

## Coding Tip: New ICD-10-CM Codes for 2025

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Each year on October 1<sup>st</sup>, changes to the ICD-10-CM code book become effective. For 2025, the number of changes can be categorized as follows:

- **252 new codes**
- **36 code deletions**
- **13 code revisions**

New codes are created to recognize new conditions, to facilitate greater specificity in existing categories, or to create new code categories. Code deletions primarily occur to facilitate expansion in their related code categories, while code revisions occur to add clarity to the codes or to make technical corrections to the codes.

This year, there were no diagnosis code changes in Chapter 15 (the “O” codes). However, there were a grouping of new “Use Additional Code” instructions concerning the reporting of non-Type 1 pre-existing diabetes. For the codes in the O24.1-, O24.3-, O24.8- and O24.9- categories, it now states, “**Use additional code for injectable non-insulin diabetic drugs (Z79.85)**,” if applicable.

There were several additions in other chapters of ICD-10-CM that may be of interest to Maternal Fetal Medicine physicians. Those codes, along with relevant explanations are as follows:

<i>New Code(s)</i>	<i>Description</i>	<i>Explanation</i>
E10.A0	Type 1 diabetes mellitus, presymptomatic, unspecified	
E10.A1	Type 1 diabetes mellitus, presymptomatic, Stage 1	Multiple confirmed islet autoantibodies with normoglycemia
E10.A2	Type 1 diabetes mellitus, presymptomatic, Stage 2	Confirmed islet autoimmunity with dysglycemia
E16.A1	Hypoglycemia level 1	Glucose level between 54-70 mg/dL
E16.A2	Hypoglycemia level 2	Glucose level below 54 mg/dL
E16.A3	Hypoglycemia level 3	Patient experiences episode that requires assistance from another person due to confusion or unconsciousness.
E66.811	Obesity, class 1	BMI of 30.0 – 34.9
E66.812	Obesity, class 2	BMI of 35.0 – 39.9
E66.813	Obesity, class 3	BMI of 40.0 or greater
F50.01-	Various codes quantifying the severity of	“Mild,” “Moderate”, “Severe,” and

	the patient's restricting type anorexia nervosa	"Extreme" is defined by the patient's BMI. "Remission" (full or partial) is determined by the clinician
F50.02-	Various codes quantifying the severity of the patient's binge eating/purging type anorexia nervosa	"Mild," "Moderate", "Severe," "Extreme" is defined by the patient's BMI. "Remission" (full or partial) is determined by the clinician.
F50.2-	Various codes quantifying the severity of the patient's binge eating/purging type bulimia nervosa	"Mild," "Moderate", "Severe," and "Extreme" is defined by the patient's BMI. "Remission" (full or partial) is determined by the clinician.
F50.8-	Various codes quantifying the severity of the patient's binge eating disorder	"Mild," "Moderate", "Severe," and "Extreme" is defined by the patient's BMI. "Remission" (full or partial) is determined by the clinician.
Z15.1	Genetic susceptibility to epilepsy and neurodevelopmental disorders	
Z15.2	Genetic susceptibility to obesity	
Z17.2-	Codes specific to progesterone receptor status	Separate codes for PR+ and PR- status
Z17.3-	Codes specific to human epidermal growth factor status	Separate codes for HER2+ and HER2- status
Z17.41	Codes specific to hormone receptor and human epidermal growth factor receptor status	Separate codes for various combinations of positive and negative statuses.
Z59.71	Insufficient health insurance coverage	Can be used to report as a contributory Social Determinant of Health (SDoH)
Z59.72	Insufficient welfare support	Can be used to report as a contributory Social Determinant of Health (SDoH)

In the context of obstetric care, the E10.A- codes and E16.A- codes will almost always be used as a secondary diagnosis to the patient's primary "diabetes in pregnancy" diagnosis (O24.-).

The new obesity codes (E66.81-) can be used as a secondary diagnosis to the O99.21- codes for "obesity in pregnancy." E66.813 will likely not be used frequently as it is functionally identical to the existing code E66.01, *unless* it is known that the patient's morbid obesity is *not* associated with the overconsumption of calories.

In the context of obstetric care, the new F50 codes will likely be used as a secondary diagnosis to the O99.34- codes for "mental disorders in pregnancy."



Obviously, there are many other modifications to the code set. The full 45-page document, published by CMS, that lists all of the changes for 2025 can be found at: <https://www.cms.gov/medicare/coding-billing/icd-10-codes/2025-icd-10-cm>. On that page, click on “2025 Addendum” near the middle of the page. That will open a group of folders. Select the file titled **icd10cm\_tabular\_addenda\_2025.pdf**.

Again, all codes listed in this document become effective on October 1, 2024.

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Members should submit any coding questions to the SMFM Coding Committee Ask a Coding Question website ([smfm.org/ask-a-coding-question](https://smfm.org/ask-a-coding-question)). Additional information and resources are also available on our coding website ([smfm.org/coding](https://smfm.org/coding)). Thank you very much.

