

FY2027 ICD-10-CM CODER TIP SHEET

Changes effective Oct 1, 2027

Topic	FY2027 new / expanded codes	FY2026 code(s) no longer reportable / deleted	Coder tip / documentation trigger
Neoplasms – secondary malignant neoplasms	C78.31 – secondary malignant neoplasm of larynx; C78.32 – pharynx; C79.83 – oral cavity.	C78.39 is no longer the specific path for these documented sites; verify the FY2027 Table of Neoplasms rather than treating C78.39 as the default.	Document exact metastatic site and distinguish primary vs secondary disease. Do not default to a broad metastatic-site code when the record identifies larynx, pharynx, or oral cavity.
Breast neoplasm / breast procedures	N99.86 category: N99.860 – intraoperative/postprocedural nipple ischemia; N99.861 – intraoperative/postprocedural nipple necrosis. FY2027 also changes the D05.- instruction so C50.- and D05.- are subject to Excludes1 when both describe the same condition.	No major D05/C50 deletion identified in the source material; the key change is the instructional relationship. N99.86 is new.	Do not automatically report C50.- and D05.- together when the Excludes1 applies. For N99.86-, document the procedure and causal relationship.
Qualitative platelet defects	D69.11 – Glanzmann thrombasthenia; D69.19 – other qualitative platelet defects.	D69.1 – qualitative platelet defects becomes a non-billable header; its inclusion terms are redistributed to D69.11/D69.19.	Look for named disorders: Glanzmann → D69.11; Bernard-Soulier/gray platelet syndrome/thrombocytopenia → D69.19, when supported.
Postprocedural hypoglycemia	E89.830 – post bariatric hypoglycemia; E89.838 – other postprocedural hypoglycemia. E89.83 is the parent category.	No FY2026 reportable code is identified as deleted in the presentation; this is a new code family.	Establish the documented relationship to the procedure. For E89.830/E89.838, review the Use Additional Code instruction for hypoglycemia level (E16.A-), when known.
Cardiomyopathy	I42.00 – dilated cardiomyopathy, unspecified; I42.01 – familial-genetic dilated cardiomyopathy; I42.09 – other dilated cardiomyopathy; I42.81 – arrhythmogenic cardiomyopathy; I42.89 – other cardiomyopathies NEC.	I42.0 and I42.8 become non-billable headers. They are not to be used as final reportable codes when a child code applies.	Capture genetic/familial status and subtype. Example from the presentation: documented MYH7 mutation/familial disease supports I42.01 when provider documentation establishes the diagnosis.
Odontogenic sinusitis	J34.830 – maxillary; J34.831 – ethmoid; J34.832 – frontal; J34.833 – sphenoid; J34.839 – unspecified odontogenic sinusitis.	No deletion identified for this topic.	Document odontogenic/dental source and exact sinus. Use unspecified only when the provider does not identify the sinus.
Digestive / K-code changes	K31.B – hypertrophic pyloric stenosis, in childhood; K6A.01 – prevesical abscess; K6A.09 – other pelvic abscess; K6A.8 – other diseases of pelvis NEC; K74.0A – hepatic fibrosis, moderate fibrosis; K76.83 – intestinal failure-associated liver disease.	No deletion identified for the specific digestive topics highlighted in the presentation.	Capture pediatric/childhood status, exact anatomy, pelvic disease type, fibrosis stage/severity, and relationship to intestinal failure/liver disease.
Skin / flank	L02.237 – carbuncle of flank.	Not a deletion: L02.232, L03.312, and L03.322 have revised descriptors excluding buttock and flank from the back site wording.	Ask: back or flank? The anatomical location matters. Do not use a back code when the documentation identifies the flank.
Plantar fasciitis / plantar fascial fibromatosis	M67.A01 – plantar fasciitis, right foot; M67.A02 – left foot; M67.A09 – unspecified foot. M72.20 – plantar fascial fibromatosis, unspecified foot; M72.21 – right; M72.22 – left.	M72.2 becomes a non-billable header and is replaced by M72.20/M72.21/M72.22.	Do not confuse plantar fasciitis with plantar fascial fibromatosis. Capture the affected foot and laterality.
Osteomyelitis – M86.8X family	M86.8X11 right shoulder; X12 left shoulder; X19 unspecified shoulder; X21/X22/X29 right/left/unspecified upper arm; X31/X32/X39 forearm; X41/X42/X49 hand; X51/X52/X59 thigh; X61/X62/X69 lower leg; X71/X72/X79 ankle/foot; X80 skull; X81 face/sinuses; X89 other site.	M86.8X1 through M86.8X8 become non-billable headers and are replaced by the more specific child codes above.	Laterality/anatomy must be captured. Verify all required characters. This is a high-denial-risk change identified in the presentation.
Rare / genetic conditions	M04.3 – VEXAS syndrome; Q87.A – Loays-Dietz syndrome; QA1.71 – Lynch syndrome; QA1.790 – familial cancer syndrome with pathogenic BRCA1 mutation; QA1.791 – pathogenic BRCA2 mutation; QA1.792 – Li-Fraumeni syndrome; QA1.798 – other inherited neoplasm predisposition syndrome of multiple systems.	No deletion identified for the rare/genetic diagnoses highlighted in the presentation.	Use the specific confirmed diagnosis when supported. Distinguish confirmed genetic syndrome from an abnormal finding, family history, or testing alone.
Pregnancy – ectopic pregnancy	56 new ectopic-pregnancy codes are described in the FY2027 release. Key	No deletion identified in the presentation for the ectopic-pregnancy	Do not code from memory. Identify ectopic site, intrauterine pregnancy

	families include O00.12- interstitial ectopic pregnancy without intrauterine pregnancy; O00.13- with intrauterine pregnancy; O00.3- cesarean scar ectopic pregnancy; O00.4- cervical ectopic pregnancy; O00.5- cornual ectopic pregnancy. Child codes add required detail such as laterality where applicable.	topic.	status, laterality where applicable, and required characters.
Pregnancy – vanishing twin	O31.40 – unspecified trimester; O31.41 – first trimester; O31.42 – second trimester; O31.43 – third trimester. Each requires the applicable 7th character for the fetus.	O31.4 is a new subcategory; no deletion identified in the presentation.	Document vanishing twin syndrome, trimester, and the fetus to which the code applies.

High-priority “stop using” list

These are especially important because the old code may still appear in EHR favorites or pick lists. They are shown here as FY2026 codes that are deleted or no longer reportable because the FY2027 structure changed.

FY2026 code no longer reportable	Old description	FY2027 action
D69.1	Qualitative platelet defects	Use D69.11 or D69.19 when supported.
I42.0	Dilated cardiomyopathy	Use I42.00, I42.01, or I42.09.
I42.8	Other cardiomyopathies	Use I42.81 or I42.89 as applicable.
M72.2	Plantar fascial fibromatosis	Use M72.20, M72.21, or M72.22.
M86.8X1	Other osteomyelitis, shoulder	Use M86.8X11, X12, or X19.
M86.8X2	Other osteomyelitis, upper arm	Use M86.8X21, X22, or X29.
M86.8X3	Other osteomyelitis, forearm	Use M86.8X31, X32, or X39.
M86.8X4	Other osteomyelitis, hand	Use M86.8X41, X42, or X49.
M86.8X5	Other osteomyelitis, thigh	Use M86.8X51, X52, or X59.
M86.8X6	Other osteomyelitis, lower leg	Use M86.8X61, X62, or X69.
M86.8X7	Other osteomyelitis, ankle/foot	Use M86.8X71, X72, or X79.
M86.8X8	Other osteomyelitis, other site	Use M86.8X80, X81, or X89.

Important: This tip sheet is a focused operational aid, not a substitute for the official ICD-10-CM code set or Official Guidelines.