

ICD-10-CM FY 2027

A concise course
on what changed
and what to do
differently

DIAGNOSIS CODING | U.S. CLINICAL MODIFICATION

EFFECTIVE
OCT 1, 2026
TO SEP 30, 2027

A practical, short guide for coders, clinicians, educators, and health information teams. It separates code-set changes from guideline clarifications, then maps the FY 2027 changes across all 22 ICD-10-CM chapters.

At a glance | 190 additions | 30 deletions | 4 revised titles | 74,879 codes in the FY 2027 set

Scope note

This course covers ICD-10-CM diagnosis coding. It does not teach ICD-10-PCS procedure coding, payer policy, or clinical diagnosis. Use the official FY 2027 code files and guidelines for final code assignment.

Prepared October 27, 2026 | Source set checked against CDC/NCHS and CMS materials

How to use this course

Treat every code change as a documentation and workflow check. The change summary points you to the new specificity; the Alphabetic Index, Tabular List, official conventions, and FY 2027 guidelines still control the actual assignment.

STEP	CODING CHECK	WHAT TO DO
1	Confirm the date	Use the code set effective for the date of service. FY 2027 begins Oct 1, 2026.
2	Start in the Index	Locate the documented condition in the Alphabetic Index, then verify the candidate in the Tabular List.
3	Read all instructions	Check inclusion terms, Excludes notes, Code first, Use additional code, and 7th-character requirements.
4	Use supported detail	Select the fullest specificity supported by provider documentation; do not infer site, laterality, intent, or trimester.
5	Escalate ambiguity	Query when required details are missing or conflicting; follow applicable official guidance and organizational policy.

Big picture

The release adds specificity in several concentrated areas: pregnancy and toxic effects account for the largest clusters; musculoskeletal codes add diagnoses and laterality; Z codes expand exposure, history, and BMI detail. Smaller changes add named cardiac, genetic, neoplastic, endocrine, and other conditions.

Change type	FY 2027 update	Practical meaning
New codes	190	New reportable detail; verify whether the former parent code still requires a child code.
Deleted codes	30	Retire only for dates on/after Oct 1, 2026; check the conversion table for successor codes.
Revised titles	4	Code remains, description changed; refresh references, templates, and mappings.
Code-set total	74,879	Official federal FY 2027 total for diagnosis code set.

Count note: Counts in the official Federal Register are 190 additions, 30 deletions, and 74,879 total codes. Some commercial summaries count new billable leaf codes differently; this guide uses the federal count and chapter-level change addenda as the baseline.

FY 2027 changes by chapter | I-XI

Counts show additions / revised titles / deletions. Each row names the main change types for study; it is not a replacement for the complete official addenda.

CH.	RANGE	CHAPTER	+ / ~ / -	WHAT CHANGED IN FY 2027
I	A00-B99	Infectious and parasitic diseases	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.
II	C00-D49	Neoplasms	3 / 0 / 0	New secondary sites: C78.31 larynx, C78.32 pharynx, C79.83 oral cavity.
III	D50-D89	Blood and immune disorders	2 / 0 / 1	D69.11 Glanzmann thrombasthenia and D69.19 other qualitative platelet defects add detail; D69.1 is replaced.
IV	E00-E89	Endocrine, nutritional, and metabolic diseases	2 / 0 / 0	E89.83 postprocedural hypoglycemia is specified, including E89.830 post-bariatric and E89.838 other.
V	F01-F99	Mental, behavioral, and neurodevelopmental disorders	1 / 0 / 0	F64.A identifies gender identity disorder in remission.
VI	G00-G99	Nervous system	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.
VII	H00-H59	Eye and adnexa	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.
VIII	H60-H95	Ear and mastoid process	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.
IX	I00-I99	Circulatory system	9 / 0 / 3	More specific cardiomyopathy and arrhythmia codes: e.g., I42.01 familial-genetic dilated cardiomyopathy; I47.22 CPVT; I49.81 Brugada syndrome; I49.82 ventricular bigeminy. Hypertension guidance clarifies multiple qualifying heart conditions and adds I1A to the hypertensive-crisis code-also instruction.
X	J00-J99	Respiratory system	6 / 0 / 0	J34.830-J34.839 adds odontogenic sinusitis by sinus; J4B adds pulmonary mycetoma.
XI	K00-K95	Digestive system	6 / 0 / 0	K6A adds diseases of the pelvis (including pelvic abscess); K31.B adds hypertrophic pyloric stenosis in childhood; K76.83 adds intestinal failure-associated liver disease.

Legend: + new code(s) | ~ revised code title(s) | - deleted code(s). A zero means none recorded for that change type in the FY 2027 release addenda.

FY 2027 changes by chapter | XII-XXII

Counts show additions / revised titles / deletions. Each row names the main change types for study; it is not a replacement for the complete official addenda.

CH.	RANGE	CHAPTER	+ / ~ / -	WHAT CHANGED IN FY 2027
XII	L00-L99	Skin and subcutaneous tissue	1 / 3 / 0	L02.237 adds carbuncle of flank; three back cellulitis/lymphangitis titles clarify flank exclusion.
XIII	M00-M99	Musculoskeletal system and connective tissue	31 / 0 / 9	M04.3 VEXAS syndrome; plantar fasciitis gets laterality-specific codes; osteomyelitis and plantar fascial fibromatosis gain site/laterality detail.
XIV	N00-N99	Genitourinary system	2 / 0 / 0	N99.860 and N99.861 identify intraoperative/postprocedural nipple ischemia and nipple necrosis.
XV	O00-O9A	Pregnancy, childbirth, and puerperium	44 / 0 / 0	Ectopic pregnancy adds implantation-site detail, including interstitial, cesarean-scar, cervical, and cornual; O31.4 captures continuing pregnancy after vanishing twin by trimester/fetus.
XVI	P00-P96	Perinatal period	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.
XVII	Q00-QA1	Congenital, chromosomal, and genetic disorders	6 / 0 / 0	Chapter title/guidance now explicitly includes genetic disorders; new QA1 codes identify Lynch, BRCA1/2-associated, Li-Fraumeni, and related inherited cancer predisposition; Q87.A Loeys-Dietz.
XVIII	R00-R99	Symptoms, signs, and abnormal findings	1 / 0 / 0	R78.72 captures abnormal blood gadolinium level; pair with exposure history when supported.
XIX	S00-T88	Injury, poisoning, and other consequences of external causes	60 / 0 / 15	Toxic-effect detail for alkenes, cycloparaffins, hexamethylene diisocyanate, and medetomidine; intent and encounter phase matter. T52.8X- is reorganized.
XX	V01-Y99	External causes of morbidity	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.
XXI	Z00-Z99	Health status and contact with health services	16 / 0 / 2	New exposure and history detail (burn pits, Agent Orange, blast overpressure, gadolinium, prior C. difficile); BMI under 20 is split; transition-history codes expand.
XXII	U00-U85	Codes for special purposes	0 / 0 / 0	No new, deleted, or retitled codes highlighted in the FY 2027 addendum.

Legend: + new code(s) | ~ revised code title(s) | - deleted code(s). A zero means none recorded for that change type in the FY 2027 release addenda.

Five changes to put on your radar

These updates can change the code you select, the detail you need from documentation, or how a code is sequenced. Always verify in the official Tabular List.

01 Pregnancy: site and fetus

Ectopic pregnancy is now more granular by implantation site and whether an intrauterine pregnancy is also present. O31.4 captures continuing pregnancy after vanishing twin syndrome; trimester and fetus detail are encoded. Confirm the documented site, laterality, coexisting intrauterine pregnancy, trimester, and fetus.

02 Toxic effects: name the substance

New toxic-effect families distinguish alkenes, cycloparaffins, hexamethylene diisocyanate, and medetomidine. The code structure carries intent plus encounter phase. T52.8X- is reorganized: other organic solvents move to T52.89-. Review revised code paths and 7th characters.

03 Musculoskeletal: specificity

VEXAS syndrome receives M04.3; plantar fasciitis gains a dedicated family with foot laterality; other osteomyelitis and plantar fascial fibromatosis gain additional detail. Check whether a previously valid parent code now needs more characters.

04 Genetics: chapter 17 expands

FY 2027 chapter 17 is titled to include genetic disorders and extends through QA1. The guideline says assign an appropriate Q00-QA1 code when a genetic disorder is documented; it may be first-listed/principal or secondary. QA1 adds inherited cancer-predisposition diagnoses.

05 Z codes: history and exposure

New Z codes distinguish exposures and personal histories, including burn-pit/Agent Orange/blast exposure and prior C. difficile. Personal transition history is more specific. New guideline detail addresses DES exposure history: distinguish a family history from the patient's own in-utero exposure and follow the Z-code instructions.

Guideline clarifications: what changed in practice

Sepsis

FY 2027 heading/general framing is broadened; the former resistance-specific wording was removed. Apply the sepsis/severe sepsis/septic shock rules to the documented case and follow the full guideline and Tabular instructions.

Cancer treatment encounter

The guideline clarifies that the treatment-first sequencing rule refers to antineoplastic chemotherapy, immunotherapy, or radiation therapy. Confirm the encounter is for the antineoplastic treatment.

Hypertension

The heart-disease wording now says “one or more” qualifying heart conditions. For hypertensive crisis, code also the identified hypertensive disease, including I1A.- when documented; sequence based on the encounter circumstances.

Genetic disorders

Chapter 17 applicability is expressly broadened to genetic disorders. The code may represent the disorder across a patient’s life course; code manifestations as required by the classification and do not infer a syndrome from family history alone.

DES and other Z-code detail

Check FY 2027 history and personal-risk Z-code guidance for diethylstilbestrol exposure; identify whether exposure concerns the patient or a family member.

Remember: Guideline clarifications do not override a Tabular instruction. If the code list, index, and guideline seem inconsistent, follow official conventions and seek authoritative coding advice.

Quick practice

Use the code set and guidelines, not memory alone. These prompts test what the FY 2027 detail asks you to look for; they are not code-assignment exercises.

1. A patient has a documented continuing pregnancy after vanishing twin syndrome.

What additional details should you verify before selecting the O31.4 code?

2. A record documents an occupational toxic effect from an organic solvent.

What FY 2027 code-family change should you check, and which encounter details matter?

3. A provider documents plantar fasciitis.

What specificity does the new code family make relevant?

4. A genetic cancer-predisposition syndrome is documented in an adult.

Which chapter range should you check, and can this be reported as a secondary diagnosis?

5. A patient's history includes a low adult BMI.

What FY 2027 split may affect code selection?

Answer guide

1. Verify trimester and affected fetus. Use the documented detail and the full tabular code structure.
2. Check the T52.8X- reorganization: alkenes and cycloparaffins now have separate families; other organic solvents are T52.89-. Confirm substance, intent, and initial/subsequent/sequela phase.
3. The new M67.A family distinguishes right, left, or unspecified foot; assign only what the record supports.
4. Check Q00-QA1, including QA1 inherited neoplasm predisposition codes. The updated chapter 17 guidance permits principal/first-listed or secondary reporting as appropriate.
5. Z68.18 identifies BMI 18.4 or less; Z68.19 identifies BMI 18.5-19.9. Confirm documentation and applicable coding rules.

A quick implementation checklist

BEFORE OCT 1 / NOW	REVIEW
Code libraries	Load FY 2027 files; remove retired leaf codes and update replacement mappings.
Documentation	Refresh prompts for site, laterality, intent, encounter phase, trimester, fetus, and exposure history.
Quality checks	Test high-volume claims and edits against official tables and guidelines.
Education	Brief staff on the changes most relevant to their specialty and care setting.
Ongoing updates	Watch CMS/CDC for errata and any April 1 update.

Sources and limits

This guide summarizes the U.S. ICD-10-CM diagnosis update effective October 1, 2026. It is an educational overview, not the codebook, a substitute for official guidelines, or individual coding advice. The official classification and its instructions control.

1. CDC/NCHS - FY 2027 ICD-10-CM files

Official code tables, Alphabetic Index, Tabular List, addenda, conversion table, and FY 2027 guidelines. The code files are the primary source for individual additions, deletions, and revisions.

<https://www.cdc.gov/nchs/icd/icd-10-cm/files.html>

2. CMS - ICD-10 files and effective dates

CMS release page states FY 2027 diagnosis files apply Oct 1, 2026-Sep 30, 2027 and links the current code and guideline files.

<https://www.cms.gov/medicare/coding-billing/icd-10-codes>

3. CMS - FY 2027 ICD-10-CM Official Guidelines

Official Coding Guidelines for FY 2027, updated Oct 1, 2026; companion to the official code set.

<https://www.cms.gov/files/document/fy-2027-icd-10-cm-coding-guidelines.pdf>

4. Federal Register - FY 2027 IPPS Final Rule

Federal Register final rule reports the FY 2027 totals and summarizes the diagnosis and procedure code updates.

<https://www.govinfo.gov/content/pkg/FR-2026-08-04/html/2026-15833.htm>

5. Chapter-level comparison aid

Chapter counts and selected examples cross-checked against published FY 2027 code-addendum summaries. Use CDC/NCHS addenda for definitive code-level validation.

<https://icdlist.com/resources/icd-10-cm-updates>

Version checked: October 27, 2026. This course covers the complete chapter map and selected high-impact coding details; always validate a specific code in the FY 2027 official Tabular List and Index.