American Health Information Management Association (AHIMA)
35 W. Wacker Dr., 16th Floor
Chicago, IL 60601

November 15, 2024

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 October 1, 2025 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.

Abnormal rheumatoid factor or anti-citrullinated protein antibody without rheumatoid arthritis

AHIMA supports the revised code proposal for abnormal rheumatoid factor and anti-citrullinated protein antibody without rheumatoid arthritis.

Amyloid-Related Imaging Abnormalities

We support the creation of one code for amyloid-related imaging abnormalities rather than the extensive code expansion that was proposed at the C&M meeting. We do not believe it is necessary to distinguish whether the amyloid-related imaging abnormalities are symptomatic or not, nor do we believe the level of clinical detail in the proposed sub-subcategory is necessary. We also do not believe that medical record documentation would generally support the proposed level of clinical detail.

We recommend that consideration be given to creating a new code for amyloid-related imaging abnormalities in the section titled “Abnormal findings on diagnostic imaging and in function

studies, without diagnosis (R90-R94)" in chapter 18, as this section specifically captures imaging abnormalities.

An instructional note to "code first Alzheimer's disease (G30)" should be added under the new code for amyloid-related imaging abnormalities, since a "use additional code" note is being proposed under code G30.

The proposed "use additional code, if applicable" note for associated symptoms should be a "code also" note, as the reason for the encounter/admission might be the symptoms. It would also be helpful to include some examples of associated symptoms in this instructional note.

Baked Egg Tolerance in Egg Allergy

We support the revised code proposal for egg allergies involving tolerance or reactivity to baked eggs.

Baked Milk Tolerance in Milk Allergy

We support the revised code proposal for milk allergies involving tolerance or reactivity to baked milk.

Blast Overpressure

We support the creation of new subcategories for blast overpressure in war and military operations.

CACNA1A-Related Neurodevelopmental Disorder

We support the creation of a new code for CACNA1A-related neurodevelopmental disorder in the newly-proposed section for genetic disorders, not elsewhere classified, in chapter 17.

CTNNB1 Syndrome

While AHIMA supports the proposal for a unique code for CTNNB1 syndrome, we recommend that consideration be given to creating this code in newly-proposed category QA0, Neurodevelopmental disorders related to specific genetic pathogenic variants. Since this syndrome is described in the C&M materials as a severe neurodevelopmental disorder caused by disruption to the Beta-catenin (CTNNB1) gene, it is not clear why the proposed code would not appropriately fit in category QA0.

If a new code for CTNNB1 syndrome is created in subcategory Q87.8, Other specified congenital malformation syndromes, not elsewhere classified, as proposed, the proposed "code also" note would conflict with the existing "use additional code" note under category Q87. Instructional notes at the code level should be consistent with instructional notes at the category

level. Therefore, the instructional note under the proposed new code for CTNNB1 syndrome should be a "use additional code" note to be consistent with the instructional note under category Q87. Or, since there is already an instructional note at category Q87 indicating that additional code(s) should be assigned to identify associated manifestations, a similar instructional note is not necessary under proposed new code Q87.88.

Demodex Blepharitis

While we support the code proposal to create codes to capture demodex blepharitis, we recommend that that the inclusion term for "dermatitis due to Demodex species" under proposed new code B88.09, Other acariasis, be deleted or revised because it could cause confusion. This inclusion term sounds like it belongs under proposed new code B88.01, Infestation by Demodex mites, rather than under code B88.09.

Disorders of Pyrophosphate Metabolism

We support the creation of a new sub-subcategory for disorders of pyrophosphate metabolism.

Ectopic Pregnancies

We support the proposed addition of new ectopic pregnancy codes.

Encounter for Prophylactic Removal of Fallopian Tube(s) for Persons with No Known Genetic/Familial Risk Factors

We support the revised code proposal for encounter for prophylactic removal of fallopian tube(s) with no known genetic/familial risk factors.

We recommend that Excludes2 notes be added under subcategories Z40.0, Encounter for prophylactic surgery for risk factors related to malignant neoplasms, and Z40.8, Encounter for other prophylactic surgery. An Excludes2 note should be added under subcategory Z40.0 to refer to the new Z40.8 codes for encounter for prophylactic surgery without known risk factors. An Excludes2 note should be added under subcategory Z40.8 to refer to the Z40.0 codes for encounter for prophylactic surgery for risk factors related to malignant neoplasms.

Exposure to Diethylstilbestrol (DES)

AHIMA supports the establishment of new codes to capture personal and family history of DES exposure.

The addition of instructional notes or inclusion terms under the new codes would be helpful in clarifying the circumstances each of the new codes is intended to capture.

Fontan Physiology

We support the creation of a new sub-subcategory for Fontan related circulation.

FOXG1 Syndrome

We support the creation of a unique code for FOXG1 syndrome in category QA0.

We recommend that code G93.45, Developmental and epileptic encephalopathy, be added to the proposed "code also" note under category QA0.

Genetic Neurodevelopmental Disorders

We support creation of a separate category for genetic neurodevelopmental disorders in chapter 17.

We do not support the alternative option for SLC6A1-related disorders. We prefer to classify this disorder in category QA0 with other neurodevelopmental disorders related to specific genetic pathogenic variants.

Given the increasing number of code proposals for genetic disorders, we recommend that the National Center for Health Statistics establish a standardized approach for classifying genetic disorders, including determination of an appropriate and consistent level of specificity for inclusion in ICD-10-CM.

Hao-Fountain Syndrome

We support the creation of a unique code for Hao-Fountain syndrome, but we recommend that consideration be given to locating this code in proposed new category QA0, Neurodevelopmental disorders related to specific genetic pathogenic variants, rather than in category Q87, Other specified congenital malformation syndromes affecting multiple systems. We understand that a code for Hao-Fountain syndrome is being proposed in subcategory Q87.8 in category Q87 because another condition of similar pathology, MED13L syndrome, is located in this category. Since subcategory Q87.8 is "Other specified congenital malformation syndromes, not elsewhere classified," category QA0 would be a more specific location for the new code for Hao-Fountain syndrome.

Homozygous Familial Hypercholesterolemia

We support the proposed new codes for heterozygous and homozygous familial hypercholesterolemia.

Hypothalamic Obesity

AHIMA does **not** support the proposed new codes for hypothalamic obesity. Existing code E88.82, Obesity due to disruption of MC4R pathway, can be used for this type of obesity. While a proposed Excludes1 note under the proposed new sub-subcategory for hypothalamic obesity suggests code E88.82 is only for obesity due to genetic metabolic disorder disrupting MC4R pathway, the title of code E88.82 is not limited to genetic metabolic disorders disrupting MC4R pathway.

The proposed codes for hypothalamic obesity distinguished by the underlying cause represent an unnecessary level of clinical detail and are very confusing. The cause, such as whether the hypothalamic obesity is due to a neoplasm, or follows removal of a neoplasm, or follows radiation therapy treatment for a neoplasm, may not be clearly documented. We do not believe it is necessary to capture hypothalamic obesity according to the differences in the underlying cause.

The "use additional code" notes under the proposed new codes for hypothalamic obesity due to neoplasm or following removal of the neoplasm or radiation therapy are also confusing, as these conditions may represent the reason for the encounter and thus should be allowed to be sequenced first. Also, we recommend examining if the "use additional code" note under code E23.310, Hypothalamic obesity following traumatic injury to the hypothalamus, should be limited to the traumatic injury sequela codes.

As stated above, **we recommend that code E88.82 be assigned for hypothalamic obesity**. If this approach is not acceptable, then establishment of a single code for hypothalamic obesity could be considered, with modification of code E88.82 so that it does not overlap with the new code.

Immune Complex-mediated Membranoproliferative Glomerulonephritis (IC-MPGN)

We support the proposed new codes for immune complex-mediated membranoproliferative glomerulonephritis.

Inflammatory Breast Cancer

We support the proposal to create new codes for inflammatory breast cancer.

We do not agree with a suggestion made during the C&M meeting to consider differentiating inflammatory breast cancer in the female and male breast. We do not believe this differentiation is necessary because the presenter indicated inflammatory breast cancer is extremely rare in men.

Kabuki Syndrome

We support the creation of a new code for Kabuki syndrome, but we recommend that the code be created in subcategory Q87.8, Other specified congenital malformation syndromes, not elsewhere classified, rather than Q89.8, Other specified congenital malformations.

Ledderhose Disease/Plantar Fibromatosis & Plantar Fasciitis

While we support creating new codes to distinguish plantar fasciitis from plantar fascial fibromatosis, we disagree with creating separate subcategories for plantar fasciitis of the heel and foot. The heel is part of the foot, so creating different subcategories for heel and foot creates anatomic overlap in the codes. It is not clear why specific codes for the heel are needed. We recommend creating one subcategory for plantar fasciitis of the foot (with codes distinguishing laterality). If it is necessary to distinguish plantar fasciitis of the heel from other parts of the foot, then a single subcategory for plantar fasciitis of the foot should be created with distinct codes for heel and "other parts of foot."

Limb Girdle Muscular Dystrophies (LGMD) Subtype 2I/R9

We support the creation of a unique code for LGMD 21.

Leukocyte Adhesion Deficiency Type I (LAD-I)

We support the modified code proposal to create a code for leukocyte adhesion deficiency.

Lipedema and lipolymphedema

We support the creation of a new sub-subcategory to identify the stages of lipedema, but we do **not** support the creation of a new sub-subcategory for the lipedema phenotype. The addition of codes to capture the lipedema phenotype as well as the stage is an unnecessary and excessive level of specificity.

We do not support the creation of a specific code for idiopathic lymphedema. Code I89.0, Lymphedema, not elsewhere classified, should be assigned for idiopathic lymphedema.

Based on the new information provided in the September 2024 C&M materials, we do not agree with the addition of an inclusion term for stage 4 lipedema under proposed new code I89.A, Lipolymphedema. These materials indicate that, while lipolymphedema is also called stage 4 lipedema in some published literature, the use of "stage 4" is confusing because lymphedema is not a stage of lipedema, and lymphedema can happen at any stage of lipedema. This explanation is different than the information provided when this proposal was first presented in September 2020. At that time, it was suggested that stage 4 lipedema and lipolymphedema were synonymous terms, which is why AHIMA recommended at that time that stage 4 lipedema be added as an inclusion term under the code for lipolymphedema. Based on the new information

provided at the September 2024 C&M meeting, we no longer believe it would be appropriate to add stage 4 lipedema under proposed new code I89.A and that doing so would be clinically inaccurate and cause confusion.

As noted above, we do not support creating codes for the lipedema phenotype. However, if NCHS decides to move forward with these codes, the instructional notes under one of the proposed new sub-subcategories for lipedema stage and lipedema phenotype need to be modified because they conflict. The "code also" note under proposed sub-subcategory E88.83, Lipedema, indicates that either a code from sub-subcategory E88.83 or a code from sub-subcategory E88.8A, Lipedema phenotype, may be sequenced first. However, the instructional note under sub-subcategory E88.8A is a “code first” note, meaning that a code from sub-subcategory E88.83 must be sequenced before a code from sub-subcategory E88.8A.

Lipodystrophy

AHIMA supports the proposal to establish new codes that distinguish between the subtypes of lipodystrophy.

We recommend that either an additional new code for “lipodystrophy, unspecified” be created or the title of proposed new code E88.19 be changed to “other and unspecified lipodystrophy.” “Lipodystrophy NOS” is being proposed as an inclusion term under code E88.19, but the proposed title of this code is “Other lipodystrophy, not elsewhere classified,” which does not include the concept of “unspecified.”

Lynch Syndrome

We recommend that only one ICD-10-CM code be created for Lynch syndrome rather than creating several codes that identify the responsible gene. While we understand the cancer risks vary by gene, ICD-10-CM is a classification system and we do not believe this level of detail is appropriate for a classification system. We are also concerned that this level of gene specificity is not sustainable within the structure of ICD-10-CM in the long-term, given the ongoing expansion in the number of genetic disorders.

It was suggested during the C&M meeting that a code for Lynch syndrome could be assigned in conjunction with a Z code for genetic susceptibility to malignant neoplasm. We believe this would be redundant since Lynch syndrome by definition causes genetic susceptibility to malignant neoplasms.

Multiple Sclerosis Phenotypes

We support the modified proposal to expand codes for multiple sclerosis to identify the phenotype.

Neovascular Glaucoma

We support the proposed new codes for neovascular glaucoma.

Nipple Ischemia and Nipple Necrosis

Since nipple ischemia and nipple necrosis are post-surgical in nature, we recommend that new codes be created in subcategory N99.8, Other intraoperative and postprocedural complications and disorders of genitourinary system. This would be consistent with advice regarding skin necrosis at mastectomy site published in the Third Quarter 2017 issue of *Coding Clinic for ICD-10-CM/PCS*.

Subcategory N64.5, Other signs and symptoms in breast, is not an appropriate location for the new codes because nipple ischemia and nipple necrosis are not signs/symptoms.

Odontogenic Sinusitis

We support the creation of new codes for odontogenic sinusitis. Since proposed new sub-subcategory J34.82 is already being used for nasal valve collapse (effective October 1, 2024), a different sub-subcategory will need to be created for odontogenic sinusitis.

Postprocedural Open Deep Wound Without Disruption

While we support the creation of a new code to capture an intended postprocedural state where the surgical wound is deliberately left open, to be closed at a later time, we are concerned that the proposed code title doesn't clearly describe the circumstances this code is intended to capture. The code might also be misinterpreted as including wounds left open to heal by secondary intention. The proposed inclusion term "postprocedural temporary open surgical wound" might be a clearer code title.

Primary Progressive Apraxia of Speech

We support the creation of a new code for primary progressive apraxia of speech.

Skin Changes Due to Skin Failure

We support the creation of new codes for skin changes due to skin failure. However, we are concerned that the term "skin changes" in the proposed code titles is more likely to be documented as part of a nursing diagnosis than a provider diagnosis, thus making it difficult to assign the correct code based only on provider documentation. We recommend that *the ICD-10-CM Official Guidelines for Coding and Reporting* be revised to allow acute/chronic/end-stage skin changes to be based on documentation from clinicians other than the patient's provider, as long as the provider has documented a diagnosis of skin failure.

In each of the proposed new sub-subcategories, an "unspecified" code should also be created.

Index entries for the new codes should indicate the default when the skin changes are not specified in medical record documentation as acute, chronic, or end-stage.

Instructional notes should be added to provide guidance on the use of the new codes in conjunction with codes for pressure ulcers at the same anatomic site.

Topical Steroid Withdrawal

We believe that topical steroid withdrawal syndrome should be coded as a sequela of topical steroid use. Rather than creating a new code, we recommend assigning an existing dermatitis code for the residual effect, followed by code T49.0X5S, Adverse effect of local antifungal, anti-infective and anti-inflammatory drugs, sequela.

If NCHS prefers to create a unique code, we recommend that the code title be changed to "Chronic dermatitis following topical steroid use." The term "steroid-induced" in the proposed code title is not accurate because the condition occurs after the use of topical steroids has stopped. The "use additional code" should be revised to specify the use of the sequela 7th character for the adverse effect code (code T49.0X5S).

Type 2 Diabetes Mellitus in Remission

We support the creation of a new code for type 2 diabetes mellitus without complications in remission.

We recommend that an Excludes1 note referencing the new code be added under code E11.9, Type 2 diabetes mellitus without complications.

Usher Syndrome

We support the creation of new codes for Usher syndrome.

It is not clear what types of Usher syndrome would be classified to the proposed code for "other Usher syndrome," since unique codes are being proposed for each of the three clinical types and no other type of Usher syndrome was described in the C&M materials. We recommend that inclusion terms be added under the code for "other Usher syndrome" to clarify the use of this code.

Utility Insecurity

AHIMA supports the proposed ICD-10-CM code modifications to address the concept of utility insecurity.

Xylazine-associated Wounds

We support the proposed new codes to capture xylazine-associated wounds.

"Other psychoactive substance dependence with withdrawal (F19.23-)" does not belong under the "Use additional code(s) for all associated manifestations" note under the proposed new sub-subcategory T65.84, Toxic effect of xylazine. Psychoactive substance dependence with withdrawal is not a manifestation of the toxic effect of xylazine. An instructional note for psychoactive substance dependence would need to be a "code also" note and would need to include all applicable substance use/abuse/dependence codes, not just the subcategory for "substance dependence with withdrawal." However, **we do not believe any instructional note for psychoactive substance abuse or dependence is necessary**, as coding professionals would know that any documented substance use/abuse/dependence should be coded in addition to the toxic effect xylazine.

To clarify that use/abuse/dependence involving xylazine is classified to the F codes for "other psychoactive substance," xylazine should be added to the ICD-10-CM Index.

We do not believe it is necessary to create new codes for non-pressure chronic ulcer of groin. We recommend that non-pressure chronic ulcer of groin be indexed to the proposed new codes for non-pressure chronic ulcer of abdomen, which would be consistent with the classification of other conditions involving the groin when there is a specific code for groin.

We recommend indexing non-pressure chronic ulcer of hip to existing codes for the lower leg and/or adding non-pressure chronic ulcer of hip as an inclusion term. We do not believe it is necessary to create unique codes for non-pressure chronic ulcer of hip.

Addenda

Since the Excludes1 notes under codes D68.61, Antiphospholipid syndrome, and D68.62, Lupus anticoagulant syndrome, that reference code D68.312, Antiphospholipid antibody with hemorrhagic disorder, are being proposed to be changed to Excludes2 notes, the corresponding Excludes2 notes under code D68.312 that reference codes D68.61 and D68.62 should also be changed to Excludes2 notes for consistency.

The proposed instructional note revision under code E35, Disorders of endocrine glands in diseases classified elsewhere, that would change the "use additional code" note for sequelae of tuberculosis of other organs (B90.8) to a "code first" note is incorrect. The sequelae code cannot be sequenced first. The code for the residual effect should be sequenced first.

The proposed change in the Excludes1 note under code H53.03, Strabismic amblyopia, should presumably be shown as a change to an Excludes2 note, not a change to an Excludes1 note.

The proposed revision to the Index entry for Apophysitis, calcaneus has already been implemented, effective October 1, 2024.

On page 155, the Index entry for "thalassemia with priapism" should indicate code D57.418 rather than code D57.438.

The proposed revisions of the Index entries for Dysfunction, sexual, alcohol, in abuse, and in dependence, are incorrect. These Index subentries are actually under Dysfunction, sexual, **amphetamine** (not alcohol), so it would not be correct to change the codes as shown in the proposed Addenda.

We support the remaining proposed Tabular and Index Addenda modifications being considered for October 1, 2025 implementation.

Thank you for the opportunity to comment on the ICD-10-CM code proposals being considered for October 1, 2025 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