American Health Information Management Association (AHIMA)
201 West Lake Street, 226
Chicago, Illinois 60606

October 10, 2025

Mady Hue
Technical Advisor
Centers for Medicare and Medicaid Services
CM/TCPG/DCDRG
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Ms. Hue:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the ICD-10-PCS code proposals presented at the September ICD-10 Coordination and Maintenance (C&M) Committee meeting that are being considered for April 1, 2026 implementation.

AHIMA is a global nonprofit association of health information professionals, with over 61,000 members and more than 88,500 credentials in the field. The AHIMA mission of empowering people to impact health® drives its members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Leaders within AHIMA work at the intersection of healthcare, technology, and business, occupying data integrity and information privacy job functions worldwide.

Dilation using Electromechanical Obstetrical Dilator

As a temporary device used during the first phase of labor in order to prepare the pelvic floor muscles for vaginal delivery, we do not believe the electromechanical obstetrical dilator warrants a unique ICD-10-PCS code, unless this device is approved for a New Technology Add-on Payment (NTAP) and thus a unique code is necessary.

Also, if no NTAP application has been submitted yet, we do not believe an April 1, 2026 implementation date is necessary. If a new code is created, we believe an effective date of October 1, 2026 would be appropriate.

If CMS does create a unique code, we recommend that consideration be given to revising the device value to include “obstetrical.” Since the proposed code description does not specify that this code is only to be used for obstetric indications, coding professionals may confuse this device with other devices that are used for non-obstetric purposes (e.g., pessaries). A reference to obstetrics or delivery in the code descriptor would provide clarification on the proper intended usage and application of the code.

Dilation of the Inferior Vena Cava and the Iliocaval Confluence with an Open-Structure Lattice Stent

While AHIMA supports the creation of a new code for dilation of the inferior vena cava and the iliocaval confluence using an open-structure, polymer lattice stent, we do not support an April 1 implementation date. Since no NTAP application has been submitted yet, it is not clear why an April 1 implementation date was requested. We recommend that the new code become effective October 1, 2026.

We also recommend that the proposed body part value be changed to "Inferior Vena Cava" and that the device value be titled "Intraluminal Device, Open Structure Polymer Lattice, Branched." This would capture the confluence in the device value and is similar to the way device values are captured for aortic aneurysm devices in the Restriction tables.

Insertion of a Lumenless Small Diameter Defibrillator Lead

We support the creation of new codes for the insertion of a lumenless, small-diameter defibrillation lead into the right ventricle or the ventricular septum, but we do not support an April 1, 2026 implementation date. Since no NTAP application has been submitted yet, it is not clear why an April 1 implementation date was requested. We recommend that the new codes become effective October 1, 2026.

The proposed new body part for ventricular septum will need to be assigned a different value than "M," as "M" has already been used for left axillary artery in table X2H.

Measurement of Whole-Body Mass Composition

AHIMA does **not** support the creation of an ICD-10-PCS code for analysis of infant body composition using air displacement plethysmography. We believe this procedure is outside the scope of ICD-10-PCS and would not typically be reported in the hospital inpatient setting, especially since no NTAP application is anticipated.

It is not clear why CMS is recommending the creation of a new code in section X, as this procedure does not appear to represent new technology. It was granted class II 510(k) premarket approval by the U.S. Food and Drug Administration in 2004. It is also not clear why a new code is being requested for implementation on April 1, 2026.

Cardiovascular Bypass with Autologous Cell Seeded Tissue Engineered Resorbable Scaffold

While we support the creation of new codes to identify cardiovascular bypass using an autologous cell seeded resorbable scaffold, we do not support an April 1 implementation date. Since no NTAP application is anticipated, it is not clear why April 1, 2026 was requested for implementation of the proposed codes. We recommend the new codes become effective October 1, 2026.

Coding Clinic for ICD-10-CM/PCS should advise coding professionals that bone marrow harvesting is separately coded and not considered part of these new codes.

Intracochlear Administration of DB-OTO

AHIMA does **not** support the creation of new ICD-10-PCS codes for the intracochlear administration of DB-OTO, as the condition this therapy treats is very rare and thus the target patient population is very small. In the topic packet, otoferlin-related hearing loss is described as an "ultra-rare" condition. In the absence of an NTAP necessitating a unique code, we do not believe unique codes should be created for a therapy that treats an extremely rare condition.

If CMS does create unique codes, we recommend that only codes in the Introduction table should be created. Only the substance, not the catheter insertion, represents new technology, so the insertion of the catheter does not belong in section X. We do not believe it is necessary to create separate codes for insertion of the temporary catheter, but if CMS believes this is necessary, we recommend adding the qualifier "temporary" to table 09H for the catheter insertion via open approach. We further recommend that the body parts created in table XW0 should be Inner Ear, Right and Inner Ear, Left, rather than Ear(s).

We also recommend that any new codes become effective October 1, 2026, as it is not clear why April 1, 2026 was requested as the effective date for the proposed codes, since no NTAP application is anticipated.

We do not agree with all of the codes listed under Current Coding in the topic packet. The infusion device is temporary, so it is not appropriate to assign codes for insertion and removal of a device.

Administration of CPI-601

AHIMA does **not** support the creation of new ICD-10-PCS codes for the administration of CPI-601 enzyme replacement therapy, as the condition this therapy treats is very rare and thus the target patient population is very small. In the absence of an NTAP necessitating a unique code, we do not believe unique codes should be created for a therapy that treats an extremely rare condition.

If CMS does create unique codes, we recommend that they become effective October 1, 2026, as it is not clear why April 1, 2026 was requested as the effective date for the proposed codes.

Administration of ZEMAIRA®

While we support the creation of codes for the intravenous administration of alpha1-proteinase inhibitor, we do not support an April 1, 2026 implementation date. Since no NTAP application has been submitted yet, it is not clear why an April 1 implementation date was requested. We recommend that the new code become effective October 1, 2026.

Administration of anitocabtagene autoleucel

AHIMA supports the creation of new ICD-10-PCS codes for the intravenous administration of anitocabtagene autoleucel. However, since an NTAP application has not yet been submitted, we

recommend that the new codes become effective October 1, 2026. It is not clear why an April 1 implementation date was requested.

Addenda and Key Updates

We recommend reconsidering the proposed changes in table 0VT Resection of Male Reproductive System, to identify simple prostatectomies. After further review, we are questioning the proposal to classify simple prostatectomies, where the capsule is intact, as a resection. While the capsule is a fibromuscular band and does not contain prostate tissue, medical literature indicates that it is still considered part of the prostate body part. CMS' cited literature reference for this proposal states "the 'capsule' is made up of a band of concentrically placed fibromuscular tissue that is an inseparable component of the prostatic stroma." Additional literature sources we reviewed stated that "this fibromuscular tissue is an integral part of the prostate itself and is not a separate structure." Therefore, we are concerned about adding simple prostatectomies where the capsule is intact to the Resection table, and thus defining the capsule as not being part of the prostate body part. We are also concerned about the implications for Excision and Resection procedures in other body systems if the prostate body part is defined as narrowly as CMS is proposing.

We acknowledge that it may be worthwhile to distinguish in healthcare data instances when the prostate capsule is the only part remaining from cases when there is residual prostate tissue. **We recommend adding a qualifier to table 0VB Excision of Male Reproductive System**, to identify circumstances when the capsule is the only part of the prostate that was not removed, with guidance provided in the *ICD-10-PCS Official Guidelines for Coding and Reporting* or *Coding Clinic for ICD-10-CM/PCS* that this qualifier should only be used when the capsule is intact and no residual prostate tissue remains.

AHIMA supports the remaining proposed ICD-10-PCS Index and Table Addenda modifications and Key updates.

Thank you for the opportunity to comment on the proposed ICD-10-PCS modifications being considered for April 1, 2026 implementation. **We recommend that requesters be asked to provide a justification for requesting April 1 implementation**, as it is often not clear from the code proposal why the proposed code(s) are necessary prior to October 1 of the following year, especially if no NTAP application has been submitted. 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.

Sincerely,

Lauren Riplinger, JD
Chief Public Policy and Impact Officer