

ICD-10 2027 for Chiropractors: One Real Change, Plus 3 Coding Reminders That Matter More

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The good news about the October 1, 2026 ICD-10-CM update is that chiropractors do not have much homework this year.

There is one change involving plantar fasciitis that some chiropractic offices will need to make in their billing systems, plus a smaller change involving difficulty walking and unsteadiness. That is about it for changes likely to affect the average chiropractic office. But this is a good opportunity to take a moment to review a few coding rules that probably have a bigger impact on your claims than this year's update.

Change #1: Plantar fasciitis moved

This is the change most likely to matter in chiropractic practice. Historically, M72.2 included plantar fasciitis. Beginning October 1, plantar fasciitis moves into the M67 category and receives its own laterality-specific codes:

M67.A01 *Plantar fasciitis, right foot*

M67.A02 *Plantar fasciitis, left foot*

M67.A09 *Plantar fasciitis, unspecified foot*

Meanwhile, M72.2 remains associated with plantar fascial fibromatosis and is expanded into right, left and unspecified-foot options.

M72.20 *Plantar fascial fibromatosis, unspecified foot*

M72.21 *Plantar fascial fibromatosis, right foot*

M72.22 *Plantar fascial fibromatosis, left foot*

If M72.2 is sitting in your favorites list, care-plan templates, macros or diagnosis picklists for plantar fasciitis, update those for dates of service on or after October 1, 2026.

Change #2: Difficulty walking and unsteadiness

Now billable together:

R26.2 *Difficulty in walking, not elsewhere classified*

R26.81 *Unsteadiness on feet*

Previously, R26.81 appeared under an Excludes1 note for R26.2. For 2027, that changes to Excludes2. That means that these codes are now allowed to show up on a claim form together, when they couldn't previously.

That distinction matters. Excludes1 generally means the two codes should not be reported together. Excludes2 means the excluded condition is not included in the first code, but both may be reported when the patient actually has both conditions. It is a small update, but a good reminder that the instructions around an ICD-10 code matter just as much as the code description itself.

Three ICD-10 rules worth reviewing

1. Do not stop at the symptom when you know the condition (which is more likely to get you paid)

Pain codes are useful when a related definitive diagnosis has not been established. But if your examination establishes a condition that explains the patient's complaint, do not let the claim tell the payer that all you diagnosed was pain. A claim built only from cervicalgia, low back pain and other symptoms may be accurate, but it can also make the clinical reasoning look thin. Use the diagnosis that best explains why the patient needs care, when the documentation supports it.

2. Don't get a denial because you didn't check the Excludes notes

Chiropractic claims often include multiple musculoskeletal diagnoses, and it is easy to stack codes that sound related. That can backfire when one code already includes the condition described by another. For example, some disc-disorder and spondylosis codes already incorporate radiculopathy, making a separate radiculopathy code inappropriate in certain combinations, as indicated by "Excludes1." Before adding another diagnosis because it sounds more specific, check the Tabular List and its Excludes notes.

3. "Initial encounter" does not mean "first visit"

For injury codes, like sprains and strains, that require a seventh character, "A" means the patient is receiving active treatment. It is not simply a marker for the first appointment. A patient may still be in an initial encounter phase over more than one visit while active treatment continues. The "D" character is generally used during routine healing or recovery after the active-treatment phase. Active treatment (indicated by "A") is more easily defended as medically necessary than aftercare follow-up (indicated by "D").

Bottom line

The [2027 ICD-10 update](#) should be relatively simple for most chiropractic practices. Fix plantar fasciitis in your software, pay attention to the R26.2 Excludes change, and use the quieter update year as an excuse to clean up the coding habits that matter every day.

Using the right code, at the right level of specificity, with the right ICD-10 instructions, will do more for clean claims than simply downloading the newest code set.

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