CMS Manual System	**Department of Health & Human Services (DHHS)**
Pub 100-04 Medicare Claims Processing	**Centers for Medicare & Medicaid Services (CMS)**
Transmittal 13792	**Date: June 16, 2026**
	Change Request 14503

SUBJECT: October 2026 (2027 File) Update of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to provide the Medicare contractors with the October 2026 (2027 File) ICD-10-CM updates. This recurring update notification applies to chapter 23, section 10.

EFFECTIVE DATE: October 1, 2026
**Unless otherwise specified, the effective date is the date of service.*
IMPLEMENTATION DATE: October 5, 2026

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)
R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
N/A	N/A

III. FUNDING:
For Medicare Administrative Contractors (MACs):
The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

Recurring Update Notification

Attachment - Recurring Update Notification

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II. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is for CMS to provide full file replacements to Medicare contractors annually. The ICD-10-CM codes are updated as stated in publication 100-04, chapter 23, section 10.

B. Policy: The updated diagnosis codes are effective for dates of service/discharges on and after October 1, 2026.

III. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
14503.1	Contractors shall be aware that CMS will announce the availability of the annual ICD-10 diagnosis file replacement, via email, approximately six weeks prior to the beginning of the fiscal year.		X		X					
14503.2	Contractors shall download the ICD-10 files from the CMS Data Center.		X		X					
14503.3	Contractors shall note that the ICD-10 file name format will be as follows:		X		X					

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HHH		FISS	MCS	VMS	CWF	
	Diagnosis Code file: MU00.ICD10.PARTB.DIAGNOS.Vxxxxxx **NOTE**: In the version number "Vxxxxxx", "xxxxxx" represents the date CMS uploaded the file to the mainframe.									
14503.4	Contractors shall notify the appropriate "line of business" CMS contact(s) listed on this change request if the upload date (the last 6 digits of the version number) does not correspond to the current fiscal year or if there are any issues with loading the file.		X		X					
14503.5	Contractors shall review the readme.txt file to determine what changes (if any) are required of them to make for this update.		X		X					
14503.6	Contractors shall evaluate all local edits that contain ICD-10-CM codes, update, and test as needed.		X		X					

IV. PROVIDER EDUCATION

None

Impacted Contractors: None

V. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

VI. CONTACTS

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VII. FUNDING

Section A: For Medicare Administrative Contractors (MACs):
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ATTACHMENTS: 0