



Changes for 2025 ICD-10-CM Codes – Effective 10/1/2024

CMS-1808-F Tables 6A-6J.2_FY2025

1. <https://www.cdc.gov/nchs/icd/icd-10-cm/files.html>
 2. <https://www.cms.gov/medicare/payment/prospective-payment-systems/acute-inpatient-pps/fy-2025-pps-final-rule-home-page#rule>
 3. <https://www.cdc.gov/nchs/data/icd/topic-packet-september-2023-final.pdf>
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The Centers for Medicare and Medicaid Services (CMS) published new, deleted, and revised diagnosis codes for fiscal year (FY) 2025. The 2025 Addendum, released in July 2024, yielded 252 new codes for the fiscal year, 13 code revisions, and 36 code deletions. While the number of net new codes released continues to decline, the FY 2025 release expands the diagnosis code set with further granularity, adding specificity with fifth-, sixth-, and seventh-character codes for location and state of condition.

Chapter 2 (Neoplasms) saw the addition of a significant number of new codes within categories C81–C88 that expand lymphoma diagnoses to reflect remission status. The single addition to **chapter 3** (Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism) was the assignment of a unique code for Fanconi anemia (D61.03); this condition had previously been identified with D61.09 Other constitutional aplastic anemia.

Chapter 4 (Endocrine, nutritional and metabolic diseases) gained new codes describing the stages of presymptomatic type 1 diabetes (E10.A-), as well as codes within category E16 for the various levels of hypoglycemia. Codes for carcinoid syndrome (E34.0-) were expanded, along with those for classes of obesity (E66.8-). Two new codes were also introduced to report disorders of citrate metabolism (E74.820 and E74.829) as well as a code for obesity due to disruption of the MC4R pathway (E88.82).

The bulk of changes to **chapter 5** related to the expansion of subcategory codes reporting the restricting and binge eating/purging types of anorexia nervosa; this allows for the specificity of mild, moderate, severe, extreme, in remission, and unspecified in subcategories F50.01 and F50.02. Codes for bulimia nervosa (subcategory F50.2) were also expanded to allow for this specificity, as were those for binge eating disorder (subcategory F50.81). Additionally, new codes were created in category F50 to report pica and rumination disorder in adults in order to differentiate these from those conditions occurring in infancy and childhood found under category F98.

Diseases of the nervous system (**chapter 6**) gained new codes under subcategory G40.8 for the reporting of KCNQ2-related epilepsy, with additional specificity of intractable/not intractable and with/without status epilepticus. The KCNQ2 gene provides instructions for creating potassium channels in the brain cells, which permit potassium to move outside of the cell. If these channels are not working correctly, brain cells are prone to generate excessive electrical signals that may result in seizures. Subcategory G90.8 was expanded to include a unique code for serotonin syndrome as well as a code for other disorders of the autonomic nervous system. A new code was added to subcategory G93.4 to allow the differentiation of developmental and epileptic encephalopathy from other forms of encephalopathy found here.

New pulmonary artery embolism codes within category I26 highlight the cardiology changes for **chapter 9**. New codes for cement and fat embolism allow the specificity of with or without acute cor pulmonale. In addition, revisions to existing code descriptors for I26.93 and I26.94 now identify these forms of embolism as “thrombotic pulmonary.” Finally, although there is no change to the descriptor for I16.1 (Hypertensive emergency), a new “Use additional code” note has been added to identify specific organ dysfunction, if applicable.

Changes to **chapter 10** (Diseases of the respiratory system) center on the creation of new codes within subcategory J34.8 to differentiate internal and external nasal valve collapse, defined as a narrowing or weakness of the nasal valve that is distinct from other types of nasal airway obstruction. Unique codes capture the specificity of static collapse, which is the result of a persistently narrowed airway caused by inflamed tissue, natural deformity, or scarring, or dynamic collapse, which is caused by the lateral nasal wall being drawn inward by increased pressure on inhalation. It should be noted that this subcategory includes the instruction to code first the underlying cause, such as a deviated nasal septum.

Chapter 11 additions include expanded codes under K60.3, K60.4, and K60.5 for the conditions of anal, rectal, and anorectal fistula (a channel or tract that develops in the presence of inflammation and infection). The addition of fifth and sixth characters now differentiate these fistulae as simple, complex, or unspecified, with the added specificity of initial, persistent, or recurrent.

Cholestatic pruritus (itching of the skin caused by liver disease) gained a new code to distinguish this from other forms of pruritus in the expansion of subcategory L29.8. Other changes to **chapter 12** include the addition of new codes under category L66 to identify the various forms of lichen planopilaris, an inflammatory condition that can lead to permanent hair loss. New codes were also created to differentiate central centrifugal and other cicatricial alopecia.

Multiple new codes were created in **chapter 13**, beginning with the expansion of subcategory codes M51.36 and M51.37 to allow the identification of discogenic back pain and/or lower extremity pain to the diagnosis of intervertebral disc degeneration of the lumbar or lumbosacral regions. Likewise, subcategory M65.9 (unspecified synovitis and tenosynovitis) was expanded to identify site and laterality. Lastly, a unique code (M62.85) was created to report multifidus muscle dysfunction of the lumbar region, a recognized cause of chronic low back pain.

Chapter 17 saw the expansion of subcategory Q23.8 (Other congenital malformations of aortic and mitral valves) to differentiate bicuspid aortic valve (Q23.81), congenital mitral valve cleft leaflet (Q23.82), and other congenital malformations (Q23.88). Kleefstra syndrome, a rare genetic condition that exhibits specific behavioral and developmental symptoms and affects multiple organ systems, gained its own code as well (Q87.86).

In **chapter 18**, a single new code was added to report anosognosia (R41.85), a neurological condition reflecting a patient's unawareness of or inability to acknowledge their own psychiatric or health condition.

Category T45 (Poisoning by, adverse effect of and underdosing of primarily systemic and hematological agents, not elsewhere classified) gained new subcategory codes (T45.A) specific to immune checkpoint inhibitors and immunostimulant drugs. Immune checkpoint inhibitors (ICI) are monoclonal antibodies that are the standard of care in several types of cancer and are sometimes used as a first-line treatment in the metastatic stage. A code reflecting a personal history of immune checkpoint inhibitor therapy (Z92.26) was added to the classification system as well. **Chapter 19** also saw the expansion of code T81.32 Disruption of internal operation (surgical) wound, not elsewhere classified, to differentiate types of internal operative wound disruption/dehiscence.

Chapter 21 gained codes to identify genetic susceptibility to epilepsy and neurodevelopmental disorders, as well as genetic susceptibility to obesity. Pediatric body mass index (BMI) codes were also expanded. Codes to reflect receptor negative and positive status were added to category Z17 specific to progesterone, human epidermal growth factor, and combined hormones. Category Z51 Encounter for other aftercare and medical care, gained a new code to report sepsis aftercare, while two codes were added to category Z59 to reflect insufficient health insurance coverage and insufficient welfare support. Additions were also made to category Z67 (Blood type) to report various Duffy phenotypes. The Duffy phenotype refers to a minor blood group in which Duffy antigens exist on red blood cells (RBCs). Lastly, codes were added to this chapter to report family history of familial adenomatous polyposis as well as personal history of various forms of colon polyps.



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