FY 2026 ICD-10-CM Updates Impacting Post-Acute Care

Effective October 1, 2025

Presenter Introduction

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AHIMA Approved ICD-10-CM Trainer

Product Manager - SLTC

Tracey has over 30 years of coding experience, 20 years within a skilled nursing facility, and the remainder in an acute care hospital. Tracey is an active member of the American Health Information Management Association (AHIMA) and the American Association of Post-Acute Care Nursing (AAPACN).

AHIMA CEU Credit

Requirements:

Participant in at least 80% of the entire session.

This session has been approved for continuing education units (CEUs), which can be used to fulfil the continuing education requirements for the American Health Information Management Association (AHIMA).

Learning Objectives

- Understand the overall code updates for FY 2026 ICD-10-CM for codes impacting post-acute care (skilled nursing).
- Understand the overall updates for the Official Guidelines for Coding and Reporting, FY 2026, for post-acute care (skilled nursing).
- Understand the process of updating resident codes to ensure regulatory compliance for October 1.
- Understand updates to FY 2026 ICD-10 Mapping.

Agenda

Effective October 1, 2025

01 FY 2026 ICD-10-CM Code Updates

02 FY 2026 ICD-10-CM Guideline Updates

03 FY 2026 PDPM Updates

04 FY 2026 ICD-10-CM Tables – Conversion Table

05 Process to Update Invalid ICD-10-CM Codes

FY 2026 ICD-10-CM

Effective October 1, 2025

MatrixCare by ResMed

FY 2026 ICD-10-CM

487	Additions
28	Deletions
38	Revisions
74,719	Total Codes FY 2025

FY 2026 PDPM ICD-10 Mapping

34 Clinical Category changes

	ICD-10-CM	From 2025	To 2026
Diabetes Type 1	E10.9, E10.A0, E10.A1, E10.A2	Medical Management	**Return to Provider**
Hypoglycemia	E16.A1, E16.A2, E16,A3, E16.0, E16.1, E16.2	Medical Management	**Return to Provider**
Increased secretions of gastrin/ Other specified pancreatic secretions/Unspecified	E16.3, E16.4, E16.8, E16.9	Medical Management	**Return to Provider**
Obesity/Overweight	E66.01, E66.09, E66.1, E66.3, E66.811, E66.812, E66.89, E66.9	Medical Management	**Return to Provider**
Anorexia nervosa, Bulimia, Binge eating, Pica	F50.010, F50.020, F50.021, F50.21, F50.22, F50.810, F50.811, F50.83, F50.84, F98.21, F98.3	Medical Management	**Return to Provider**
Serotonin Syndrome	G90.81	Acute Neurologic	**Medical Management**

FY 2026 PDPM ICD-10 Mapping

PDPM Prior Year Comparison

2025

- 36,520 - Return to Provider codes
- 2,148 - NTA ICD-10 codes
- 4,858 - codes May be eligible
- 98 - SLP Comorbidity codes

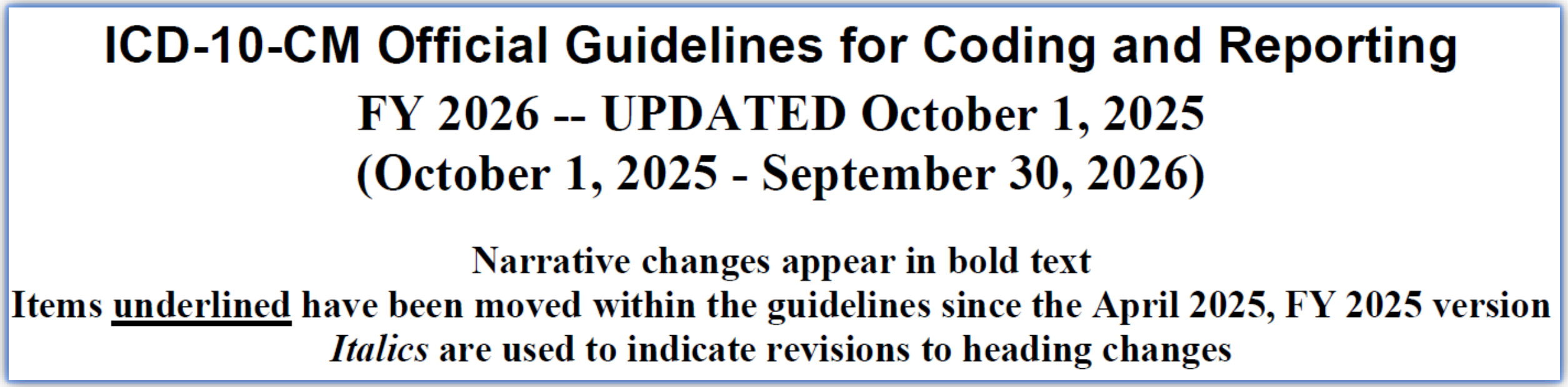
2026

- 36,775 - Return to Provider codes
- 2,150 - NTA ICD-10 Codes
- 4,860 – codes May be Eligible
- 98 - SLP Comorbidity codes

Official Guidelines for Coding and Report

Available at from the CMS website ICD-10

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



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

Non-Chapter Specific Guideline Updates

MatrixCare by ResMed

Convention Guideline Punctuation Addition

A. Conventions for ICD-10-CM

I.A.7. Punctuation

, Commas are used in the Alphabetic Index and have different meanings based on the context of the Index entry, including alternate verbiage, modifier (essential and nonessential), or alternative for "and/or."

For example (does not appear in the guidelines):

- **Bite**

  abdomen, abdominal
- **Impingement,** shoulder M75.4-
- **Myonecrosis**, clostridial A48.0

General Guidelines Documentation by Other Clinicians

B. General Coding Guidelines

I.B.14. Documentation by Clinicians Other than the Patient's Provider

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**

Multiple Sites Coding Addition

B. General Coding Guidelines

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."

Chapter 1: Certain Infections and Parasitic Disease

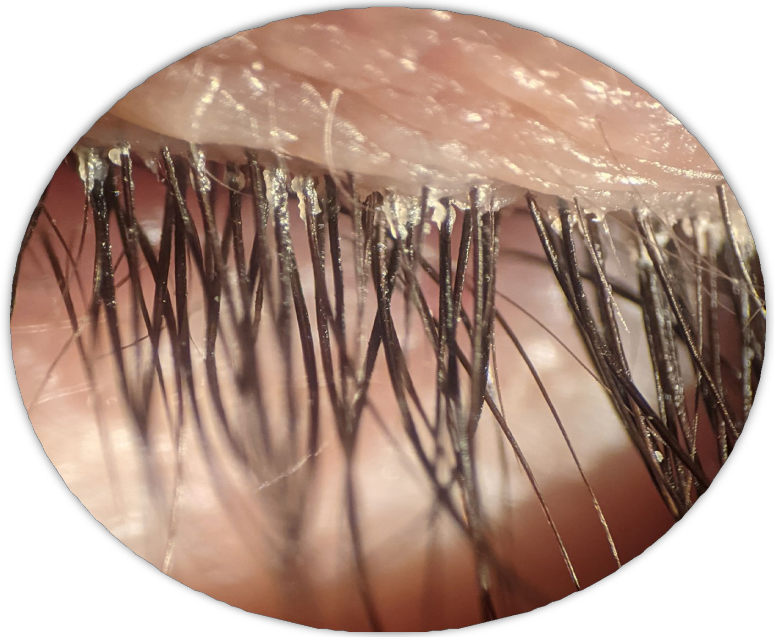
(A00-B99), U09.9

Demodex Blepharitis

Category Expanded / New Code

Demodex blepharitis (DB) is a common eyelid margin disease caused by an overgrowth of Demodex mites. It is characterized by burning, eyelid redness, inflammation, and ocular irritation.

Default Clinical Category: Medical Management



Add	**B88.01**	**Infestation by Demodex mites**
Add		Demodex brevis infestation
Add		Demodex folliculorum infestation
Add		**Code also**, if applicable, eyelid inflammation (H01.8-)
Add	**B88.09**	**Other acariasis**
Add		Acarine dermatitis
Add		Dermatitis due to Dermanyssus gallinae
Add		Dermatitis due to Liponyssoides sanguineus
Add		Trombiculosis

Human Immunodeficiency Virus (HIV) Infections

C. Chapter –Specific Coding Guidelines

2) Selection and sequencing of HIV codes

(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.

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(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.

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Tabular Revisions

Use Additional code note was added

New Use Additional Code note added to B18 Category, applies to B18.0 – B18.9

No Change	**B18 Chronic viral hepatitis**
Add	**Use Additional** code, if applicable, for ascites (R18.8)

Chapter 2: Neoplasms

(C00-D49)

Malignant Inflammatory Neoplasm of Breast

New Codes were added

Inflammatory Breast Cancer (IBC) is a distinct clinical entity of advanced breast cancer, characterized by tumor cell emboli blocking the breast lymph vessels. This blockage causes inflammatory-like changes in the breast, including swelling and skin reddening, which are often mistaken for a breast infection, leading to delayed diagnosis.

New subcategory	C50.A Malignant inflammatory neoplasm of breast
Add	Inflammatory breast cancer (IBC)
New code	C50.A0 Malignant inflammatory neoplasm of unspecified breast
New code	C50.A1 Malignant inflammatory neoplasm of right breast
New code	C50.A2 Malignant inflammatory neoplasm of left breast

C50.A0	Malignant inflammatory neoplasm of unspecified breast	Return to Provider	N/A
C50.A1	Malignant inflammatory neoplasm of right breast	Cancer	May be Eligible for the Non-Orthopedic Surgery Category
C50.A2	Malignant inflammatory neoplasm of left breast	Cancer	May be Eligible for the Non-Orthopedic Surgery Category

“Guidelines” Updated

C. Chapter – Specific Coding Guidelines

e. Admissions/Encounters involving *antineoplastic* chemotherapy, immunotherapy and radiation therapy

2) Patient admission/encounter chiefly for administration of *antineoplastic* chemotherapy, immunotherapy and radiation therapy

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.**

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Chapter 3: Disease of Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism

(C00-D49)

Leukocyte Adhesion Deficiency Type 1 (LAD-I)

New Code

A rare genetic disorder caused by mutations in the ITGB2 gene, resulting in decreased amounts of CD18 protein on the cell surface and impaired migration of white blood cells to sites of infection or inflammation in tissues. Patients with LAD-I have an impaired ability to fight infections, especially at sites of microbial entry, and have an abnormal hyperinflammatory response to infections.

Default Clinical Category: Medical Management

D71 Functional disorders of polymorphonuclear neutrophils

Add	**D71.1 Leukocyte adhesion deficiency**
Add	LAD-I
Add	LAD-II
Add	LAD-III
Add	Leukocyte adhesion deficiency type I
Add	Leukocyte adhesion deficiency type II
Add	Leukocyte adhesion deficiency type III
Add	**D71.8 Other functional disorders of polymorphonuclear neutrophils**
Add	Cell membrane receptor complex [CR3] defect
Add	Chronic (childhood) granulomatous disease
Add	Congenital dysphagocytosis
Add	Progressive septic granulomatosis
Add	**D71.9 Functional disorders of polymorphonuclear neutrophils, unspecified**

Chapter 4: Endocrine, Nutritional, and Metabolic Diseases

(E00-E89)

DM2 without complications, In Remission

New Code

People with type 2 diabetes mellitus (T2DM) should be considered in remission after sustaining normal blood glucose (sugar) levels for three months or more, according to a new consensus statement from the American Diabetes Association® (ADA).

Default Clinical Category: Return to Provider

Add	**E11.A**	**Type 2 diabetes mellitus without complications in remission**
Add	**Excludes1:**	type 2 diabetes mellitus, with complications (E11.0-E11.8)
Add		type 2 diabetes mellitus, without complications not in remission (E11.9)

Diabetes Mellitus in Remission Guideline Addition

C. Chapter – Specific Coding Guidelines

I.C.4.a.1. Type of diabetes

(b) Type 2 diabetes mellitus in remission

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.

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Tabular Revisions

An Excludes1 note was added

No Change	**E11.9 Type 2 diabetes mellitus without complications**
Add	**Excludes1:** type 2 diabetes mellitus, without complications in remission (E11.A)

Type 2 Diabetes Mellitus in Remission

E11.A Type 2 diabetes mellitus without complications in remission

Question:

A patient with type 2 diabetic chronic kidney disease (CKD), stage 2, has a history of bariatric surgery due to morbid obesity. The patient has lost a significant amount of weight and no longer requires antidiabetic medication. The provider documented that the patient's diabetes is in remission and that the CKD is stable. Is it appropriate to assign a code for diabetes in remission in this scenario?

Answer:

No, it is not appropriate to assign a code for diabetes in remission in this scenario. Assign codes E11.22, Type 2 diabetes mellitus with diabetic chronic kidney disease, and N18.2, Chronic kidney disease, stage 2 (mild). Although the provider has documented diabetes in remission, the patient has CKD associated with diabetes mellitus. Based on the excludes1 note at code E11.A, Type 2 diabetes mellitus without complications in remission, codes for type 2 diabetes mellitus with complications (E11.0-E11.8) cannot be reported with code E11.A.

Code Z98.84, Bariatric surgery status, may be assigned as an additional code for the history of bariatric surgery.

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Type 2 Diabetes Mellitus in Remission (cont.)

E11.A Type 2 diabetes mellitus without complications in remission

Question:

A patient with type 2 diabetic mellitus has a history of bariatric surgery due to morbid obesity. The patient has lost a significant amount of weight and no longer requires antidiabetic medication. The provider documented that the patient's diabetes is in remission. How is T2DM in remission with no documented complications coded?

Answer:

Assign code E11.A, Type 2 diabetes mellitus without complications in remission, for T2DM in remission.

Code Z98.84, Bariatric surgery status, may be assigned as an additional code for the history of bariatric surgery.

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Primary Hyperoxaluria

Category Expanded / New Code

Hyperoxaluria is a condition which originates from a diverse group of disorders which all ultimately result in excess levels of oxalate. Primary hyperoxaluria (PH) is a group of rare genetic disorders caused by mutations that cause the body to overproduce oxalate.

Default Clinical Category: Medical Management (E72.539 – Return to Provider)

No Change	**E72.53 Primary hyperoxaluria**
Add	**Excludes1**: secondary hyperoxaluria (E72.54-)
Add	**E72.530 Primary hyperoxaluria, type 1**
Add	**E72.538 Other specified primary hyperoxaluria**
Add	Primary hyperoxaluria, type 2
Add	Primary hyperoxaluria, type 3
Add	**E72.539 Primary hyperoxaluria, unspecified**

Previously coded as **E72.53**

Secondary Hyperoxaluria

Category Expanded / New Code

Other forms of hyperoxaluria, including enteric hyperoxaluria (EH) and dietary hyperoxaluria (DH) are caused by a variety of conditions which lead to the accumulation of oxalate in the body.

Default Clinical Category: Medical Management (E72.549 – Return to Provider)

Add	**E72.54 Secondary hyperoxaluria**
Add	**Excludes1:** primary hyperoxaluria (E72.53-)
Add	**E72.540 Dietary hyperoxaluria**
Add	**E72.541 Enteric hyperoxaluria**
Add	**E72.548 Other secondary hyperoxaluria**
Add	**E72.549 Secondary hyperoxaluria, unspecified**

Homozygous Familial Hypercholesterolemia

Category Expanded / New Code

Familial hypercholesterolemia is a common genetic disorder affecting about 30 million people worldwide. The genetic defect impairs the body's ability to remove low-density lipoprotein cholesterol (LDL-C) from the blood.

Default Clinical Category: Medical Management

Add	**E78.010 Homozygous familial hypercholesterolemia [HoFH]**
Add	**E78.011 Heterozygous familial hypercholesterolemia [HeFH]**
Add	**E78.019 Familial hypercholesterolemia, unspecified**
Add	Familial hypercholesterolemia NOS

Previously coded as **E78.01**

Lipodystrophy

Category Expanded / New Code

Add	**E88.10 Lipodystrophy, unspecified**
Add	Lipodystrophy NOS
Add	**E88.11 Partial lipodystrophy**
Add	Acquired partial lipodystrophy (APL)
Add	Barraquer-Simons lipodystrophy
Add	Familial partial lipodystrophy (FPLD)
Add	**E88.12 Generalized lipodystrophy**
Add	Acquired generalized lipodystrophy (AGL)
Add	Berardinelli-Siep syndrome
Add	Congenital generalized lipodystrophy (CGL)
Add	Lawrence syndrome
Add	**E88.13 Localized lipodystrophy**
Add	Injection lipodystrophy
Add	Insulin lipodystrophy
Add	**E88.14 HIV-associated lipodystrophy**
Add	**Code first** any human immunodeficiency virus [HIV] disease (B20)
Add	**Use Additional** code for adverse effect, if applicable, to identify drug (T37.5X5-)
Add	**E88.19 Other lipodystrophy, not elsewhere classified**

Lipodystrophy is characterized by complete or partial loss of adipose tissue (body fat).

E88.10	Lipodystrophy, unspecified	Return to Provider
E88.11	Partial lipodystrophy	Medical Management
E88.12	Generalized lipodystrophy	Medical Management
E88.13	Localized lipodystrophy	Medical Management
E88.14	HIV-associated lipodystrophy	Medical Management
E88.19	Other lipodystrophy, not elsewhere classified	Medical Management

Previously coded as **E88.1**

Chapter 6: Diseases of the Nervous System

(G00-G99)

Multiple Sclerosis

Category Expanded / New Code

New codes have been developed to capture the different types of MS.

- **Relapsing-Remitting** (RRMS)
- **Secondary** Progressive (SPMS)
- **Primary** Progressive (PPMS)

G35.A	Relapsing-remitting multiple sclerosis	Acute Neurologic
G35.B0	Primary progressive multiple sclerosis, unspecified	Retun To Provider
G35.B1	Active primary progressive multiple sclerosis	Acute Neurologic
G35.B2	Non-active primary progressive multiple sclerosis	Acute Neurologic
G35.C0	Secondary progressive multiple sclerosis, unspecified	Retun To Provider
G35.C1	Active secondary progressive multiple sclerosis	Acute Neurologic
G35.C2	Non-active secondary progressive multiple sclerosis	Acute Neurologic
G35.D	Multiple sclerosis, unspecified	Acute Neurologic

Add **G35.A Relapsing-remitting multiple sclerosis**
Add Exclude1: demyelinating disease of central nervous system, unspecified (G37.9)

Add **G35.B Primary progressive multiple sclerosis**

Add **G35.B0 Primary progressive multiple sclerosis, unspecified**

Add **G35.B1 Active primary progressive multiple sclerosis**
Add Primary progressive multiple sclerosis with evidence of inflammatory disease activity

Add **G35.B2 Non-active primary progressive multiple sclerosis**
Add Primary progressive multiple sclerosis without evidence of inflammatory disease activity

Add **G35.C Secondary progressive multiple sclerosis**

Add **G35.C0 Secondary progressive multiple sclerosis, unspecified**

Add **G35.C1 Active secondary progressive multiple sclerosis**
Add Secondary progressive multiple sclerosis with evidence of inflammatory disease activity

Add **G35.C2 Non-active secondary progressive multiple sclerosis**
Add Secondary progressive multiple sclerosis without evidence of inflammatory disease activity

Add **G35.D Multiple sclerosis, unspecified**
Add Disseminated multiple sclerosis
Add Generalized multiple sclerosis
Add Multiple sclerosis NOS
Add Multiple sclerosis of brain stem
Add Multiple sclerosis of cord

Previously coded as **G35**

Multiple Sclerosis

Default Code

Sclerosis, sclerotic

- multiple (brain stem) (cerebral) (disseminated) (generalized) (spinal cord) G35.D
- - progressive
- - - primary G35.B0
- - - - with
- - - - - evidence of inflammatory disease activity G35.B1
- - - - active G35.B1
- - - - non-active G35.B2
- - - - without evidence of inflammatory disease activity G35.B2
- - - secondary G35.C0
- - - - with
- - - - - evidence of inflammatory disease activity G35.C1
- - - - active G35.C1
- - - - non-active G35.C2
- - - - without evidence of inflammatory disease activity G35.C2
- - relapsing-remitting G35.A

Primary Progressive Apraxia of Speech

New Code

Apraxia of speech (AOS) is insidious, progressive, and the first or only clinical symptom associated with a neurodegenerative disease.

Default Clinical Category: Acute Neurologic

No Change	**G31.8 Other specified degenerative diseases of nervous system**
Add	**G31.87 Primary progressive apraxia of speech**

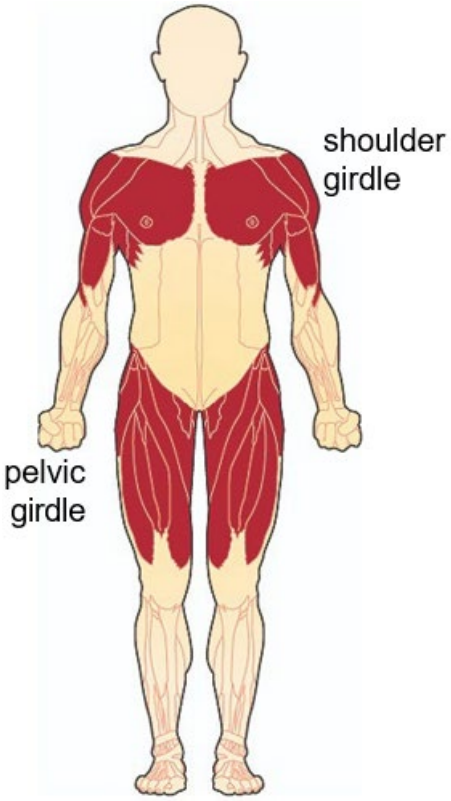
Previously coded as **R48.2**

Limb Girdle Muscular Dystrophies (LGMD)

New Code

Limb girdle muscular dystrophy primarily affects proximal skeletal muscle, resulting in progressive muscle weakness. LGMD 2I is one of the most common subtypes of limb girdle muscular dystrophy.
Default Clinical Category: Acute Neurologic

No Change	**G71.03**	**Limb girdle muscular dystrophies**
Add	**G71.036**	**Limb girdle muscular dystrophy due to fukutin related protein dysfunction**
Add		LGMD R9 FKRP-related
Add		Limb girdle muscular dystrophy due to FKRP deficiency
Add		Limb girdle muscular dystrophy type 2I
No Change	**G71.038**	**Other limb girdle muscular dystrophy**
Delete		LGMD R9 FKRP-related
Delete		Limb girdle muscular dystrophy due to fukutin related protein dysfunction
Delete		Limb girdle muscular dystrophy type 2I



Previously coded as **G71.038**

Chapter 7: Diseases of the Eye and Adnexa

(H00-H59)

Inflammation of Eyelid

Category Expanded / New Code

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

Default Clinical Category: Medical Management, unless unspecified eyelid RTP

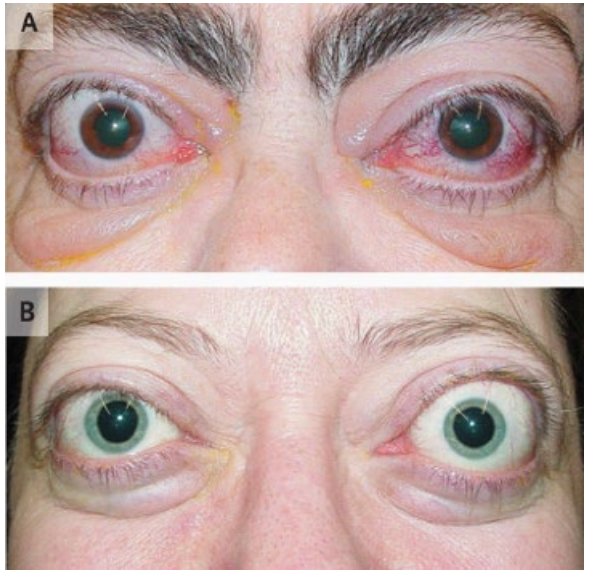
Thyroid Orbitopathy

Category Expanded / New Code

Also known as Graves' orbitopathy. Progressive disease marked by inflammation that can lead to fibrosis

Default Clinical Category: Medical Management, except H05.839 RTP.

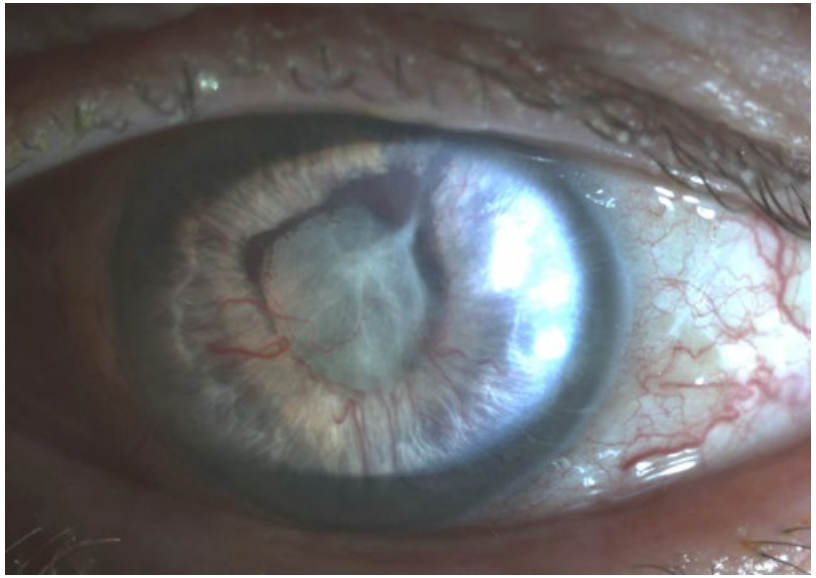
No Change	**H05.8 Other disorders of orbit**
Add	**H05.83 Thyroid orbitopathy**
Add	Graves' ophthalmopathy
Add	Graves' orbitopathy
Add	Thyroid eye disease
Add	**Code also**, if applicable, any associated conditions such as:
Add	autoimmune thyroiditis (E06.3)
Add	thyrotoxicosis with diffuse goiter (E05.0-)
Add	**H05.831 Thyroid orbitopathy, right orbit**
Add	**H05.832 Thyroid orbitopathy, left orbit**
Add	**H05.833 Thyroid orbitopathy, bilateral**
Add	**H05.839 Thyroid orbitopathy, unspecified orbit**



Neovascular Glaucoma

Category Expanded / New Code

Neovascular glaucoma is a secondary closed-angle glaucoma associated with diabetes and other retinovascular diseases, such as retinal vein occlusion and ocular ischemic syndrome. RTP



Add	**H40.84 Neovascular secondary angle closure glaucoma**
Add	**Code first** the underlying condition such as:
Add	central retinal vein occlusion (H34.81)
Add	diabetes mellitus (E08.39, E09.39, E10.39, E11.39, E13.39)
Add	retinal ischemia (H35.82)
Add	**H40.841 Neovascular secondary angle closure glaucoma, right eye**
Add	**H40.842 Neovascular secondary angle closure glaucoma, left eye**
Add	**H40.843 Neovascular secondary angle closure glaucoma, bilateral**
Add	**H40.849 Neovascular secondary angle closure glaucoma, unspecified eye**

Previously coded as **H40.89**

Chapter 9: Diseases of the Circulatory System

(I00-I99)

Fontan Related Circulation

Category Expanded / New Code

Fontan circulation is a unique form of pulmonary heart disease with an increasingly well-described set of complications specific to the physiology. Default Clinical Category: Cardiovascular and Coagulations.

No Change	**I27.8 Other specified pulmonary heart diseases**
Add	**I27.84 Fontan related circulation**
Add	**I27.840 Fontan-associated liver disease [FALD]**
Add	**I27.841 Fontan-associated lymphatic dysfunction**
Add	**Code also** associated conditions such as:
Add	chylothorax (J94.0)
Add	Fontan associated protein-losing enteropathy (K90.89)
Add	plastic (obstructive) bronchitis (J44.89)
Add	**I27.848 Other Fontan-associated condition**
Add	**Use Additional** code to specify the Fontan associated condition
Add	**I27.849 Fontan related circulation, unspecified**

Hypertension and Heart Disease Revision

C. Chapter – Specific Coding Guidelines

I.C.9.a. Hypertension

1) Hypertension and Heart Disease

Hypertension with heart conditions classified to I50.-**, Heart failure**, I51.4, **Myocarditis, unspecified,** ~~I57.7,~~ I51.89, **Other ill-defined heart diseases, or** I51.9, **Heart disease, unspecified,** ~~are~~ **is** assigned to a code from category I11, Hypertensive heart disease. Use additional code(s) from category I50, Heart failure, **or I51, Complications and ill-defined descriptions of heart disease**, to identify the ~~type(s) of heart failure in those patients with~~ heart ~~failure~~ **condition**.

Hypertension with heart conditions classified to I51.5, Myocardial degeneration, or I51.7, Cardiomegaly, are assigned to a code from category I11, Hypertensive heart disease. No additional code is assigned to identify the specific heart condition.

The same heart conditions (I50.-, I51.4-I51.7, I51.89, I51.9) with hypertension are coded separately if the provider has documented they are unrelated to the hypertension. **The applicable hypertension code** ~~from category~~ **I10, Essential (primary) hypertension, or a code from category I15, Secondary hypertension, should be assigned.** Sequence according to the circumstances of the admission/encounter.

Hypertension and Chronic Kidney Disease Revision

C. Chapter – Specific Coding Guidelines

I.C.9.a. Hypertension

3) Hypertensive Heart and Chronic Kidney Disease

The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease. Assign codes from combination category I13, Hypertensive heart and chronic kidney disease, when there is hypertension with both heart and **chronic** kidney **disease** ~~involvement.~~ If heart failure is present, assign an additional code from category I50 to identify the type of heart failure.

The appropriate code from category N18, Chronic kidney disease, should be used as a secondary code with a code from category I13 to identify the stage of chronic kidney disease.

See Section I.C.14. Chronic kidney disease.

~~The codes in category I13, Hypertensive heart and chronic kidney disease, are combination codes that include hypertension, heart disease and chronic kidney disease.~~ The Includes note at I13 specifies that the conditions included at I11 and I12 are included together in I13. If a patient has hypertension, heart disease and chronic kidney disease, then a code from I13 should be used, not ~~individual codes for hypertension, heart disease and chronic kidney disease, or~~ codes from I11 or I12.

For patients with both acute renal failure and chronic kidney disease, the acute renal failure should also be coded. Sequence according to the circumstances of the admission/encounter.

Tabular Revisions

Use Additional code note was added

No Change	**I51.5 Myocardial degeneration**
Add	**Excludes1:** myocardial degeneration due to hypertension (I11.-)
Add	myocardial degeneration due to hypertension and chronic kidney disease (I13.-)
No Change	**I51.7 Cardiomegaly**
Add	**Excludes1:** cardiomegaly due to hypertension (I11.-)
Add	cardiomegaly due to hypertension and chronic kidney disease (I13.-)

Chapter **10**: Diseases of the Respiratory System

(J00–J99), U07.0

Tabular Revisions

No Change	**J43 Emphysema**
Delete	**Excludes1:** emphysema due to inhalation of chemicals, gases, fumes or vapors (J68.4)
Add	**Excludes2:** emphysema due to inhalation of chemicals, gases, fumes or vapors (J68.4)

No Change	**J44 Other chronic obstructive pulmonary disease**
Delete	**Excludes1:** chronic bronchitis NOS (J42)
Delete	chronic simple and mucopurulent bronchitis (J41.-)
Delete	chronic tracheitis (J42)
Delete	chronic tracheobronchitis (J42)
Add	**Excludes2:** chronic bronchitis NOS (J42)
Add	chronic simple and mucopurulent bronchitis (J41.-)
Add	chronic tracheitis (J42)
Add	chronic tracheobronchitis (J42)

No Change	**J84.1 Other interstitial pulmonary diseases with fibrosis**
Add	**Code also**, if applicable, pulmonary fibrosis (chronic) due to inhalation of chemicals, gases, fumes or vapors (J68.4)
Delete	**Excludes1:** pulmonary fibrosis (chronic) due to inhalation of chemicals, gases, fumes or vapors (J68.4)

Chapter 12: Diseases of the Skin and Subcutaneous Tissue

(L00-L99)

Flank Skin Conditions

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	**L02.217 Cutaneous abscess of flank**
No Change	**L02.22 Furuncle of trunk**
Revise from	**L02.222 Furuncle of back [any part, except buttock]**
Revise to	**L02.222 Furuncle of back [any part, except buttock and flank]**
Add	**L02.227 Furuncle of flank**
No Change	**L03 Cellulitis and acute lymphangitis**
No Change	**L03.3 Cellulitis and acute lymphangitis of trunk**
No Change	**L03.31 Cellulitis of trunk**
Add	**L03.31A Cellulitis of flank**
No Change	**L03.32 Acute lymphangitis of trunk**
Add	**L03.32A Acute lymphangitis of flank**

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	**L98.43 Non-pressure chronic ulcer of abdomen**
Add	**L98.431 Non-pressure chronic ulcer of abdomen limited to breakdown of skin**
Add	**L98.432 Non-pressure chronic ulcer of abdomen with fat layer exposed**
Add	**L98.433 Non-pressure chronic ulcer of abdomen with necrosis of muscle**
Add	**L98.434 Non-pressure chronic ulcer of abdomen with necrosis of bone**
Add	**L98.435 Non-pressure chronic ulcer of abdomen with muscle involvement without evidence of necrosis**
Add	**L98.436 Non-pressure chronic ulcer of abdomen with bone involvement without evidence of necrosis**
Add	**L98.438 Non-pressure chronic ulcer of abdomen with other specified severity**
Add	**L98.439 Non-pressure chronic ulcer of abdomen with unspecified severity**

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	**L98.441 Non-pressure chronic ulcer of chest limited to breakdown of skin**
Add	**L98.442 Non-pressure chronic ulcer of chest with fat layer exposed**
Add	**L98.443 Non-pressure chronic ulcer of chest with necrosis of muscle**
Add	**L98.444 Non-pressure chronic ulcer of chest with necrosis of bone**
Add	**L98.445 Non-pressure chronic ulcer of chest with muscle involvement without evidence of necrosis**
Add	**L98.446 Non-pressure chronic ulcer of chest with bone involvement without evidence of necrosis**
Add	**L98.448 Non-pressure chronic ulcer of chest with other specified severity**
Add	**L98.449 Non-pressure chronic ulcer of chest with unspecified severity**

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	**L98.451 Non-pressure chronic ulcer of neck limited to breakdown of skin**
Add	**L98.452 Non-pressure chronic ulcer of neck with fat layer exposed**
Add	**L98.453 Non-pressure chronic ulcer of neck with necrosis of muscle**
Add	**L98.454 Non-pressure chronic ulcer of neck with necrosis of bone**
Add	**L98.455 Non-pressure chronic ulcer of neck with muscle involvement without evidence of necrosis**
Add	**L98.456 Non-pressure chronic ulcer of neck with bone involvement without evidence of necrosis**
Add	**L98.458 Non-pressure chronic ulcer of neck with other specified severity**
Add	**L98.459 Non-pressure chronic ulcer of neck with unspecified severity**

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	L98.461 Non-pressure chronic ulcer of face limited to breakdown of skin
Add	L98.462 Non-pressure chronic ulcer of face with fat layer exposed
Add	L98.463 Non-pressure chronic ulcer of face with necrosis of muscle
Add	L98.464 Non-pressure chronic ulcer of face with necrosis of bone
Add	L98.465 Non-pressure chronic ulcer of face with muscle involvement without evidence of necrosis
Add	L98.466 Non-pressure chronic ulcer of face with bone involvement without evidence of necrosis
Add	L98.468 Non-pressure chronic ulcer of face with other specified severity
Add	L98.469 Non-pressure chronic ulcer of face with unspecified severity

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	**L98.471 Non-pressure chronic ulcer of groin limited to breakdown of skin**
Add	**L98.472 Non-pressure chronic ulcer of groin with fat layer exposed**
Add	**L98.473 Non-pressure chronic ulcer of groin with necrosis of muscle**
Add	**L98.474 Non-pressure chronic ulcer of groin with necrosis of bone**
Add	**L98.475 Non-pressure chronic ulcer of groin with muscle involvement without evidence of necrosis**
Add	**L98.476 Non-pressure chronic ulcer of groin with bone involvement without evidence of necrosis**
Add	**L98.478 Non-pressure chronic ulcer of groin with other specified severity**
Add	**L98.479 Non-pressure chronic ulcer of groin with unspecified severity**

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	L98.A111	Non-pressure chronic ulcer of right upper arm limited to breakdown of skin
Add	L98.A112	Non-pressure chronic ulcer of right upper arm with fat layer exposed
Add	L98.A113	Non-pressure chronic ulcer of right upper arm with necrosis of muscle
Add	L98.A114	Non-pressure chronic ulcer of right upper arm with necrosis of bone
Add	L98.A115	Non-pressure chronic ulcer of right upper arm with muscle involvement without evidence of necrosis
Add	L98.A116	Non-pressure chronic ulcer of right upper arm with bone involvement without evidence of necrosis
Add	L98.A118	Non-pressure chronic ulcer of right upper arm with other specified severity
Add	L98.A119	Non-pressure chronic ulcer of right upper arm with unspecified severity

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Medical Management

Add	**L98.A12 Non-pressure chronic ulcer of left upper arm**
Add	**L98.A121 Non-pressure chronic ulcer of left upper arm limited to breakdown of skin**
Add	**L98.A122 Non-pressure chronic ulcer of left upper arm with fat layer exposed**
Add	**L98.A123 Non-pressure chronic ulcer of left upper arm with necrosis of muscle**
Add	**L98.A124 Non-pressure chronic ulcer of left upper arm with necrosis of bone**
Add	**L98.A125 Non-pressure chronic ulcer of left upper arm with muscle involvement without evidence of necrosis**
Add	**L98.A126 Non-pressure chronic ulcer of left upper arm with bone involvement without evidence of necrosis**
Add	**L98.A128 Non-pressure chronic ulcer of left upper arm with other specified severity**
Add	**L98.A129 Non-pressure chronic ulcer of left upper arm with unspecified severity**

Non-Pressure Chronic Ulcer Codes

Category Expanded / New Code

Default Clinical Category: Return to Provider

Add	L98.A191	Non-pressure chronic ulcer of unspecified upper arm limited to breakdown of skin
Add	L98.A192	Non-pressure chronic ulcer of unspecified upper arm with fat layer exposed
Add	L98.A193	Non-pressure chronic ulcer of unspecified upper arm with necrosis of muscle
Add	L98.A194	Non-pressure chronic ulcer of unspecified upper arm with necrosis of bone
Add	L98.A195	Non-pressure chronic ulcer of unspecified upper arm with muscle involvement without evidence of necrosis
Add	L98.A196	Non-pressure chronic ulcer of unspecified upper arm with bone involvement without evidence of necrosis
Add	L98.A198	Non-pressure chronic ulcer of unspecified upper arm with other specified severity
Add	L98.A199	Non-pressure chronic ulcer of unspecified upper arm with unspecified severity

Chapter 13: Diseases of the Musculoskeletal System and Connective Tissue

(M00-M99)

Rheumatoid Arthritis with Rheumatoid Factor Anti-Citrullinated Protein

New Code

Rheumatoid arthritis (RA) is a well-known autoimmune condition that is characterized by the presence of inflammatory arthritis.

Default Clinical Category: Non-Surgical Orthopedic/Musculoskeletal

No Change	**M05**	**Rheumatoid arthritis with rheumatoid factor**
Add	**M05.A**	**Abnormal rheumatoid factor and anti-citrullinated protein antibody with rheumatoid arthritis**
Add		**Code first** rheumatoid arthritis with rheumatoid factor by site, if known (M05.00 to M05.8A)

Site and Laterality

C. Chapter – Specific Coding Guidelines

a. Site and laterality

2) *Multiple sites*

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."

ICD-10-CM Official Guidelines for Coding and Reporting
FY 2026
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Chapter 14: Diseases of the Genitourinary System

(N00-N99)

Acute Nephritic Syndrome

New Code

Membranoproliferative glomerulonephritis (MPGN) is a rare cause of chronic nephritis.

Default Clinical Category: Medical Management

No Change	**N00 Acute nephritic syndrome**
No Change	**N00.5 Acute nephritic syndrome with diffuse mesangiocapillary glomerulonephritis**
Delete	Acute nephritic syndrome with membranoproliferative glomerulonephritis, types 1 and 3, or NOS
Add	**N00.B Acute nephritic syndrome with immune complex membranoproliferative glomerulonephritis**
Add	**N00.B1 Acute nephritic syndrome with idiopathic immune membranoproliferative glomerulonephritis (IC-MPGN)**
Add	**N00.B2 Acute nephritic syndrome with secondary immune complex membranoproliferative glomerulonephritis (IC-MPGN)**

Nephrotic Syndrome

New Code

Default Clinical Category: Medical Management

No Change	**N04 Nephrotic syndrome**
No Change	**N04.5 Nephrotic syndrome with diffuse mesangiocapillary glomerulonephritis**
Delete	Nephrotic syndrome with membranoproliferative glomerulonephritis, types 1 and 3, or NOS
Add	**N04.B Nephrotic syndrome with immune complex membranoproliferative glomerulonephritis (IC-MPGN)**
Add	**N04.B1 Nephrotic syndrome with idiopathic immune complex membranoproliferative glomerulonephritis (IC-MPGN)**
Add	**N04.B2 Nephrotic syndrome with secondary immune complex membranoproliferative glomerulonephritis (IC-MPGN)**

Nephrotic Syndrome

New Code

Default Clinical Category: Medical Management

No Change	**N07 Hereditary nephropathy, not elsewhere classified**
Add	**N07.B Hereditary nephropathy, not elsewhere classified with APOL1-mediated kidney disease [AMKD]**
Add	AMKD (with glomerulonephritis)
Add	AMKD (with glomerulosclerosis)

Chapter **19**: Injury, poisoning, and certain other consequences of external causes

(S00-T88)

Superficial Injuries of Flank

New Code

Default Clinical Category: Return to Provider

No Change	**S30.81 Abrasion of abdomen, lower back, pelvis and external genitals**
Add	**S30.81A Abrasion of flank**
No Change	**S30.82 Blister (nonthermal) of abdomen, lower back, pelvis and external genitals**
Add	**S30.82A Blister (nonthermal) of flank**
No Change	**S30.84 External constriction of abdomen, lower back, pelvis and external genitals**
Add	**S30.84A External constriction of flank**
No Change	**S30.85 Superficial foreign body of abdomen, lower back, pelvis and external genitals**
Add	**S30.85A Superficial foreign body of flank**
No Change	**S30.86 Insect bite (nonvenomous) of abdomen, lower back, pelvis and external genitals**
Add	**S30.86A Insect bite (nonvenomous) of flank**
No Change	**S30.87 Other superficial bite of abdomen, lower back, pelvis and external genitals**
Add	**S30.87A Other superficial bite of flank**

Open Wounds of Flank

New Code

Default Clinical Category: Non-Orthopedic Surgery

Add	**S31.106 Unspecified open wound of abdominal wall, right flank without penetration into peritoneal cavity**
Add	**S31.107 Unspecified open wound of abdominal wall, left flank without penetration into peritoneal cavity**
Add	**S31.10A Unspecified open wound of abdominal wall, unspecified flank without penetration into peritoneal cavity**
Add	Open wound of abdominal wall of flank NOS without penetration into peritoneal cavity
No Change	**S31.11 Laceration without foreign body of abdominal wall without penetration into peritoneal cavity**
Add	**S31.116 Laceration without foreign body of abdominal wall, right flank without penetration into peritoneal cavity**
Add	**S31.117 Laceration without foreign body of abdominal wall, left flank without penetration into peritoneal cavity**
Add	**S31.11A Laceration without foreign body of abdominal wall, unspecified flank without penetration into peritoneal cavity**
Add	Laceration without foreign body of flank NOS without penetration into peritoneal cavity

Open Wounds of Flank

New Code

Default Clinical Category: Non-Orthopedic Surgery . 7th character S is Medical Management.

Add	**S31.126 Laceration with foreign body of abdominal wall, right flank without penetration into peritoneal cavity**
Add	**S31.127 Laceration with foreign body of abdominal wall, left flank without penetration into peritoneal cavity**
Add	**S31.12A Laceration with foreign body of abdominal wall unspecified flank without penetration into peritoneal cavity**
Add	Laceration with foreign body of abdominal wall of flank NOS without penetration into peritoneal cavity
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**
Add	**S31.137 Puncture wound of abdominal wall without foreign body, left flank without penetration into peritoneal cavity**
Add	**S31.13A Puncture wound of abdominal wall without foreign body, unspecified flank without penetration into peritoneal cavity**
Add	Puncture wound of abdominal wall of flank NOS without foreign body

Open Wounds of Flank

New Code

Default Clinical Category: Non-Orthopedic Surgery . 7th character S is Medical Management.

Add	**S31.606 Unspecified open wound of abdominal wall, right flank with penetration into peritoneal cavity**
Add	**S31.607 Unspecified open wound of abdominal wall, left flank with penetration into peritoneal cavity**
Add	**S31.60A Unspecified open wound of abdominal wall, unspecified flank with penetration into peritoneal cavity**
Add	Unspecified open wound of abdominal wall of flank NOS, with penetration into 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**
Add	**S31.617 Laceration without foreign body of abdominal wall, left flank with penetration into peritoneal cavity**
Add	**S31.61A Laceration without foreign body of abdominal wall, unspecified flank with penetration into peritoneal cavity**
Add	Laceration without foreign body of abdominal wall of flank NOS, with penetration into peritoneal cavity

Open Wounds of Flank

New Code

Default Clinical Category: Non-Orthopedic Surgery . 7th character S is Medical Management.

Add	**S31.626 Laceration with foreign body of abdominal wall, right flank with penetration into peritoneal cavity**
Add	**S31.627 Laceration with foreign body of abdominal wall, left flank with penetration into peritoneal cavity**
Add	**S31.62A Laceration with foreign body of abdominal wall, unspecified flank with penetration into peritoneal cavity**
Add	Laceration with foreign body of abdominal wall, flank NOS, with penetration into peritoneal cavity
Add	**S31.636 Puncture wound of abdominal wall without foreign body, right flank with penetration into peritoneal cavity**
Add	**S31.637 Puncture wound of abdominal wall without foreign body, left flank with penetration into peritoneal cavity**
Add	**S31.63A Puncture wound of abdominal wall without foreign body, unspecified flank with penetration into peritoneal cavity**
Add	Puncture wound of abdominal wall without foreign body, flank NOS, with penetration into peritoneal cavity

Open Wounds of Flank

New Code

Default Clinical Category: Non-Orthopedic Surgery . 7th character S is Medical Management.

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**
Add	**S31.647 Puncture wound of abdominal wall with foreign body, left flank with penetration into peritoneal cavity**
Add	**S31.64A Puncture wound of abdominal wall with foreign body, unspecified flank with penetration into peritoneal cavity**
Add	Puncture wound of abdominal wall with foreign body, flank NOS, with penetration into peritoneal cavity

Chapter **20**: External Causes of Morbidity

(Y00-Y99)

20. Chapter 20: External Causes of Morbidity (V00-Y99)

The external causes of morbidity codes should never be sequenced as the first-listed or principal diagnosis.

External cause codes are intended to provide data for injury research and evaluation of injury prevention strategies. These codes capture how the injury or health condition happened (cause), the intent (unintentional or accidental; or intentional, such as suicide or assault), the place where the event occurred the activity of the patient at the time of the event, and the person's status (e.g., civilian, military).

There is no national requirement for mandatory ICD-10-CM external cause code reporting. Unless a provider is subject to a state-based external cause code reporting mandate or these codes are required by a particular payer, reporting of ICD-10-CM codes in Chapter 20, External Causes of Morbidity, is not required. In the absence of a mandatory reporting requirement, providers are encouraged to voluntarily report external cause codes, as they provide valuable data for injury research and evaluation of injury prevention strategies.

Chapter **21**: Factors Influencing Health Status and Contact with Health

(Z00-Z99)

Personal History of

New Code

No Change	**Z85.4 Personal history of malignant neoplasm of genital organs**
Add	**Z85.4A Personal history of malignant neoplasm of fallopian tube(s)**
No Change	**Z86 Personal history of certain other diseases**
No Change	**Z86.0 Personal history of in-situ and benign neoplasms and neoplasms of uncertain behavior**
No Change	**Z86.00 Personal history of in-situ neoplasm**
Add	**Z86.00A Personal history of in-situ neoplasm of the fallopian tube(s)**

Body Mass Index

C. Chapter – Specific Coding Guidelines

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.

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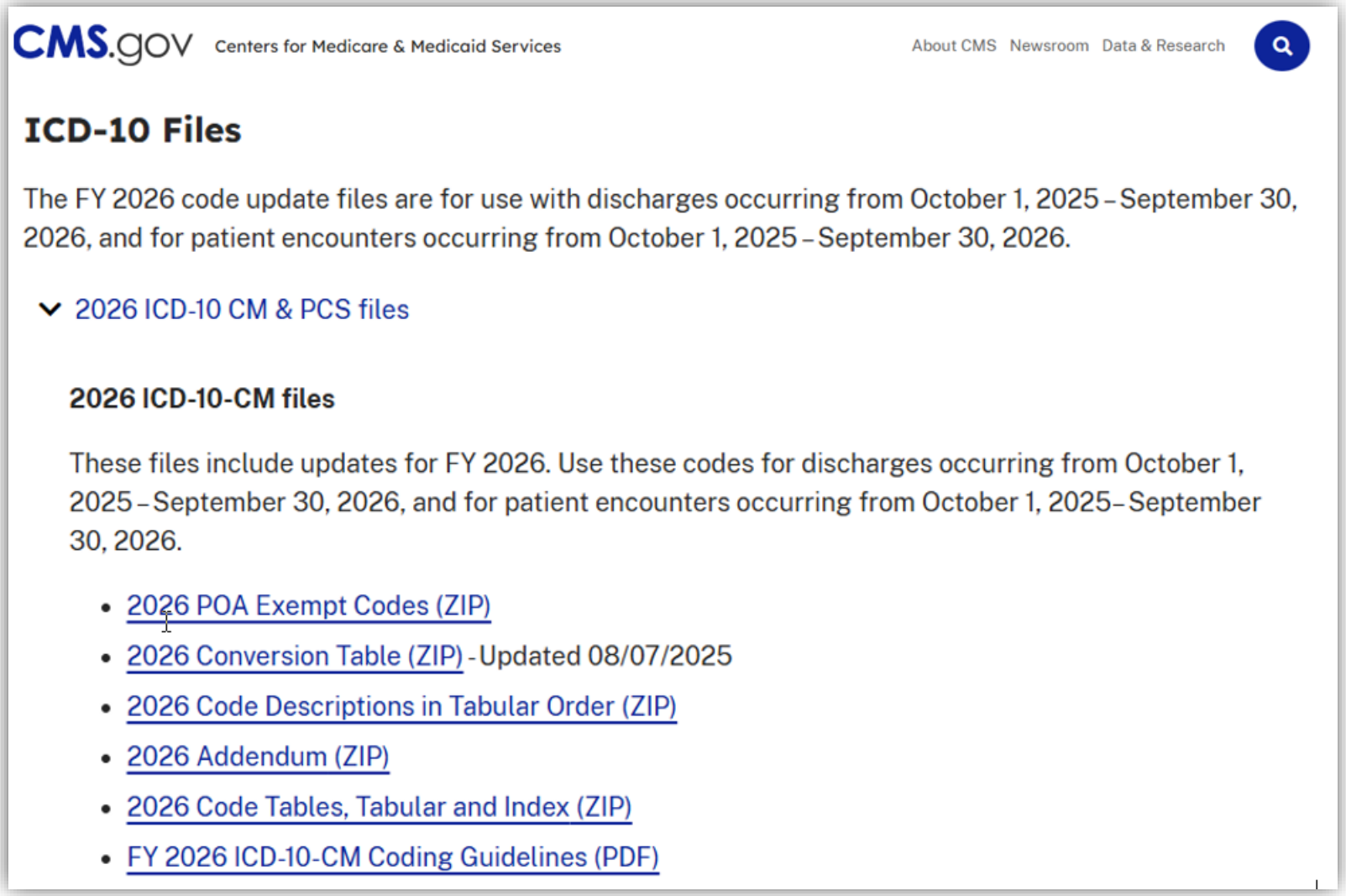
FY 2026 ICD-10-CM Tables

Effective October 1, 2025

MatrixCare by ResMed

CMS ICD-10-CM Files



CMS.gov Centers for Medicare & Medicaid Services

About CMS Newsroom Data & Research

ICD-10 Files

The FY 2026 code update files are for use with discharges occurring from October 1, 2025 – September 30, 2026, and for patient encounters occurring from October 1, 2025 – September 30, 2026.

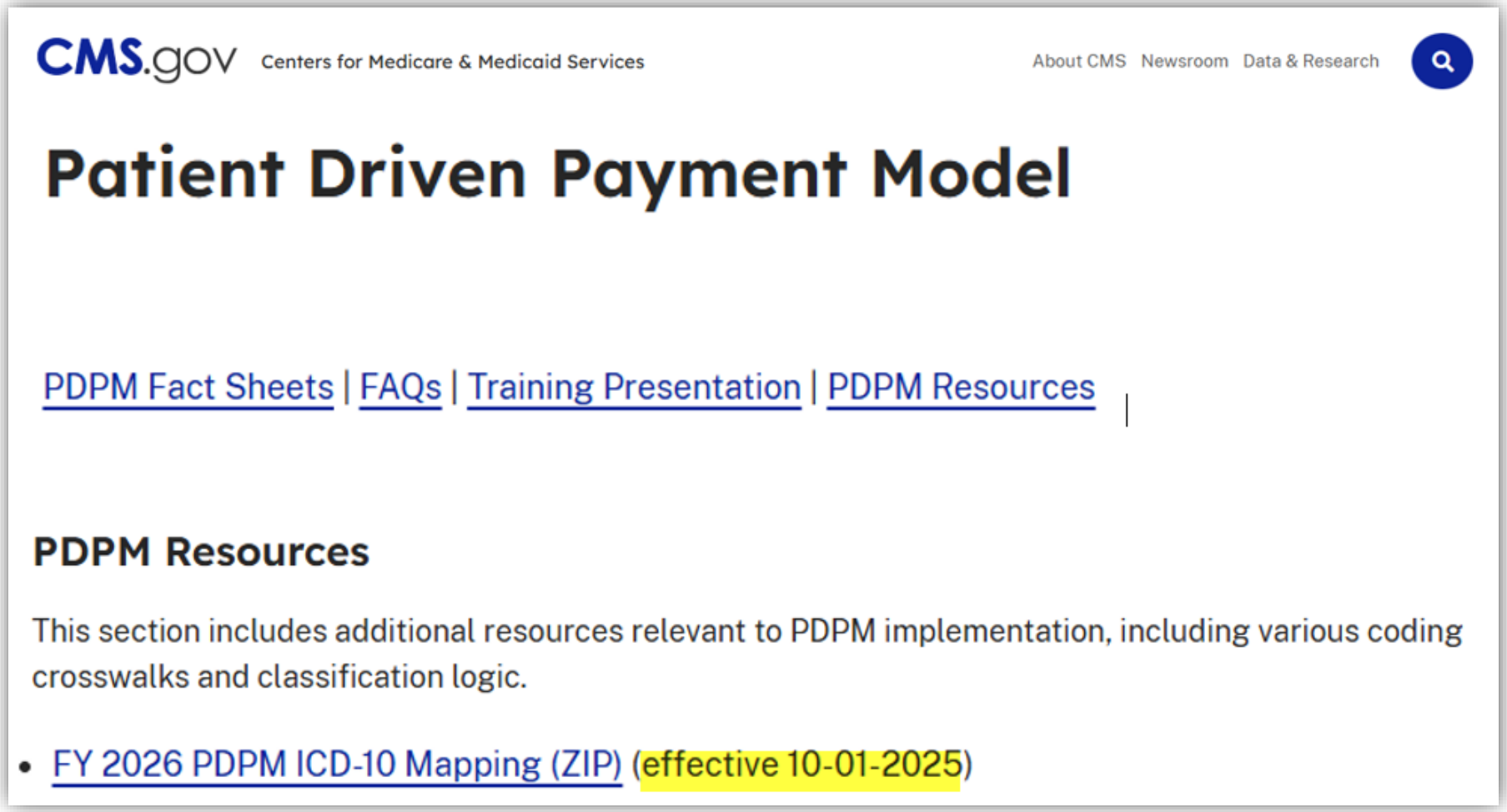
2026 ICD-10 CM & PCS files

2026 ICD-10-CM files

These files include updates for FY 2026. Use these codes for discharges occurring from October 1, 2025 – September 30, 2026, and for patient encounters occurring from October 1, 2025 – September 30, 2026.

- 2026 POA Exempt Codes (ZIP)
- 2026 Conversion Table (ZIP) - Updated 08/07/2025
- 2026 Code Descriptions in Tabular Order (ZIP)
- 2026 Addendum (ZIP)
- 2026 Code Tables, Tabular and Index (ZIP)
- FY 2026 ICD-10-CM Coding Guidelines (PDF)

CMS PDPM Mapping Tool



Conversion Table

- **Current Code Assignment** = 10/1 , FY 2026
- **Previous Code Assignment** = current code, FY 2025

Current code assignmen	Effective	Previous Code(s) Assignment
E88.14	2025	E88.1
E88.19	2025	E88.1
G31.87	2025	R48.2
G35.A	2025	G35
G35.B0	2025	G35
G35.B1	2025	G35
G35.B2	2025	G35
G35.C0	2025	G35
G35.C1	2025	G35
G35.C2	2025	G35
G35.D	2025	G35
G71.036	2025	G71.038
H01.81	2025	H01.8
H01.82	2025	H01.8
H01.83	2025	H01.8
H01.84	2025	H01.8

Process to Update Invalid ICD-10-CM Codes

Effective October 1, 2025

MatrixCare by ResMed

Update Invalid ICD-10-CM Codes

- Run an Invalid Code report on or after 10/1/2025. Use the date range of 10/1/24 – 9/30/25.
- Invalid ICD-10-CM codes should have a resolve date of 9/30/25. To ensure data integrity, never delete invalid codes.
- Add the revised ICD-10-CM code with an effective date of 10/1/25.

Type	Line	ICD-10-CM Code	Description	Problem/Additional Description	Onset Date	Primary	Resolved Date
Admit	2	Z47.1	Aftercare following joint replacement s		04/22/20	Yes	00/00/00
Admit	4	Z96.641	Presence of right artificial hip joint		04/22/20		00/00/00
Admit	8	I11.0	Hypertensive heart disease with heart		04/22/20		00/00/00
Admit	10	I50.32	Chronic diastolic (congestive) heart fail		04/22/20		00/00/00
Admit	12	G35.D	Multiple sclerosis		10/01/25		00/00/00
Admit	16	G35.	Multiple sclerosis		04/22/20		09/30/25

Matrixcare Invalid Code Reports

Life Plan Communities

Admissions and Census > Reports > Invalid Diagnosis List (1936)

Select the options:

1. Enter Report as of Date 9/30/2024
2. Select “Only Active Residents”
3. Select “Exclude Resolved Diagnosis”

360 Skilled Nursing

Facility > Reports > Resident Info > ICD10 Diagnoses Report

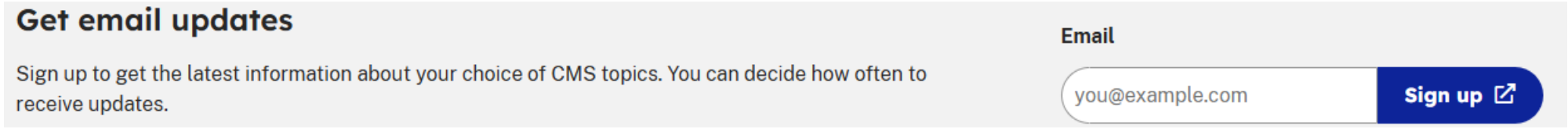
Select the options:

1. Enter Date Range
2. Select Active Residents
3. Uncheck “Include Discharged”
4. Check “Obsolete Only”

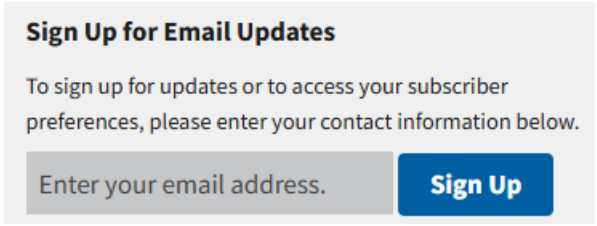
Recommended Emails

To get the latest information about ICD-10-CM

CMS, ICD-10-CM



U.S. Dept. of Health & Human Services, CMS ICD-10 Resources



Handout and CEU

https://matrixcare.sharefile.com/d-sdce0a64d5ed94210bac1a71c8c3c939a

New AHA Code Clinic

MatrixCare by ResMed

Coding Dementia with Depression

AHA Coding Clinic

AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS - 2025 Issue 3; Ask the Editor

Dementia with Depression/Mood Disturbance

question

Many patients present with depression and dementia without documentation of a relationship by the provider. We understand the presumed linkages in the classification with the subterm "with," however, it is the lack of a subterm entry for "depression" in the Alphabetic Index at "Dementia, with" that is causing concern. When coding this scenario, is it appropriate to reference the Alphabetic Index for "Dementia, with, mood disturbance," based on the presence of the non-essential modifier "depression?" Can you please clarify reporting dementia with "mood disturbance?"

answer

The classification presumes a relationship between dementia and depression as noted by the fact that depression is a nonessential modifier in the Alphabetic Index at Dementia with the term "mood disturbance." Therefore, unless the provider has associated the depression with another specified cause or documented that it is unrelated to the dementia, the conditions are coded as related. The inclusion term "Unspecified dementia, unspecified severity, with mood disturbance such as depression, apathy, or anhedonia," located in the Tabular List under code F03.93, Unspecified dementia, unspecified severity, with mood disturbance, indicates that code F03.93 is appropriate to assign for a patient documented to have dementia and depression that is not further specified. Also assign code F32.A, Depression, unspecified, to identify the depression and fully capture the condition.

Ask the Editor: Dementia with Depression/Mood Disturbance. (2025, Issue 3). *AHA Coding Clinic for ICD-10-CM and ICD-10-PCS*. Retrieved from https://www.findacode.com/newsletters/aha-coding-clinic/icd/dementia-depression-mood-disturbance-I123004.html

New codes contained in this issue effective with discharges September 1, 2025. Other coding advice or code assignments contained in this issue effective with discharges September 1, 2025.

Coding Dementia with Anxiety and Depression

AHA Coding Clinic

AHA Coding Clinic® for ICD-10-CM and ICD-10-PCS - 2025 Issue 3; Ask the Editor

Dementia with Anxiety and Depression

question

A patient seen in the outpatient setting was noted to have dementia, anxiety, and depression. Assuming that these conditions meet reporting requirements, are they coded as related based on the "with" guidance?

answer

Assign codes F03.94, Unspecified dementia, unspecified severity, with anxiety, and F03.93, Unspecified dementia, unspecified severity, with mood disturbance. The classification presumes a relationship between dementia and depression, and dementia and anxiety unless the provider documents that the depression and/or anxiety is due to another specified cause. The conditions may be referenced in the Alphabetic Index as follows:

Dementia
-with
--anxiety F03.94
---mood disturbance (depression) F03.93

Additionally, assign code F32.A, Depression, unspecified, to identify the depression.

Ask the Editor: Dementia with Anxiety and Depression. (2025, Issue 3). *AHA Coding Clinic for ICD-10-CM and ICD-10-PCS.* Retrieved from https://www.findacode.com/newsletters/aha-coding-clinic/icd/dementia-anxiety-depression-I123005.html

New codes contained in this issue effective with discharges September 1, 2025. Other coding advice or code assignments contained in this issue effective with discharges September 1, 2025.

Resources

CDC ICD-10-CM

CMS ICD-10 Coordination and Maintenance Committee Meetings, March 19-20, 2024.

CMS ICD-10 Coordination and Maintenance Committee Meetings, September 10-22, 2024.

CMS ICD-10


THANK YOU

MatrixCare by ResMed

MatrixCare by ResMed

FY 2026 ICD-10-CM Updates Impacting Post Acute Care

Effective September 17, 2025

Attendee Name

1.5 CEUs

Tracey Beattie RHIA, CCS-P, RAC-CT
AHIMA ICD-10-CM Trainer