



233 N. Michigan Ave., 21st Fl.  
Chicago, IL 60601

phone » (312) 233-1100  
fax » (312) 233-1090  
web » www.ahima.org

November 12, 2021

VIA ELECTRONIC MAIL

Donna Pickett, MPH, RHIA  
ICD-10 Coordination and Maintenance Committee  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, Maryland 20782

Dear Ms. Pickett:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on proposed ICD-10-CM code modifications presented at the September ICD-10 Coordination and Maintenance (C&M) Committee meeting and being considered for October 1, 2022, implementation.

AHIMA is a global nonprofit association of health information (HI) professionals. AHIMA represents professionals who work with health data for more than one billion patient visits each year. AHIMA's mission of empowering people to impact health drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and providers. Our leaders work at the intersection of healthcare, technology, and business, and are found in data integrity and information privacy job functions worldwide.

### **Rare Diseases**

As requests for unique codes for rare diseases continue to increase, AHIMA recommends that the National Center for Health Statistics (NCHS) establish guiding principles for a consistent approach toward the coding of rare diseases. While we appreciate the desire to establish unique codes for rare diseases in order to better track disease incidence and support research, we are concerned that advances in the field of genetics will lead to the discovery of many new genetic disorders and it won't be feasible to create unique diagnosis codes for all of them. Other C&M attendees have also expressed concerns about the lack of guiding principles or a set of parameters that would help to apply a consistent and systematic approach to the classification of rare diseases in ICD-10-CM.

One alternative approach to creating a unique code would be to index the rare disease to the most appropriate existing code in order to promote accurate and consistent coding of the disease as well as provide guidance to researchers and others on the classification of the disease in ICD-10-CM.

The NCHS should consider aligning the classification of rare diseases in ICD-10-CM with the approach used in ICD-11.

**Activated Phosphoinositide 3-kinase Delta Syndrome (APDS)**

While AHIMA does not have specific objections to creating a code for APDS, we have general concerns about creating unique codes for very rare diseases, as noted in our comments above. Consideration should be given to indexing APDS to code D81.89, Other combined immunodeficiencies, rather than creating a unique code.

If a unique code for APDS is created, a “Code also” should be added under the code to provide guidance regarding the assignment of separate codes for manifestations of this syndrome.

**Angioectasia of Small Intestine**

We do **not** support creating new codes for angioectasia of small intestine. This code proposal would result in two different ways to code angiodysplasia of duodenum, since the title of existing sub-subcategory K31.81 is “Angiodysplasia of stomach and duodenum.”

We recommend that consideration be given to changing the title of the proposed new subcategory to “Angioectasia of jejunum and ileum,” and adding an Excludes2 note for K31.81-, Angiodysplasia of stomach and duodenum.

We also recommend that Excludes2 notes be added under existing subcategory K55.2, Angiodysplasia of colon, directing coding professionals to subcategory K31.81 for angiodysplasia of duodenum, and to the new codes for angiodysplasia of other parts of the small intestine.

**Apnea of Newborn and Related Issues**

AHIMA supports the proposed new codes related to apnea of newborn, with the recommended modifications noted below.

As we recommended in our comments following the March 2021 C&M meeting, a code comparable to proposed code Z03.83, Encounter for observation for suspected condition related to home physiologic monitoring device, ruled out, should also be created in category Z05, Encounter for observation and evaluation of newborn for suspected diseases and conditions ruled out. This additional code is necessary because codes in category Z03 may not be used for observation for suspected conditions during the neonatal period.

As also previously recommended, the phrase “ruled out” should be added at the end of the title of proposed new code Z03.83, similar to the other codes in subcategory Z03.8.

We recommend that the last Excludes1 note under proposed code Z03.83 be changed to “**primary** sleep apnea of newborn (P28.3-).”

An inclusion term for “sleep apnea of newborn NOS” that currently appears under code P28.3, Primary sleep apnea of newborn, is being proposed for deletion. However, this is an important inclusion term to clarify the code assignment for sleep apnea of newborn not specified as “primary.” **We recommend that an inclusion term for “sleep apnea of newborn NOS” be added under proposed new subcategory P28.3, Primary sleep apnea of newborn.**

**Atrial Septal and Atrioventricular Septal Defect**

While we acknowledge that the modification to proposed new code Q21.11, Atrial septal communication, type undetermined, since the March 2021 C&M meeting is an improvement

over the previous proposal, we are concerned there may still be confusion regarding the distinction between codes Q21.10, Atrial septal defect, unspecified, and Q21.11. It would be helpful if the *ICD-10-CM Official Guidelines for Coding and Reporting* and/or *Coding Clinic for ICD-10-CM/PCS* could provide guidance on the proper use of these codes.

AHIMA supports the other proposed codes describing atrial septal defects and atrioventricular septal defects.

### **Bronchiolitis Obliterans Syndrome and Bronchiolitis Obliterans**

We believe the code proposal for bronchiolitis obliterans syndrome requires significant modifications and should be brought back to a future C&M meeting.

We do **not** support creating two separate codes for bronchiolitis obliterans syndrome in different categories. This approach is illogical, and the two proposed codes for bronchiolitis obliterans have significant overlap. **We believe only a single code should be created for bronchiolitis obliterans syndrome.** The assignment of a separate code for transplant complication would identify the type of transplant the bronchiolitis obliterans syndrome is associated with.

An additional code is needed for bronchiolitis obliterans NOS (when “syndrome” is not documented).

An Excludes1 note for bronchiolitis obliterans should be added under code J42, Unspecified chronic bronchitis, as bronchiolitis obliterans is currently indexed to this code.

The proposed Index entry for “Bronchiolitis, chronic, obliterative” is missing the associated code number.

### **Caught, Crushed, Jammed, or Pinched In or Between Objects**

We support a new external cause code describing caught, crushed, jammed, or pinched between a moving and stationary object.

### **Coma Not Elsewhere Classified**

AHIMA supports the creation of a code for “other coma,” with one modification. We recommend that the “Code also underlying condition” note be changed to “**Code first** underlying condition.” Since the proposed code for “other coma” is in the Symptom chapter, we believe the underlying condition should always be sequenced first.

### **Contrast-Induced Nephropathy**

We support creating a code for contrast induced nephropathy.

We recommend adding an Excludes2 note for acute kidney failure (N17.-) under the new code.

### **Craniosynostosis and Other Congenital Deformities of Skull, Face and Jaw**

We support the proposed new codes for craniosynostosis and other congenital deformities of the skull, face, and jaw.

As noted during the C&M meeting, the title of proposed new subcategory Z75.06 should read “**Unspecified** craniosynostosis.”

### **Dementia: Stage of Severity, Behavioral and Psychological Symptoms**

AHIMA supports the proposed expansion of dementia codes to identify level of severity and types of behavioral and psychological symptoms.

### **Desmoid Tumors**

We support creating a new subcategory for desmoid tumors.

### **Electric Assisted Bicycles**

We support the proposed new external cause codes for electric assisted bicycles (e-bicycles).

We recommend that the terms “electric assisted bicycle,” “e-bicycle,” and “e-bike” be added to the list of inclusion terms under the heading for section V20-V29.

### **Encounter for Follow-Up Examination After Completed Treatment for Malignant Neoplasm**

AHIMA does **not** support the proposed expansion of code Z08, Encounter for follow-up examination after completed treatment for malignant neoplasm, to identify the type of treatment modality. We believe the current code is appropriately assigned for any encounter for follow-up examination after completed treatment for malignant neoplasm, regardless of treatment modality.

Code Z08 is intended to indicate that all treatment directed at a malignant neoplasm has been completed. If all treatment has not been completed yet, the code for the malignant neoplasm should continue to be assigned. Creation of codes for individual treatment modalities could result in confusion and inappropriate code assignment. These codes might be interpreted to suggest that a code should be assigned when a particular treatment modality has been completed (e.g., surgery), even though the patient is still receiving another treatment modality (e.g., chemotherapy).

While ICD-10, as published by the World Health Organization (WHO), includes an expansion of code Z08, ICD-11 has just one code for “Follow-up examination after treatment for malignant neoplasms.” Therefore, maintaining a single code in ICD-10-CM would be consistent with ICD-11.

We believe proper use of code Z08 can be addressed through additional guidance in *Coding Clinic for ICD-10-CM/PCS* and the *Official ICD-10-CM Guidelines for Coding and Reporting* rather than expanding code Z08.

If NCHS does decide to expand code Z08, an additional code would be needed for encounters for follow-up examination after multiple treatment modalities. The WHO version of ICD-10 includes code Z08.7, Follow-up examination after combined treatment for malignant neoplasm.

### **Encounter for Vaginal Delivery Requiring Assistance**

We do **not** support the creation of code O81 to describe an encounter for vaginal delivery requiring assistance via instrumentation [forceps or vacuum], with or without episiotomy, of a spontaneous, full-term, single, liveborn infant.

The proposed code captures procedural information that is best captured through the use of ICD-10-PCS procedure codes. Also, when a patient has an obstetric condition or complication that

would appropriately be sequenced as the principal diagnosis, the proposed new code would not be assigned at all, as we do not believe it would be appropriate to assign this code as a secondary diagnosis. If instrumentation is required for delivery, the reason for the instrumentation should be documented in the medical record. The forceps or vacuum assistance would be reported with ICD-10-PCS codes.

While the WHO version of ICD-10 includes category O81, Single delivery by forceps and vacuum extractor, the ICD-10 Instruction Manual states “Use of these codes to describe the ‘main condition’ should be limited to cases where the only information recorded is a statement of delivery or the method of delivery. Codes O80–O84 may be used as optional additional codes to indicate a method or type of delivery where no separate data item or procedural classification is being used for this purpose.” Therefore, in ICD-10, O81 codes are considered codes of last resort (when there is limited information in the medical record documentation) and should only be used as secondary diagnosis codes when there is no procedure classification being used to capture information about the delivery method.

The proposed revision of the note under code O80 is confusing because part of the existing note is missing from the code proposal. It is not clear if the missing portion is being deleted as part of the proposal or was inadvertently omitted. The missing phrase from the existing note is “without fetal manipulation [e.g., rotation version].”

The code proposal indicates that assistance via instrumentation includes both forceps and vacuum. However, the description of “instrumentation” in the note under existing code O80 only includes forceps. **We recommend that the phrase “or vacuum” be added in the brackets after “instrumentation” in the existing note under code O80, as show in bold below.**

Delivery requiring minimal or no assistance, with or without episiotomy, without fetal manipulation [e.g., rotation version] or instrumentation [**forceps or vacuum**] of a spontaneous, cephalic, vaginal, full-term, single, live-born infant. This code is for use as a single diagnosis code and is not to be used with any other code from chapter 15.

### **Endometriosis**

AHIMA supports the proposed expansion of category N80, Endometriosis.

### **Extraocular Muscle Entrapment**

We support the creation of new codes for extraocular muscle entrapment, and further recommend that an additional sub-subcategory be created for extraocular muscle entrapment, unspecified (with codes for right, left, and unspecified side). This additional sub-subcategory would be used when the medical record documentation does not specify which extraocular muscle is affected.

### **Foreign Body Sensation**

We support new codes for foreign body sensation, with a couple of suggested modifications. We recommend changing the title of proposed code R09.A1 to “Foreign body sensation, throat” and adding “Globus sensation” as an inclusion term, since a foreign body sensation in the throat is how this symptom is commonly described.

The title of proposed new subcategory R09.A should be changed to “Foreign body sensation involving the circulatory and respiratory system.” Since the title of category R09 is titled “Other symptoms and signs involving the circulatory and respiratory system,” proposed code R09.A9, Other foreign body sensation, could not be assigned for a foreign body sensation outside the circulatory and respiratory systems, which is not clear from the subcategory title presented in the code proposal.

It is not clear if code R09.A9 is necessary, as there may not be other anatomic sites in the circulatory or respiratory system where a foreign body sensation may occur.

We recognize that a code for “Foreign body sensation, unspecified” is being proposed in order to align the new codes with the structure of the classification, but we believe this code should rarely, if ever, be used, as the location of the foreign body sensation will typically be documented.

We also recommend that a code be created for “Foreign body sensation, eye,” as the eye is also a very common site for a foreign body sensation.

### **Hemolytic-Uremic Syndrome**

We support the expansion of code D59.3, Hemolytic-uremic syndrome, with one suggested modification. The two “Code also” notes under proposed new code D59.39, Other hemolytic-uremic syndrome overlap. The first note states “Code also, if applicable, any associated conditions or causes.” The second “Code also” note states “Code also, if applicable, any associated underlying conditions, such as ....” **We recommend deleting the first “Code also” note and retaining the second one.**

### **Heparin-Induced Thrombocytopenia (HIT)**

We support the expansion of code D75.82, Heparin induced thrombocytopenia (HIT), and creation of a new code for other platelet-activating anti-PF4 disorders, with a couple of modifications.

We recommend deleting the inclusion term for “heparin-associated thrombocytopenia” under proposed new code D75.821, Non-immune heparin-induced thrombocytopenia. This term may be confused with proposed new code D75.829, Heparin-induced thrombocytopenia, unspecified. It was noted during the C&M meeting that heparin-associated thrombocytopenia is an older term that is not used much anymore, so we believe it should be deleted to prevent confusion with code D75.829.

An instructional note stating “Use additional code, if applicable, to identify the vaccine (T50.A-, T50.B-, T50.Z-)” should be added under proposed code D75.83, Other platelet-activating anti-PF4 disorders. This note would clarify that an additional code to identify the vaccine should be assigned when the patient has vaccine-induced thrombotic thrombocytopenia.

### **Hepatic Encephalopathy**

AHIMA supports the creation of a unique code for hepatic encephalopathy and recommends that Excludes1 notes for “hepatic failure with coma” be added under the new code, to clarify that the new code would not be assigned if hepatic coma is present.



**Immunoglobulin A Nephropathy (IgAN)**

We support the establishment of a new sub-subcategory for recurrent and persistent immunoglobulin A nephropathy, with suggested modifications to the code titles. Based on the proposed Index modifications, the word “unspecified” should be added to the end of the title of code N02.B1, since it appears that this code is intended to classify an unspecified glomerular lesion, whereas the other proposed new codes describe specific types of glomerular lesions.

The titles of codes N02.B3, N02.B4, N02.B5, and N02.B6 are missing a word or phrase at the end because the titles all end in an adjective. Based on the current codes and the Index, it appears that the missing words in the code titles are either “glomerular lesion” or “glomerulonephritis.”

**Insulin Resistant Syndrome**

We support the proposed expansion of code E88.81, Metabolic syndrome, to create a specific code for insulin resistance syndrome, type A.

**Intracranial Injury with Unknown Loss of Consciousness**

AHIMA supports the proposed code modifications pertaining to intracranial injuries and loss of consciousness.

**Isthmocele**

We support the creation of a code for isthmocele in a non-pregnant patient.

**Long Term (Current) Drug Therapy**

We support the proposed expansion of category Z79, Long term (current) drug therapy, with several suggested changes.

We **oppose** the “Use additional code, if applicable” note under proposed new subcategory Z79.6, Long term (current) use of immunomodulators and immunosuppressants. This instructional note conflicts with the *ICD-10-CM Official Guidelines for Coding and Reporting*. The condition being treated by the drugs classified to this subcategory would be sequenced first, not as a secondary diagnosis. We recommend that this note be deleted since it is incorrect. We do not believe a note referencing conditions being treated by a drug classified to this subcategory is necessary, especially since most codes in category Z79 do not include a similar instructional note. If an instructional note regarding the condition being treated is desired, it should be a “Code first, if applicable” note rather than a “Use additional code, if applicable” note (which would be consistent with the “Code first, if applicable” under existing subcategory Z79.81, Long term (current) use of agents affecting estrogen receptors and estrogen levels).

An Excludes2 note for “long term (current) use of insulin (Z79.4)” should be added under proposed new code Z79.85, Long-term (current) use of injectable non-insulin antidiabetic drugs, to be consistent with the *ICD-10-CM Official Guidelines for Coding and Reporting*.

We recommend that inclusion terms for drug names under the proposed new codes be deleted and added to the Table of Drugs and Chemicals instead. We do not believe it is appropriate to specify drug names under ICD-10-CM codes. Drug names are not specified under existing Z79 codes.

**Malignant Pericardial Effusion**

We support creating a new code for malignant pericardial effusion, but recommend that the title be changed to “Malignant pericardial effusion.” This title would be consistent with code J91.0, Malignant pleural effusion.” The phrase “in diseases classified elsewhere” is misleading because this condition is not associated with multiple different diseases, but only with neoplastic disease. The relationship of the pleural effusion to a neoplasm is clear from the word “malignant” in the code title, and the “Code first” note makes it clear that the new code should only be reported as a secondary diagnosis.

We also recommend that the code range “C00-D49” be added to a parenthetical after the note instructing to “Code first underlying neoplasm” under the proposed new code to be consistent with the proposed Addenda modification for code J91.0, Malignant pleural effusion.

**Mild Neurocognitive Disorder Due to Known Physiological Conditions**

AHIMA supports the proposed code modifications pertaining to neurocognitive disorders, with a couple of suggested changes.

**Category S06 should be deleted from the Excludes1 note under proposed new subcategory F06.7, Mild neurocognitive disorder due to known physiological condition,** as this note conflicts with the “Code first” note under subcategory F06.7 and the “Use additional code” note under category S06.

“Mild neurocognitive disorder due to a known physiological condition (F06.7-)” should be deleted from the proposed new “Use additional code” note under code G31.84, Mild cognitive impairment of uncertain or unknown etiology. It would not be appropriate to assign a code from subcategory F06.7 with code G31.84. Excludes1 notes have been proposed under both subcategory F06.7 and code G31.84 to clarify that these codes should not be assigned together.

**Mitral Annulus Calcification**

We support the creation of a new code for mitral annulus calcification.

**Muscle Wasting and Atrophy of the Back**

We support the creation of a new subcategory for muscle wasting and atrophy, not elsewhere classified, back.

**Non-Traumatic Peritoneal Hemorrhage**

AHIMA does **not** support the code proposal for retroperitoneal hemorrhage and hematoma as presented at the September C&M meeting.

We disagree with the proposed location of new codes for retroperitoneal hematoma and retroperitoneal hemorrhage. We believe both conditions belong under code K66.1, Hemoperitoneum. Currently, retroperitoneal hematoma is currently indexed to code K66.1. Although retroperitoneal hemorrhage is currently indexed to code R58, Hemorrhage, not elsewhere classified, we believe that retroperitoneal hemorrhage and hematoma should be classified to the same category. Classifying both retroperitoneal hemorrhage and hematoma to subcategory K66.1 would be consistent with the classification of these conditions in ICD-11. Therefore, we believe K66.1 is the most appropriate location for code(s) for retroperitoneal hemorrhage and retroperitoneal hematoma.



We also disagree with the proposal to create two separate codes for retroperitoneal hematoma and hemorrhage. We believe only one code is necessary, as these terms are sometimes used interchangeably. We recommend that code K66.1, Hemoperitoneum, be expanded to create a single code to capture both retroperitoneal hemorrhage and hematoma. If NCHS decides to create two separate codes rather than a single code, we recommend both codes be created under code K66.1.

We do not support creating a code in category R58, Hemorrhage, not elsewhere classified, for “ruptured vessel (blood),” as this code title is too general and potentially overlaps with other codes in the classification.

We do support the proposed new codes for retroperitoneal fibrosis and abdominal hemorrhage.

### **Onset (Spontaneous) of Labor After 37 Completed Weeks of Gestation but Before 39 Completed Weeks Gestation, with Vaginal Delivery**

We do **not** support the proposed new code for onset (spontaneous) of labor after 37 completed weeks of gestation but before 39 completed weeks gestation, with vaginal delivery.

A new code is not necessary in order to identify early term deliveries. Early term deliveries can be identified by the combination of code O80 and the appropriate code from category Z3A, Weeks of gestation. **We recommend that this approach be used to identify these cases rather than creating a new code.**

We believe the proposed new code will lead to confusion and miscoding. Category O75 is titled “Other complications of labor and delivery,” but the code proposal does not mention any obstetric complications, only a higher risk of **neonatal** morbidities. If there is no documented complication of labor or delivery, a code from category O75, Other complications of labor and delivery, not elsewhere classified, does not seem appropriate.

It is not clear when the proposed new code should be assigned vs. code O80, Encounter for full-term uncomplicated delivery. The two codes appear to overlap, since code O80 is currently assigned for uncomplicated vaginal deliveries at term. Early term delivery without documented obstetric complications would currently be assigned code O80, so it is not clear if all early term deliveries are now considered complications of labor and delivery (and thus classifiable to category O75). Do specific complications or risk factors need to be documented in order to assign the proposed new code or is documentation of the weeks of gestation sufficient? If the proposed new code is implemented, code O80 would need to be modified, instructional notes added, and coding guidance provided in order to eliminate overlaps between the two codes and facilitate accurate coding.

### **Parkinson’s Disease with OFF Episodes**

We support the proposed expansion of code G20, Parkinson’s disease. Inclusion terms should be added under proposed new code G20.A1 indicating that this code should be assigned for Parkinson’s disease NOS and Parkinson’s disease without dyskinesia and without mention of OFF episodes. Similarly, an inclusion term should be added under proposed new code G20.B1, Parkinson’s disease with dyskinesia, without fluctuations, indicating that this code should be assigned for Parkinson’s disease with dyskinesia, without mention of OFF episodes.

**Perpetrator of Assault, Maltreatment and Neglect**

While we have no objection to the proposed new perpetrator codes, we recommend that this code proposal be delayed until additional perpetrator codes can be considered. We believe there are other categories of perpetrator that should be specifically classified in ICD-10-CM, including child and grandparent. It would be preferable to consider a more comprehensive proposal for new perpetrator codes and then implement all of the codes at the same time.

The word “assault” needs to be added to the titles of all three proposed new codes since it is part of the title of category Y07, Perpetrator of assault, maltreatment and neglect.

We also recommend that examples of official authorities classifiable to proposed new code Y07.3 be added as inclusion terms.

**Personal History of (Corrected) Congenital Malformations and Personal History of (Corrected) Certain Conditions Arising in the Perinatal Period**

We support the expansion of codes for personal history of (corrected) congenital malformations and personal history of (corrected) conditions arising in the perinatal period.

**PIK3CA-related Overgrowth Spectrum and Related Disorders**

We support creation of unique codes for Klippel-Trenaunay syndrome and PIK3CA-related congenital anomaly disorder. We recommend an Excludes1 note for PIK3CA-related Klippel-Trenaunay syndrome (proposed new code Q87.210) be added under proposed new code Q87.A, PIK3CA-related congenital anomaly disorder. We would note that Q87.A is identified in the proposal as a new subcategory, but it appears to be a single code rather than a subcategory.

**Postural Orthostatic Tachycardia Syndrome (POTS)**

We support creating a unique code for postural orthostatic tachycardia syndrome. We recommend adding the acronym “POTS” in brackets in the code title.

**Postviral and Related Fatigue Syndromes**

We support the establishment of a unique code for myalgic encephalomyelitis/chronic fatigue syndrome.

**Problems Related to Upbringing**

AHIMA supports the code proposal to identify problems related to upbringing.

**Progressive Collapsing Foot Deformity: Flexible and Rigid**

We support the creation of new subcategories for progressive collapsing foot deformity, flexible and rigid.

**PTEN Hamartoma Tumor Syndrome (PHTS)**

We support creating a unique code for PTEN hamartoma tumor syndrome, but believe there is overlap between the titles of codes Q85.81, PTEN hamartoma tumor syndrome, and Q85.89, Other PTEN hamartoma tumor syndrome. We recommend that one of these code titles be changed so that these codes are clearly distinct. For example, perhaps the title of code Q85.81 should be changed to the inclusion term of “PTEN related Cowden syndrome.”

**Rib Fracture Due to Cardiopulmonary Resuscitation**

We support the establishment of unique codes for fractures associated with chest compression and cardiopulmonary resuscitation.

We also support the suggestion made during the C&M meeting to add “fracture of xiphoid process associated with chest compression and cardiopulmonary resuscitation” as an inclusion term under proposed new code M96.A1.

**Short Stature Due to Endocrine Disorder**

AHIMA supports the expansion of code E34.3, Short stature due to endocrine disorder, to create specific codes for constitutional short stature and genetic causes of short stature.

**Social Determinants of Health**

We support most of the proposed codes for social determinants of health, with the following exceptions and additional recommendations.

We do **not** support the proposed new code Z59.83, Health insurance insecurity. “Health insurance insecurity” is not a common term, and the meaning is not clear. If the intent is to capture the fact that a patient is uninsured or underinsured, the inclusion term of “medical cost burden” is inappropriate because an individual may have health insurance and still have burdensome medical costs. The inclusion term “High deductible health care” is incorrect and should say “High deductible health insurance.” However, this inclusion term is problematic because there are a variety of types of high deductible health insurance plans, and having a high deductible health insurance plan doesn’t necessarily equate to being underinsured. Also, the Excludes2 notes under code Z59.83 do not belong under this code because these concepts are completely unrelated to health insurance insecurity.

We also do not support modifying code Z91.82 to capture both personal history of military service and personal history of military deployment. This modification would change the meaning of an existing code. Personal history of military service and personal history of military deployment are very different concepts and should be classified to separate codes. **We recommend that the current title of code Z91.82 not be changed and that a code proposal for a separate code for personal history of military deployment be brought to a future C&M meeting.** This future proposal should include appropriate instructional notes and inclusion terms to clarify the difference between personal history of military service and personal history of military deployment and to provide guidance regarding the use of the two codes together.

The “Code also” note under codes Z91.118, Patient’s noncompliance with dietary regimen for other reason, and Z91.A18, Caregiver’s noncompliance with patient’s dietary regimen for other reason, should be moved up to the sub-subcategory level (Z91.11- and Z91.A1-), as this note applies to both codes in these sub-subcategories. Additionally, this “Code also” note should be changed to state “Code also, if applicable, food insecurity” to accurately reflect the title of code Z59.41.

Consideration should be given to distinguishing noncompliance due to financial hardship vs. due to other reasons in additional noncompliance codes other than just those included in this code proposal. We recommend the following additional code changes:

- Expansion of code Z91.14 to create new codes for “patient’s other noncompliance with medication regimen due to financial hardship” and “patient’s other noncompliance with medication regimen for other reason;”
- Expansion of code Z91.15 to create new codes for “patient’s noncompliance with renal dialysis due to financial hardship” and “patient’s noncompliance with renal dialysis for other reason;”
- Expansion of proposed new code Z91.A4 to create new codes for “caregiver’s other noncompliance with patient’s medication regimen due to financial hardship” and “caregiver’s other noncompliance with patient’s medication regimen for other reason;”
- Expansion of proposed new code Z91.A5 to create new codes for “caregiver’s noncompliance with patient’s renal dialysis due to financial hardship” and “caregiver’s noncompliance with patient’s renal dialysis for other reason;” and
- Expansion of proposed new code Z91.A9 to create new codes for “caregiver’s noncompliance with patient’s other medical treatment and regimen due to financial hardship” and “caregiver’s noncompliance with patient’s other medical treatment and regimen for other reason.”

We recommend deleting the Excludes1 note under proposed new codes Z91.A2, Caregiver's intentional underdosing of patient’s medication regimen, and Z91.A3, Caregiver’s unintentional underdosing of patient’s medication regimen, as these notes are not applicable because they represent completely unrelated concepts.

The title of code Z91.A4 should be revised to “Caregiver’s other noncompliance of patient’s medical regimen.”

### **Transfusion-Associated Dyspnea (TAD)**

We support the establishment of a unique code for transfusion-associated dyspnea.

### **von Hippel-Lindau Disease**

We support creating a unique code for von Hippel-Lindau syndrome.

### **WHIM Syndrome**

We support the proposal for a new code for WHIM syndrome, with a couple of additional modifications. We recommend that the acronym be spelled out in the code title and the acronym included in brackets.

We also recommend that a “Code also” note be added instructing coding professionals to assign codes for associated manifestations.

### **Addenda**

We support the proposed Addenda modifications, with the following suggested changes or additions:

- The phrase “if appropriate” proposed as an addition to an instructional note under code C61, Malignant neoplasm of prostate, should be changed to “if **applicable**.” “If applicable” is the standard language used in ICD-10-CM.

- We recommend that the Excludes1 note for “eosinophilic asthma” under category J45, Asthma, be deleted instead of changing it to an Excludes2 note. There is already an instructional note under category J45 that states “Use additional code to identify eosinophilic asthma (J82.83).” The Excludes note conflicts with the “Use additional code” note, and so it should be deleted.

Thank you for the opportunity to comment on the proposed new ICD-10-CM codes and other code set modifications being considered for implementation on October 1, 2022. If you have any questions, please feel free to contact Sue Bowman, Senior Director of Coding Policy and Compliance, at (312) 233-1115 or [sue.bowman@ahima.org](mailto:sue.bowman@ahima.org).

Sincerely,

A handwritten signature in cursive script that reads "Wylecia Wiggs Harris".

Wylecia Wiggs Harris, PhD, CAE  
Chief Executive Officer