



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

October 10, 2025

Captain Monica Leonard
Team Lead, Classification and Informatics Standards
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Captain Leonard:

The American Health Information Management Association (AHIMA) respectfully submits the following comments on the ICD-10-CM code proposals presented at the September ICD-10 Coordination and Maintenance (C&M) Committee meeting and 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.

Addenda

AHIMA does not support the following proposed changes from Excludes1 to Excludes2 notes:

A09 Infectious gastroenteritis and colitis, unspecified

We recommend that the Excludes1 note for “diarrhea NOS (R19.7)” not be changed to an Excludes2 note. Per the *ICD-10-CM Official Guidelines for Coding and Reporting*, signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes. We are concerned that changing this Excludes1 note to an Excludes2 note would result in incorrect coding of diarrhea with infectious gastroenteritis and colitis.

E29.1 Testicular hypofunction

We recommend that the Excludes1 note for “postprocedural testicular hypofunction (E89.5)” not be changed to an Excludes2 note. The definition of an Excludes2 note states that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same

time. Testicular hypofunction is represented by both codes, and adding code E29.1 in conjunction with code E89.5 does not provide any additional information. Also, the Excludes1 note under code E29.1 is consistent with the Excludes1 note for “postprocedural ovarian failure (E89.4-)” under category E28, Ovarian dysfunction.

E55.0 Rickets, active and E83.3 Disorders of phosphorus metabolism and phosphatases

We disagree with changing the Excludes1 note under code E55.0 and subcategory E83.3 to an Excludes2 note. The circumstances under which these codes would appropriately be assigned together is not clear.

G43 Migraine

AHIMA recommends that the Excludes1 note for “headache NOS (R51.9)” not be changed to an Excludes2 note. The intent of this proposed change is not clear. If a patient has a headache that is associated with a migraine, only the migraine code should be assigned and code R51.9 should not be assigned. As stated in the *ICD-10-CM Official Guidelines for Coding and Reporting*, signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes. We are concerned that an Excludes2 note would be confusing and misinterpreted as allowing a headache associated with a migraine to be coded separately from the migraine.

If the medical record documentation supports that the patient has both a migraine and a headache that is due to a different underlying cause, the headache may be coded separately if it is not routinely associated with the underlying disease process. In that case, a code for the headache may be additionally assigned per the official coding guideline allowing exceptions to the Excludes1 definition when the two conditions are unrelated to each other.

I06 Rheumatic aortic valve diseases

We recommend that the Excludes1 note for “aortic valve disease not specified as rheumatic (I35.-)” not be changed to an Excludes2 note. It would be inappropriate to report codes for rheumatic and nonrheumatic aortic valve disorders together, as these are mutually exclusive categories. Similarly, there are also Excludes1 notes under categories for rheumatic and nonrheumatic mitral valve diseases (I05, I34), and under categories for rheumatic and nonrheumatic tricuspid valve diseases (I07, I36), that prohibit reporting codes from these two categories together.

We recognize that there is already a corresponding Excludes2 note under category I35 for “aortic valve disorder specified as rheumatic (I06.-).” **We recommend that this Excludes2 note be changed to an Excludes1 note**, for the same reason noted above – an aortic valve disorder cannot be both rheumatic and nonrheumatic.

I11.0 Hypertensive heart disease with heart failure

AHIMA disagrees with the proposal to change the instructional note under code I11.0 that states “Use additional code to identify type of heart failure (I50.-)” to a “code also” note. The hypertensive heart disease with heart failure code should be sequenced first, and the type of heart failure (I50.-) should be assigned as an additional code.

Also, the proposed change would conflict with other notes in the classification that are not being proposed to change. For example, the instructional note under category I50 states “Code first heart failure due to hypertension (I11.0). Instructional notes under codes in category I13, Hypertension heart and chronic kidney disease state that an additional code should be assigned to identify the type of heart failure (I50.-).

We recommend that the existing “use additional code” note under code I11.0 be retained.

K52.9 Noninfective gastroenteritis and colitis, unspecified

We recommend that the Excludes1 note for “infectious gastroenteritis and colitis (A09)” not be changed to an Excludes2 note. It seems highly unlikely that a patient would simultaneously have infectious and noninfectious gastroenteritis and colitis. Retaining the Excludes1 note helps to prevent miscoding. Also, there is a corresponding Excludes1 note for “noninfective gastroenteritis and colitis, unspecified (K52.9)” under code A09 that would conflict with this proposed change.

We also recommend that the Excludes1 note for “diarrhea NOS (R19.7)” not be changed to an Excludes2 note. This proposed change is confusing and could lead to miscoding because it could be interpreted as allowing a symptom of diarrhea to be separately coded when it is due to the disease process described by code K52.9. As stated in the *ICD-10-CM Official Guidelines for Coding and Reporting*, signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes.

If the diarrhea is due to a different specified cause, and is separately codable because it is not associated routinely with the underlying disease process, the official coding guideline regarding exceptions to the Excludes1 definition would allow the diarrhea to be separately coded without changing the Excludes1 note.

N87 Dysplasia of cervix uteri

We recommend that the Excludes1 notes not be changed to Excludes2 note. When a definitive diagnosis of mild or moderate cervical dysplasia has been established, codes N87.0, Mild cervical dysplasia, and N87.1, Moderate cervical dysplasia, should be assigned instead of codes in subcategory R87.61, Abnormal cytological findings in specimens from cervix uteri. Also, it is not clear why this Excludes1 note is being singled out when there are related or similar Excludes1 notes that are not being proposed to be changed to Excludes2 notes. For example, a corresponding Excludes1 note at subcategory R87.61 for

“dysplasia (mild) (moderate) of cervix uteri (histologically confirmed) (N87.-)” indicates that only a code for the definitive diagnosis of mild or moderate dysplasia should be assigned. Similar Excludes1 notes under category D06 and subcategory R87.6 indicate that a code for abnormal cytological findings should not be assigned with a code for carcinoma in situ of the cervix. There are also multiple additional examples of Excludes1 notes indicating that codes for abnormal cytological findings or abnormal histological findings should not be assigned with codes that describe a histologically confirmed diagnosis of the same anatomic site.

Pregnancy, childbirth and the puerperium (O00-O9A)

We recommend that the Excludes1 note for “supervision of normal pregnancy (Z34.-)” not be changed to an Excludes2 note. Codes in chapter 15 may not be used in conjunction with codes from category Z34. The *ICD-10-CM Official Guidelines for Coding and Reporting* state “For routine outpatient prenatal visits when no complications are present, a code from category Z34, Encounter for supervision of normal pregnancy, should be used as the first-listed diagnosis. These codes should not be used in conjunction with chapter 15 codes.” The guidelines also state “Codes in category Z34, Encounter for supervision of normal pregnancy, are always first listed and are not to be used with any other code from the OB chapter.”

R52 Pain, unspecified

We recommend not changing the Excludes1 for “joint pain (M25.5-)” to an Excludes2 note. If a patient has both joint pain and generalized pain (which is classified to code R52), the official coding guideline regarding exceptions to the Excludes1 definition, allowing the reporting of both codes when the conditions are unrelated to each other, can be applied.

Also, it is not clear why joint pain is being singled out in the Excludes1 note under code R52. There are a number of other types of pain listed in this Excludes1 note that could also presumably occur in conjunction with generalized pain.

Z01.41 Encounter for routine gynecological examination and Z12.4 Encounter for screening for malignant neoplasm of cervix

We disagree with changing the Excludes1 note under sub-subcategory Z01.41 to an Excludes2 note because the note states “screening cervical pap smear not a part of a routine gynecological examination (Z12.4).” If the screening cervical pap smear is not part of a routine gynecological examination, it does not make sense to report the code for encounter for routine gynecological examination as an additional code.

We also disagree with changing the Excludes1 note under code Z12.4 to an Excludes2 note because this note states “when screening is part of general gynecological examination (Z01.4-).” Similar to our comment above, it does not make sense to assign code Z12.4 in addition to the code for the encounter

for routine gynecological examination when the note indicates that sub-subcategory captures both the screening and the routine examination.

If the intent is to capture the cervical screening separately from the gynecological examination, since a cervical screening is not always performed whenever a routine gynecological examination is performed, the notes need to be revised. The proposed Excludes2 note under sub-subcategory Z01.41 should state “screening cervical pap smear (Z12.4)” and the proposed Excludes2 note under code Z12.4 should state “routine gynecological examination (Z01.4-).” These revisions would clarify that the intent is to capture the screening cervical pap smear separately from a routine gynecological examination, even when both are performed during the same encounter.

Z34 Encounter for supervision of normal pregnancy

The Excludes1 note for “any complication of pregnancy (O00-O9A)” should be retained and not changed to an Excludes2 note. As indicated above, codes in chapter 15 and category Z34 should not be assigned together.

We support the remaining proposed ICD-10-CM Addenda modifications being considered for an April 1, 2026 effective date.

Thank you for the opportunity to comment on the proposed ICD-10-CM Addenda modifications being considered for April 1, 2026 implementation. 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