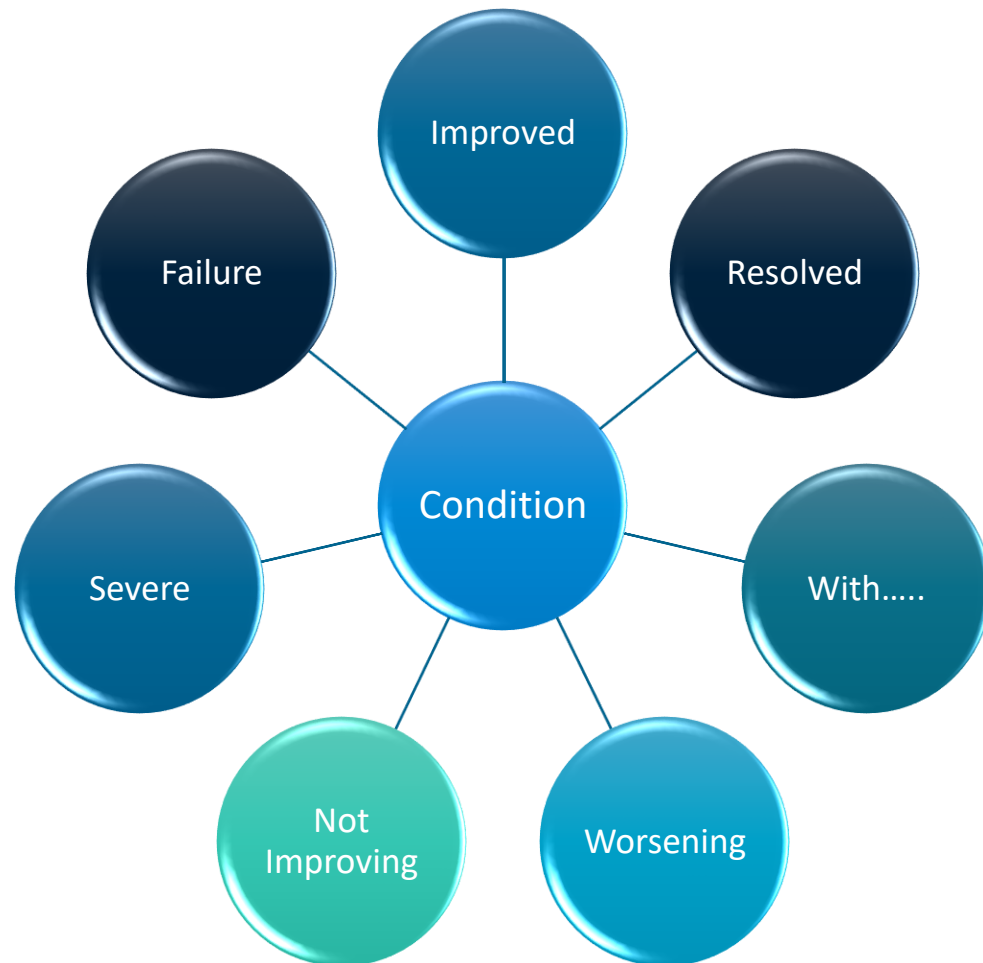
2 of the 3 elements must be met to support the level of service.

Medical Decision Making











2 of the 3 elements must be met to support the level of service.

Descriptive Words Make the Difference!



A single diagnosis can qualify under several problem type categories depending on the documented severity or other notable qualities of the condition.

Example #1: Abdominal Pain

-  **R10** Abdominal and pelvic pain
 - +  **R10.8** Other abdominal pain
 - ...  **R10.9** Unspecified abdominal pain
 - +  **R10.1** Pain localized to upper abdomen
 - +  **R10.3** Pain localized to other parts of lower abdomen
 - +  **R10.2** Pelvic and perineal pain
 - ...  **R10.0** Acute abdomen
 - +  **R10.A** Pain localized to flank





Continuum Model for Abdominal Pain: OP

Level 2	Resolved symptoms, checking to make sure all is well No intervention or follow-up needed
Level 3	Symptomatic Independent historian (parent, caregiver, etc.) input clearly documented OTC Treatment OR 20-29 min time
Level 4	If chronic, symptoms in level 3 plus exacerbation, if acute, unknown etiology Two data tests ordered (e.g. two labs) AND Independent historian (parent, caregiver, etc) input clearly documented OR Independent interpretation of outside study OR Discussion of case with outside provider Prescription level medicine OR 30-39 min time
Level 5	Symptoms in level 3 plus severe exacerbation Emergent intervention needed OR 40-54 min time



How to Spot Downcoding

- CO150: Payer deems the information submitted does not support this level of service
- M85: Subjected to review of physician evaluation and management services
- N610 Alert: Payment based on appropriate level of care
- CARC 186: Level of care change adjustment
- 97: Bundled into global period (of the lower code they paid)



How to Spot Downcoding

- 163: Attachment not received/N381
Consult contractual agreement
- CO45: Charges exceed allowed amount
(MUST pull remark codes)
- Remark N10: The claim was adjusted based on information from a review organization.
- Status code 21 rejection: Missing or invalid information



What to Do: Short term

DATA, DATA, DATA!

- Pull denials/underpayment/undistributed data and establish trends by payer, specialty and providers
- Create Diagnosis Continuum Guides for problematic specialties
- Review past coding audits or have E/M leveling audits performed
- Create internal statistic codes to track effort: Codes changed, appeals performed, peer-to-peer reviews, etc.

Identify payers affecting your practices

- Pull payer policies on how to remove the algorithms
- Understand how each workflow happens in your system and wRVU impact

Create an action plan

- Educate, eliminate and advocate

Coding Tips and Tricks

Identify your pain points

- Develop a plan for reviews/appeals

Create proactive workflow (do not do work twice)

- Revenue Cycle
- Compliance

Diagnoses

- Educate providers on where diagnoses come from in the EHR
- Make sure diagnoses are pointed correctly to charges to show distinct work
- Use the most specific diagnosis for the problem
- Do not add signs /symptoms inherent in the definitive diagnosis, especially as primary

Do not add modifier -57 simply to show surgery was decided

- E/M must be either same day or day before the major procedure to report modifier 57

Incident-to Refresh



Incident-To Refresh

- “Incident-to” billing refers to both services and supplies that are integral to a plan of care
- For services, it refers to E/M visits for **established** patients with **established** plan of care that have follow-up visits performed by APP under MD direction.
- Supervising MD (or delegate) must be physically present in office suite and immediately available to have face to face encounter.
- Incident- to is not allowed when:
 - The patient is new
 - The problem (diagnosis) is new
 - The plan of care or diagnosis changes

Guidelines by Payer: GA

Payer	Incident-to Billing Allowed	Modifier Required Per Policy	Important Notes
GA Medicaid	No	N/A	
Caresource	Yes	Silent	
Amerigroup-Wellpoint	No	N/A	
Anthem BCBS	Yes	Modifier SA	
United Healthcare	Yes	Modifier SA	Noted reduced reimbursement if modifier not used
Cigna	Yes	Modifier SA	Cigna will drop reimbursement to 85%
Aetna	Yes	Modifier SA	Dropped reimbursement then reversed it in Feb 2025
Kaiser	No	N/A	
Humana	Yes	None	Follows Medicare

EPSDT Updates



- Vaccines added:
 - Enflonsia RSV monoclonal antibody (90382)
 - Penmenvy meningococcal pentavalent (90624)
 - Penbraya meningococcal conjugate (90623)
 - Capvaxive pneumococcal 21-valent (90684)
- **98016 added:** Brief communication technology-based service (eg, virtual check-in) by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related evaluation and management service provided within the previous 7 days nor leading to an evaluation and management service or procedure within the next 24 hours or soonest available appointment, 5-10 minutes of medical discussion
- CDC weight status and BMI codes updated
- AAP Bright Futures vaccine schedule adopted

ICD-10-CM Guidelines



ICD-10-CM Official Guidelines for Coding and Reporting FY 2026

Section I.B.14.

Code assignment is based on the documentation by the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). There are a few exceptions when code assignment may be based on medical record documentation from clinicians who are not the patient's provider (i.e., physician or other qualified healthcare practitioner legally accountable for establishing the patient's diagnosis). In this context, "clinicians" other than the patient's provider refer to healthcare professionals permitted, based on regulatory or accreditation requirements or internal hospital policies, to document in a patient's official medical record.

These exceptions include codes for:

- Body Mass Index (BMI)
- Depth of non-pressure chronic ulcers
- Pressure ulcer stage
- Coma scale
- NIH stroke scale (NIHSS)
- Social determinants of health (SDOH) classified to Chapter 21
- Laterality
- Blood alcohol level
- Underimmunization status
- **Firearm injury intent**



What's Changed?

Firearm injury intent has been added to the list of code exceptions that may be extracted from other healthcare professional records that are not the patient's physician.

ICD-10-CM Official Guidelines for Coding and Reporting FY 2026

Section I.B.20.

Multiple Sites Coding

The classification defines “multiple” as involving two or more sites. Follow chapter-specific guidelines for assigning codes for “multiple sites.” In the absence of chapter-specific guidelines, assign codes describing specified sites individually when documented. When the specified site(s) are not documented, assign the appropriate code for “multiple sites.”



What’s Changed?

General coding guidelines have been added instructing coding for conditions which involve multiple sites, including when a specified site is not documented.

ICD-10-CM Official Guidelines for Coding and Reporting FY 2026

Section I.C.1.a.2.

(a) *HIV disease*

If the term “AIDS” or “HIV disease” is documented or if the patient is treated for any HIV-related illness or is described as having any condition(s) resulting from the patient’s HIV positive status; code B20, Human immunodeficiency virus [HIV], should be assigned.

(c) *Patient with HIV disease admitted for unrelated condition*

If a patient with HIV disease is admitted for an unrelated condition (such as a traumatic injury), the code for the unrelated condition (e.g., the nature of injury code) should be the principal diagnosis. Code B20 would be reported as a secondary diagnosis. Codes for other documented conditions should also be reported as secondary diagnoses.

(e) *Asymptomatic human immunodeficiency virus*

When “HIV positive,” “HIV test positive,” or similar terminology is documented, and there is no documentation of symptoms or HIV-related illness, code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, should be assigned.

(f) *Inconclusive HIV serology*

Patients with documentation of inconclusive HIV serology, may be assigned code R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV].

(g) *Previously diagnosed HIV-related illness*

Patients with documentation of a prior diagnosis of an HIV-related illness should be coded to B20. Once an HIV-related illness has developed, code B20 should always be assigned on every subsequent admission/encounter. Patients previously diagnosed with any HIV illness (B20) should never be assigned to R75, Inconclusive laboratory evidence of human immunodeficiency virus [HIV] or Z21, Asymptomatic human immunodeficiency virus [HIV] infection status.

(h) *HIV Infection in Pregnancy, Childbirth and the Puerperium*

When a patient presents during pregnancy, childbirth or the puerperium with documented symptomatic HIV disease or an HIV related illness, assign a code from subcategory O98.7, Human immunodeficiency [HIV] disease complicating pregnancy, childbirth and the puerperium, followed by code B20 and additional code(s) for any HIV-related illness(es). Codes from Chapter 15 always take sequencing priority.

When a patient presents during pregnancy, childbirth or the puerperium with documented asymptomatic HIV infection status or is HIV-positive, assign a code from subcategory O98.7 followed by code Z21.

(i) *Encounters for HIV testing*

If a patient without signs or symptoms is tested for HIV, assign code Z11.4, Encounter for screening for human immunodeficiency virus [HIV]. Use additional codes for any associated high-risk behavior, if applicable.

If a patient with signs or symptoms of HIV presents for HIV testing, code the signs and symptoms. An additional counseling code Z71.7, Human immunodeficiency virus [HIV] counseling, may be assigned if counseling is provided during the encounter for the test. Code Z11.4, Encounter for screening for human immunodeficiency virus [HIV], should not be assigned if HIV signs or symptoms are present.

When a patient presents for follow up regarding their HIV test results and the test result is negative, assign code Z71.7, Human immunodeficiency virus [HIV] counseling.

(j) *HIV disease or HIV positive status managed by antiretroviral medication*

If a patient with documented HIV disease, HIV-related illness or AIDS is currently managed on antiretroviral medications, assign code B20, Human immunodeficiency virus [HIV] disease.

If a patient with documented HIV positive status is currently managed on antiretroviral medication, assign code Z21, Asymptomatic human immunodeficiency virus [HIV] infection status, in the absence of any additional documentation of HIV disease, HIV-related illness or AIDS.



What’s Changed?

Clarification has been added to the guidelines for selection and sequencing of HIV codes.

ICD-10-CM Official Guidelines for Coding and Reporting FY 2026

Section I.C.2.e.2.

If a patient admission/encounter is chiefly for the administration of chemotherapy, immunotherapy or external beam radiation therapy **for the treatment of a neoplasm**, assign code Z51.0, Encounter for antineoplastic radiation therapy, or Z51.11, Encounter for antineoplastic chemotherapy, or Z51.12, Encounter for antineoplastic immunotherapy as the first-listed or principal diagnosis. **If the reason for the encounter is more than one type of antineoplastic therapy, code Z51.0 and codes from subcategory Z51.1 may be assigned together, in which case one of these codes would be reported as a secondary diagnosis.**

The malignancy for which the therapy is being administered should be assigned as a secondary diagnosis.

If a patient admission/encounter is for the insertion or implantation of radioactive elements (e.g., brachytherapy) the appropriate code for the malignancy is sequenced as the principal or first-listed diagnosis. Code Z51.0 should not be assigned.



What's Changed?

Clarification has been added on coding for patient admissions/encounters chiefly for the administration of antineoplastic chemotherapy, immunotherapy, and radiation therapy

ICD-10-CM Official Guidelines for Coding and Reporting FY 2026

Section I.C.4.a.1.b.

Code E11.A, Type 2 diabetes mellitus without complications in remission, is assigned based on provider documentation that the diabetes mellitus is in remission. If the documentation is unclear as to whether the Type 2 diabetes mellitus has achieved remission, the provider should be queried. For example, the term “resolved” is not synonymous with remission.



What's Changed?

Clarification has been added on coding for Type II diabetes mellitus in remission when documentation is unclear

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Section I.C.13.a.2.

Codes describing specified sites are assigned individually by site when documented. When the specified site(s) are not documented, assign the appropriate code for “multiple sites.”



What's Changed?

Guidelines have been added for coding conditions of the musculoskeletal system and connective tissue involving multiple sites, when the specified site(s) are not documented.

ICD-10-CM Official Guidelines for Coding and Reporting FY 2026

Section I.C.21.c.3.

Z68 Body mass index (BMI)
BMI codes should only be assigned when there is an associated, reportable diagnosis (such as obesity or anorexia) **documented by the patient's provider.**
Do not assign BMI codes during pregnancy. **When the documentation reflects fluctuating BMI values during the current encounter for an associated reportable condition, assign a code for the most severe value.**

See Section I.B.14. for BMI documentation by clinicians other than the patient's provider.



What's Changed?

Guidelines have been added for assigning a BMI diagnosis only when a reportable diagnosis (such as obesity or anorexia) has been documented by the patient's provider. Clarification added for coding a documented fluctuating BMI.

Chapter 4

Endocrine, Nutritional and Metabolic Diseases

E00 – E89



Image courtesy of istockphoto.com

Type II diabetes mellitus in remission

Primary and Secondary hyperoxaluria

Familial hypercholesterolemia

Disorders of mineral metabolism

Lipodystrophy

E11 Type 2 diabetes mellitus	
No Change	E11.9 Type 2 diabetes mellitus without complications
Add	<p>Excludes1: type 2 diabetes mellitus, without complications in remission (E11.A)</p> <p>E11.A Type 2 diabetes mellitus without complications in remission</p> <p>Excludes1: type 2 diabetes mellitus, with complications (E11.0-E11.8) type 2 diabetes mellitus, without complications not in remission (E11.9)</p>

E72 Other disorders of amino-acid metabolism	
No Change	E72.53 Primary hyperoxaluria
Add	<p>Excludes1: secondary hyperoxaluria (E72.54-)</p> <p>E72.530 Primary hyperoxaluria, type 1</p> <p>E72.538 Other specified primary hyperoxaluria Primary hyperoxaluria, type 2 Primary hyperoxaluria, type 3</p> <p>E72.539 Primary hyperoxaluria, unspecified</p> <p>E72.54 Secondary hyperoxaluria Excludes1: primary hyperoxaluria (E72.53-)</p> <p>E72.540 Dietary hyperoxaluria</p> <p>E72.541 Enteric hyperoxaluria</p> <p>E72.548 Other secondary hyperoxaluria</p> <p>E72.549 Secondary hyperoxaluria, unspecified</p>

Primary

Secondary

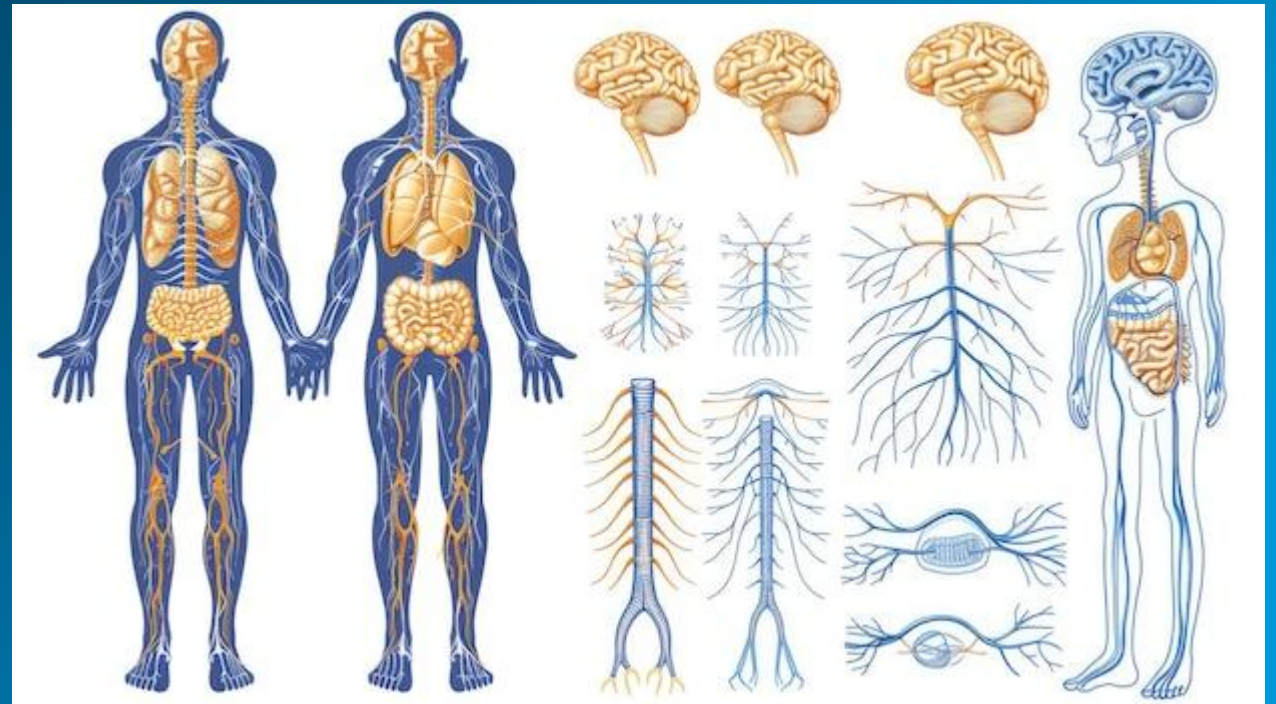
E78 Disorders of lipoprotein metabolism and other lipidemias	
No Change	E78.01 Familial hypercholesterolemia
Add	E78.010 Homozygous familial hypercholesterolemia [HoFH] E78.011 Heterozygous familial hypercholesterolemia [HeFH] E78.019 Familial hypercholesterolemia, unspecified Familial hypercholesterolemia NOS
E83 Disorders of mineral metabolism	
No Change	E83.8 Other disorders of mineral metabolism
Add	E83.82 Disorders of pyrophosphate metabolism E83.820 Generalized arterial calcification of infancy with unspecified genetic causality Code also , if applicable, associated conditions such as: heart failure (I50.-) other secondary hypertension (I15.8) E83.821 ENPP1 deficiency causing generalized arterial calcification of infancy Code also , if applicable, associated conditions such as: heart failure (I50.-) other secondary hypertension (I15.8) E83.822 ENPP1 deficiency causing autosomal recessive hypophosphatemic rickets type 2 E83.823 ABCC6 deficiency causing generalized arterial calcification of infancy Code also , if applicable, associated conditions such as: heart failure (I50.-) other secondary hypertension (I15.8) E83.824 ABCC6 deficiency causing pseudoxanthoma elasticum E83.825 CD73 deficiency causing arterial calcification

E88 Other and unspecified metabolic disorders	
No Change	E88.1 Lipodystrophy, not elsewhere classified
Delete	Lipodystrophy NOS
Add	<p>E88.10 Lipodystrophy, unspecified Lipodystrophy NOS</p> <p>E88.11 Partial lipodystrophy Acquired partial lipodystrophy (APL) Barraquer-Simons lipodystrophy Familial partial lipodystrophy (FPLD)</p> <p>E88.12 Generalized lipodystrophy Acquired generalized lipodystrophy (AGL) Berardinelli-Siepe syndrome Congenital generalized lipodystrophy (CGL) Lawrence syndrome</p> <p>E88.13 Localized lipodystrophy Injection lipodystrophy Insulin lipodystrophy</p> <p>E88.14 HIV-associated lipodystrophy Code first any human immunodeficiency virus [HIV] disease (B20) Use Additional code for adverse effect, if applicable, to identify drug (T37.5X5-)</p>

Chapter 6

Diseases of the Nervous System

G00 – G99



G71 Primary disorders of muscles

G71 Primary disorders of muscles	
No Change	G71.03 Limb girdle muscular dystrophies
Add	G71.036 Limb girdle muscular dystrophy due to fukutin related protein dysfunction LGMD R9 FKR- P -related Limb girdle muscular dystrophy due to FKR- P deficiency Limb girdle muscular dystrophy type 2I
No Change	G71.038 Other limb girdle muscular dystrophy
Delete	LGMD R9 FKR-P-related Limb girdle muscular dystrophy due to fukutin related protein dysfunction Limb girdle muscular dystrophy type 2I

G35 Multiple sclerosis	
No Change	G35 Multiple sclerosis
Delete	<ul style="list-style-type: none"> Disseminated multiple sclerosis Generalized multiple sclerosis Multiple sclerosis NOS Multiple sclerosis of brain stem Multiple sclerosis of cord
Add	<p>G35.A Relapsing-remitting multiple sclerosis Exclude1: demyelinating disease of central nervous system, unspecified (G37.9)</p> <p>G35.B Primary progressive multiple sclerosis</p> <p>G35.B0 Primary progressive multiple sclerosis, unspecified</p> <p>G35.B1 Active primary progressive multiple sclerosis Primary progressive multiple sclerosis with evidence of inflammatory disease activity</p> <p>G35.B2 Non-active primary progressive multiple sclerosis Primary progressive multiple sclerosis without evidence of inflammatory disease activity</p> <p>G35.C Secondary progressive multiple sclerosis</p> <p>G35.C0 Secondary progressive multiple sclerosis, unspecified</p> <p>G35.C1 Active secondary progressive multiple sclerosis Secondary progressive multiple sclerosis with evidence of inflammatory disease activity</p> <p>G35.C2 Non-active secondary progressive multiple sclerosis Secondary progressive multiple sclerosis without evidence of inflammatory disease activity</p> <p>G35.D Multiple sclerosis, unspecified</p> <ul style="list-style-type: none"> Disseminated multiple sclerosis Generalized multiple sclerosis Multiple sclerosis NOS Multiple sclerosis of brain stem Multiple sclerosis of cord



Chapter 7

Diseases of the Eye and Adnexa

H00 – H59




H01 Other inflammation of eyelid	
No Change	H01.8 Other specified inflammations of eyelid
Add	<p>Code also, if applicable, infestation by Demodex mites (B88.01)</p> <p>H01.81 Other specified inflammation of right upper eyelid</p> <p>H01.82 Other specified inflammation of right lower eyelid</p> <p>H01.83 Other specified inflammation of right eye, unspecified eyelid</p> <p>H01.84 Other specified inflammation of left upper eyelid</p> <p>H01.85 Other specified inflammation of left lower eyelid</p> <p>H01.86 Other specified inflammation of left eye, unspecified eyelid</p> <p>H01.89 Other specified inflammation of unspecified eye, unspecified eyelid</p> <p>H01.8A Other specified inflammation of right eye, upper and lower eyelids</p> <p>H01.8B Other specified inflammation of left eye, upper and lower eyelids</p>


Chapter 11

Diseases of the Digestive System

K00 – K95



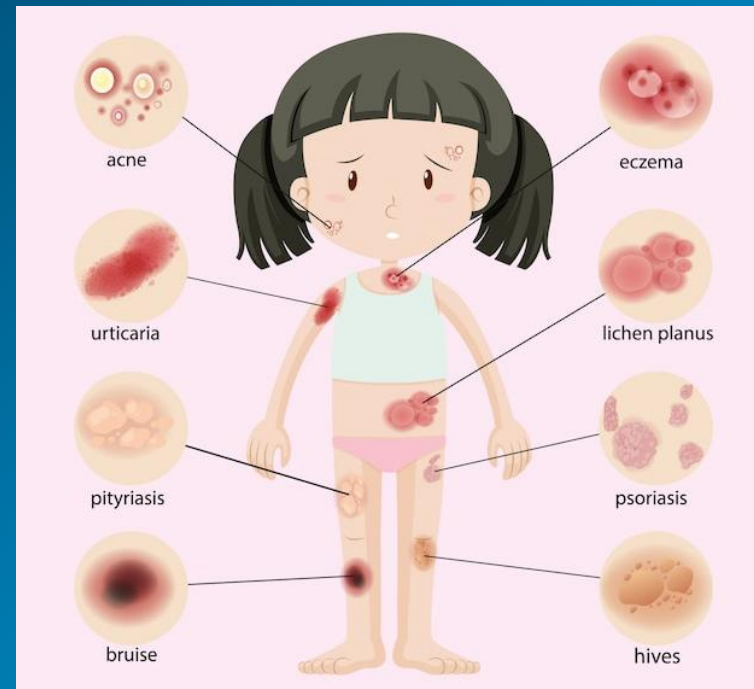
K75 Other inflammatory liver diseases	
No Change	K75.81 Nonalcoholic steatohepatitis (NASH)
Add	Metabolic dysfunction-associated steatohepatitis (MASH)
	A diagnosis of MASH is now reported with K75.81

K76 Other diseases of liver	
No Change	K76.0 Fatty (change of) liver, not elsewhere classified
Add	Metabolic dysfunction-associated steatotic liver disease (MASLD)
	A diagnosis of MASLD is now reported with K76.0


Chapter 12


Diseases of the Skin and Subcutaneous Tissue


L00 – L99



Chapter 12 (L00 – L99)

L02 Cutaneous abscess, furuncle and carbuncle	
No Change	L02.2 Cutaneous abscess, furuncle and carbuncle of trunk
Add	L02.217 Cutaneous abscess of flank L02.227 Furuncle of flank
	2 new codes for reporting abscess or furuncle of the flank

L03 Cellulitis and acute lymphangitis	
No Change	L03.3 Cellulitis and acute lymphangitis of trunk
Add	L03.31A Cellulitis of flank L03.32A Acute lymphangitis of flank
	2 new codes for reporting cellulitis or lymphangitis of the flank

L97 Non-pressure chronic ulcer of lower limb, not elsewhere classified	
No Change	L97.2 Non-pressure chronic ulcer of calf
Add	Non-pressure chronic ulcer of shin
	L97.2 is now reported for non-pressure chronic ulcers of the shin

Non-pressure chronic ulcers

Significant update with over 100 new codes (not common in Peds)

Body Area

- Abdomen
- Chest
- Neck
- Face
- Upper arm
- Forearm
- Hand

Severity


- Limited to breakdown of skin
- Fat layer exposed
- Necrosis of muscle
- Necrosis of bone
- Muscle involvement without necrosis
- Bone involvement without necrosis
- Other specified severity
- Unspecified severity


Chapter 17


Congenital Malformations, Deformations and Chromosomal Abnormalities

Q00 – Q99



Q87 Other specified congenital malformation syndromes affecting multiple systems	
No Change	Q87.8 Other specified congenital malformation syndromes, not elsewhere classified
Add	<p>Q87.87 Hao-Fountain Syndrome HAFOUS</p> <p>Q87.88 CTNNB1 syndrome</p>
	<p>1 new code to report Hao-Fountain Syndrome</p> <p>1 new code to report CTNNB1 syndrome</p>

Q89 Other congenital malformations, not elsewhere classified	
No Change	Q89.8 Other specified congenital malformations
Add	<p>Q89.81 Kabuki syndrome Kabuki syndrome, type 1, due to KMT2D mutation Kabuki syndrome, type 2, due to KDM6A mutation Niikawa-Kuroki syndrome</p> <p>Q89.89 Other specified congenital malformations</p>
	<p>1 new code to report Kabuki Syndrome</p> <p>1 new code to report other specified congenital malformations.</p>

Q99 Other chromosome abnormalities, not elsewhere classified	
No Change	Q99.8 Other specified chromosome abnormalities
Add	<p>Q99.81 Usher syndrome</p> <p> Q99.811 Usher syndrome, type 1</p> <p> Q99.812 Usher syndrome, type 2</p> <p> Q99.813 Usher syndrome, type 3</p> <p> Q99.818 Other Usher syndrome</p> <p> Usher syndrome, type 4</p> <p> Q99.819 Usher syndrome, unspecified</p> <p>Q99.89 Other specified chromosome abnormalities</p>
	<p>5 new codes to report Usher syndrome</p> <p>1 new code to report other specified chromosome abnormalities</p>

New 3-digit Category Code: Genetic disorders, not elsewhere classified (QA0)

QA0 Neurodevelopmental disorders related to specific genetic pathogenic variants

QA0.0 Neurodevelopmental disorders related to pathogenic variants in specific genes

QA0.01 Neurodevelopmental disorders related to pathogenic variants in certain specific genes

QA0.010 Neurodevelopmental disorders, related to pathogenic variants in ion channel

QA0.0101 SCN2A-related neurodevelopmental disorder

QA0.0102 CACNA1A-related neurodevelopmental disorder

QA0.0109 Neurodevelopmental disorder related to pathogenic variant in other ion channel genes

QA0.011 Neurodevelopmental disorders, related to pathogenic variants in glutamate receptor genes

QA0.012 Neurodevelopmental disorders, related to pathogenic variants in other receptor genes

QA0.013 Neurodevelopmental disorders, related to pathogenic variants in other transporter and solute carrier genes

QA0.0131 SLC6A1-related disorder

QA0.0139 Neurodevelopmental disorder, related to pathogenic variant in other transporter or solute carrier gene

QA0.014 Neurodevelopmental disorders, related to pathogenic variants in synapse related genes

QA0.0141 Syntaxin-binding protein 1-related disorder

QA0.0142 DLG4-related synaptopathy

QA0.0149 Neurodevelopmental disorder, related to pathogenic variant in other synapse related gene

QA0.015 Neurodevelopmental disorders, related to genes associated with transcription and gene expression

QA0.0151 FOXP1 syndrome

QA0.0159 Neurodevelopmental disorder, related to other genes associated with transcription and gene expression

QA0.8 Other neurodevelopmental disorders related to pathogenic variants in other specific genes

Add



A new category (QA0) contains 19 new codes for reporting Neurodevelopmental disorders

Chapter 18

Symptoms, Signs and Abnormal Clinical and Laboratory Findings, Not Elsewhere Classified R00 – R99



New Codes

Pelvic and perineal pain

Flank tenderness

Flank pain




Costovertebral angle tenderness

Vomiting with cannabis use


Faltering growth


Abnormal Rheumatoid factor


Abnormal immunological findings

R10 Abdominal and pelvic pain	
No Change	R10.2 Pelvic and perineal pain
Add	R10.20 Pelvic and perineal pain unspecified side R10.21 Pelvic and perineal pain right side R10.22 Pelvic and perineal pain left side R10.23 Pelvic and perineal pain bilateral R10.24 Suprapubic pain
	5 new codes provide greater site specificity when reporting pelvic and perineal pain
No Change	R10.8 Other abdominal pain
Add	R10.85 Abdominal pain of multiple sites R10.8A Flank tenderness R10.8A1 Right flank tenderness R10.8A2 Left flank tenderness R10.8A3 Suprapubic tenderness R10.8A9 Flank tenderness, unspecified
	6 new codes provide greater site specificity when reporting abdominal pain
Add	R10.A Pain localized to flank R10.A0 Flank pain, unspecified side R10.A1 Flank pain, right side R10.A2 Flank pain, left side R10.A3 Flank pain, bilateral
	5 new codes provide greater site specificity when reporting flank pain

Chapter 18 (R00 – R99)

R11 Nausea and vomiting	
No Change	R11.1 Vomiting
Add	R11.16 Cannabis hyperemesis syndrome
	1 new code to report vomiting associated with cannabis use

R39 Other and unspecified symptoms and signs involving the genitourinary system	
No Change	R39.8 Other symptoms and signs involving the genitourinary system
Add	<p>R39.85 Costovertebral (angle) tenderness</p> <p>Excludes2: abdominal and pelvic pain (R10.-)</p> <p>R39.851 Costovertebral (angle) tenderness, right side</p> <p>R39.852 Costovertebral (angle) tenderness, left side</p> <p>R39.853 Costovertebral (angle) tenderness, bilateral</p> <p>R39.859 Costovertebral (angle) tenderness, unspecified side</p>
	<p>5 new code to report costovertebral tenderness</p> <ul style="list-style-type: none"> • Can be reported with abdominal and pelvic pain (R10.-) if both conditions are documented in the medical record

R62 Lack of expected normal physiological development in childhood and adults	
No Change	R62.51 Failure to thrive (child)
Add	Faltering growth
	Faltering growth of a child is now reported with R62.51

Chapter 19

Injury, Poisoning and Certain other Consequences of External Causes

S00 – T88









Abdominal injuries




Poisonings




Anaphylactic reactions to milk




Anaphylactic reactions to eggs

S30 Superficial injury of abdomen, lower back, pelvis and external genitals	
No Change	S30.1 Contusion of abdominal wall
Delete	Contusion of flank Contusion of groin
Add	S30.11 Contusion of abdominal wall S30.12 Contusion of groin S30.13 Contusion of flank (latus) region
	3 new codes provider greater site specificity for reporting abdominal contusions
No Change	S30.8 Other superficial injuries of abdomen, lower back, pelvis and external genitals
Add	S30.81A Abrasion of flank S30.82A Blister (nonthermal) of flank S30.84A External constriction of flank S30.85A Superficial foreign body of flank S30.86A Insect bite (nonvenomous) of flank S30.87A Other superficial bite of flank
	6 new codes provide greater specificity for reporting superficial injuries to the flank
No Change	S30.9 Unspecified superficial injury of abdomen, lower back, pelvis and external genitals
Add	S30.9A Unspecified superficial injury of flank
	1 new code for reporting an unspecified superficial injury to the flank


S31 Open wound of abdomen, lower back, pelvis and external genitals	
No Change	S31.10 Unspecified open wound of abdominal wall without penetration into peritoneal cavity
Add	<p>S31.106 Unspecified open wound of abdominal wall, right flank without penetration into peritoneal cavity</p> <p>S31.107 Unspecified open wound of abdominal wall, left flank without penetration into peritoneal cavity</p> <p>S31.10A Unspecified open wound of abdominal wall, unspecified flank without penetration into peritoneal cavity</p> <p>Open wound of abdominal wall of flank NOS without penetration into peritoneal cavity</p>
	3 new codes provider greater site specificity for reporting unspecified abdominal wounds
No Change	S31.11 Laceration without foreign body of abdominal wall without penetration into peritoneal cavity
Add	<p>S31.116 Laceration without foreign body of abdominal wall, right flank without penetration into peritoneal cavity</p> <p>S31.117 Laceration without foreign body of abdominal wall, left flank without penetration into peritoneal cavity</p> <p>S31.11A Laceration without foreign body of abdominal wall, unspecified flank without penetration into peritoneal cavity</p> <p>Laceration without foreign body of flank NOS without penetration into peritoneal cavity</p>
	3 new codes provide greater site specificity for reporting abdominal lacerations without a foreign body remaining
No Change	S31.12 Laceration with foreign body of abdominal wall without penetration into peritoneal cavity
Add	<p>S31.126 Laceration with foreign body of abdominal wall, right flank without penetration into peritoneal cavity</p> <p>S31.127 Laceration with foreign body of abdominal wall, left flank without penetration into peritoneal cavity</p> <p>S31.12A Laceration with foreign body of abdominal wall unspecified flank without penetration into peritoneal cavity</p> <p>Laceration with foreign</p>
	3 new codes provide greater site specificity for reporting abdominal lacerations with a foreign body remaining


S31 Open wound of abdomen, lower back, pelvis and external genitals	
No Change	S31.13 Puncture wound of abdominal wall without foreign body without penetration into peritoneal cavity
Add	S31.136 Puncture wound of abdominal wall without foreign body, right flank without penetration into peritoneal cavity S31.137 Puncture wound of abdominal wall without foreign body, left flank without penetration into peritoneal cavity S31.13A Puncture wound of abdominal wall without foreign body, unspecified flank without penetration into peritoneal cavity Puncture wound of abdominal wall of flank NOS without foreign body
	3 new codes provider greater site specificity for reporting puncture wounds of the abdominal wall without foreign body remaining
No Change	S31.14 Puncture wound of abdominal wall with foreign body without penetration into peritoneal cavity
Add	S31.146 Puncture wound of abdominal wall with foreign body, right flank without penetration into peritoneal cavity S31.147 Puncture wound of abdominal wall with foreign body, left flank without penetration into peritoneal cavity S31.14A Puncture wound of abdominal wall with foreign body, unspecified flank without penetration into peritoneal cavity Puncture wound of abdominal wall with foreign body of flank NOS without penetration into peritoneal cavity
	3 new codes provide greater site specificity for reporting puncture wounds of the abdominal wall with foreign body remaining
No Change	S31.15 Open bite of abdominal wall without penetration into peritoneal cavity
Add	S31.156 Open bite of abdominal wall, right flank without penetration into peritoneal cavity S31.157 Open bite of abdominal wall, left flank without penetration into peritoneal cavity S31.15A Open bite of abdominal wall, unspecified flank without penetration into peritoneal cavity Open bite of abdominal wall of flank NOS without penetration into peritoneal cavity
	3 new codes provide greater site specificity for reporting open bite wounds to the abdominal wall


S31 Open wound of abdomen, lower back, pelvis and external genitals	
No Change	S31.60 Unspecified open wound of abdominal wall with penetration into peritoneal cavity
Add	S31.606 Unspecified open wound of abdominal wall, right flank with penetration into peritoneal cavity S31.607 Unspecified open wound of abdominal wall, left flank with penetration into peritoneal cavity S31.60A Unspecified open wound of abdominal wall, unspecified flank with penetration into peritoneal cavity Unspecified open wound
	3 codes provide greater site specificity for unspecified open wounds of the abdominal wall (and peritoneal cavity)
No Change	S31.61 Laceration without foreign body of abdominal wall with penetration into peritoneal cavity
Add	S31.616 Laceration without foreign body of abdominal wall, right flank with penetration into peritoneal cavity S31.617 Laceration without foreign body of abdominal wall, left flank with penetration into peritoneal cavity S31.61A Laceration without foreign body of abdominal wall, unspecified flank with penetration into peritoneal cavity Laceration without foreign body of abdominal wall of flank NOS, with penetration into peritoneal cavity
	3 codes provide greater site specificity for lacerations of abdominal wall (and peritoneal cavity) without foreign body remaining
No Change	S31.62 Laceration with foreign body of abdominal wall with penetration into peritoneal cavity
Add	S31.626 Laceration with foreign body of abdominal wall, right flank with penetration into peritoneal cavity S31.627 Laceration with foreign body of abdominal wall, left flank with penetration into peritoneal cavity S31.62A Laceration with foreign body of abdominal wall, unspecified flank with penetration into peritoneal cavity Laceration with foreign
	3 codes provide greater site specificity for open bite wounds of abdominal wall (and peritoneal cavity) with foreign body remaining



S31 Open wound of abdomen, lower back, pelvis and external genitals	
No Change	S31.63 Puncture wound without foreign body of abdominal wall with penetration into peritoneal cavity
Add	S31.636 Puncture wound of abdominal wall without foreign body, right flank with penetration into peritoneal cavity S31.637 Puncture wound of abdominal wall without foreign body, left flank with penetration into peritoneal cavity S31.63A Puncture wound of abdominal wall without foreign body, unspecified flank with penetration into peritoneal cavity Puncture wound of abdominal wall without
	3 codes provide greater site specificity for puncture wounds of abdominal wall (and peritoneal cavity) without foreign body remaining
No Change	S31.64 Puncture wound with foreign body of abdominal wall with penetration into peritoneal cavity
Add	S31.646 Puncture wound of abdominal wall with foreign body, right flank with penetration into peritoneal cavity S31.647 Puncture wound of abdominal wall with foreign body, left flank with penetration into peritoneal cavity S31.64A Puncture wound of abdominal wall with foreign body, unspecified flank with penetration into peritoneal cavity Puncture wound of abdominal wall with foreign body, flank NOS, with penetration into peritoneal cavity
	3 codes provide greater site specificity for puncture wounds of abdominal wall (and peritoneal cavity) with foreign body remaining
No Change	S31.65 Open bite of abdominal wall with penetration into peritoneal cavity
Add	S31.656 Open bite of abdominal wall, right flank with penetration into peritoneal cavity S31.657 Open bite of abdominal wall, left flank with penetration into peritoneal cavity S31.65A Open bite of abdominal wall, unspecified flank with penetration into peritoneal cavity Open bite of abdominal wall, flank NOS, with penetration into peritoneal cavity
	3 codes provide greater site specificity for open bite wounds of abdominal wall (and peritoneal cavity)

S62 Fracture at wrist and hand level	
Revised	<p>S62.9 Unspecified fracture of wrist and hand</p> <p>S62.90 Unspecified fracture of unspecified wrist and hand</p> <p>S62.91 Unspecified fracture of right wrist and hand</p> <p>S62.92 Unspecified fracture of left wrist and hand</p>
	No longer reported for unspecified fractures of wrist

T36 Poisoning by, adverse effect of and underdosing of systemic antibiotics	
Add	<p>T36.A Poisoning by, adverse effect of and underdosing of fluoroquinolone antibiotics</p> <p>T36.AX Poisoning by, adverse effect of and underdosing of fluoroquinolone antibiotics</p> <p>T36.AX1 Poisoning by fluoroquinolone antibiotics, accidental (unintentional)</p> <p>Poisoning by fluoroquinolone antibiotics NOS</p> <p>T36.AX2 Poisoning by fluoroquinolone antibiotics, intentional self-harm</p> <p>T36.AX3 Poisoning by fluoroquinolone antibiotics, assault</p> <p>T36.AX4 Poisoning by fluoroquinolone antibiotics, undetermined</p> <p>T36.AX5 Adverse effect of fluoroquinolone antibiotics</p> <p>T36.AX6 Underdosing of fluoroquinolone antibiotics</p>
	Used to treat a wide range of bacterial infections (UTI, pneumonia, skin and soft tissue, eye, bone & joint, gastrointestinal)

T65 Toxic effect of other and unspecified substances	
No change	T65.8 Toxic effect of other specified substances
Add	<p>T65.84 Toxic effect of xylazine (vet tranquilizer)</p> <p>T65.841 Toxic effect of xylazine, accidental (unintentional) Toxic effect of xylazine NOS</p> <p>T65.842 Toxic effect of xylazine, intentional self-harm</p> <p>T65.843 Toxic effect of xylazine, assault</p> <p>T65.844 Toxic effect of xylazine, undetermined</p>
	Common illicit drug known as “tranq” or “tranq dope”. Used in veterinary setting and not safe for humans.

T78 Adverse effects, not elsewhere classified	
No change	T78.07 Anaphylactic reaction due to milk and dairy products
Add	<p>T78.070 Anaphylactic reaction due to milk and dairy products with tolerance to baked milk</p> <p>T78.071 Anaphylactic reaction due to milk and dairy products with reactivity to baked milk</p> <p>T78.079 Anaphylactic reaction due to milk and dairy products, unspecified</p>
	Anaphylactic reaction due to milk and dairy products

T78 Adverse effects, not elsewhere classified	
No change	T78.08 Anaphylactic reaction due to eggs
Add	T78.080 Anaphylactic reaction due to egg with tolerance to baked egg T78.081 Anaphylactic reaction due to egg with reactivity to baked egg T78.089 Anaphylactic reaction due to eggs, unspecified
	Anaphylactic reaction due to egg
No change	T78.1 Other adverse food reactions, not elsewhere classified
Add	T78.11 Other adverse food reactions due to milk and dairy products T78.110 Other adverse food reactions due to milk and dairy products with tolerance to baked milk T78.111 Other adverse food reaction due to milk and dairy products with reactivity to baked milk T78.119 Other adverse food reaction due to milk and dairy products with baked milk tolerance/reactivity, unspecified T78.12 Other adverse food reaction due to eggs T78.120 Other adverse food reaction due to egg with tolerance to baked egg T78.121 Other adverse food reaction due to egg with reactivity to baked egg T78.129 Other adverse food reaction due to egg with baked egg tolerance/reactivity, unspecified T78.19 Other adverse food reactions, not elsewhere classified
	Adverse food reactions due to milk and dairy products Adverse food reactions due to egg Adverse food reactions NEC

Chapter 21

Factors Influencing Health Status and Contact with Health Services

Z00 – Z99



Genetic susceptibility


Prophylactic surgery

Family history (kidney, ureter disease)


Personal history (fallopian tube malignancy or in-situ neoplasm)


Personal risk of milk allergy

Personal risk of egg allergy


Z15 Genetic susceptibility to disease	
No change	Z15.0 Genetic susceptibility to malignant neoplasm
Add	<p>Z15.05 Genetic susceptibility to malignant neoplasm of fallopian tube(s) Z15.06 Genetic susceptibility to malignant neoplasm of digestive system Z15.060 Genetic susceptibility to colorectal cancer Z15.068 Genetic susceptibility to other malignant neoplasm of digestive system Genetic susceptibility to biliary tract cancer Genetic susceptibility to gastric cancer Genetic susceptibility to pancreatic cancer Genetic susceptibility to small bowel cancer</p> <p>Z15.07 Genetic susceptibility to malignant neoplasm of urinary tract Z15.3 Genetic susceptibility to kidney disease</p>
	<p>Genetic susceptibility to malignant neoplasms</p> <ul style="list-style-type: none"> • Fallopian tube(s) • Digestive system • Colorectal • Biliary tract • Gastric • Pancreatic • Small bowel • Urinary tract <p>Genetic susceptibility to kidney disease</p>


Chapter 21 (Z00 – Z99)



Z40 Encounter for prophylactic surgery	
No change	Z40.8 Encounter for other prophylactic surgery
Add	<p>Z40.81 Encounter for prophylactic surgery for removal of ovary(s) for persons without known genetic/familial risk factors Encounter for prophylactic oophorectomy for persons without known genetic/ familial risk factors</p> <p>Z40.82 Encounter for prophylactic surgery for removal of fallopian tube(s) for persons without known genetic/familial risk factors Encounter for prophylactic salpingectomy for persons without known genetic/familial risk factors Opportunistic salpingectomy</p> <p>Z40.89 Encounter for other prophylactic surgery</p>
	<p>Removal performed to reduce the risk of developing a disease in the future</p> <ul style="list-style-type: none"> • Ovary(s) without genetic/familial risk • Fallopian tube(s) without genetic/familial risk • Other prophylactic surgery

Z84 Family history of other conditions	
No change	Z84.1 Family history of disorders of kidney and ureter
Add	<p>Z84.11 Family history of APOL1-mediated kidney disease [AMKD]</p> <p>Z84.19 Family history of other disorders of kidney and ureter</p>
	<p>Family history of kidney and ureter disease</p> <ul style="list-style-type: none"> • APOL1-mediated kidney disease • Other disorders of kidney and ureter

Chapter 21 (Z00 – Z99)

Z85 Personal history of malignant neoplasm	
No change	Z85.4 Personal history of malignant neoplasm of genital organs
Add	Z85.4A Personal history of malignant neoplasm of fallopian tube(s)
	Personal history of malignant neoplasm • Fallopian tube(s)

Z86 Personal history of certain other diseases	
No change	Z86.00 Personal history of in-situ neoplasm
Add	Z86.00A Personal history of in-situ neoplasm of the fallopian tube(s)
	Personal history of in-situ neoplasm • Fallopian tube(s)

Z91 Personal risk factors, not elsewhere classified	
No change	Z91.011 Allergy to milk products
Add	Z91.0110 Allergy to milk products, unspecified Z91.0111 Allergy to milk products with tolerance to baked milk Z91.0112 Allergy to milk products with reactivity to baked milk
	Risk factor • Allergy to milk products
No change	Z91.012 Allergy to eggs
Add	Z91.0120 Allergy to eggs, unspecified Z91.0121 Allergy to eggs with tolerance to baked egg Z91.0122 Allergy to eggs with reactivity to baked egg
	Risk factor • Allergy to eggs

QUESTIONS?

