



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

October 8, 2026

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 Fall 2026 ICD-10-PCS code proposals being considered for April 1, 2027 implementation.

AHIMA is a global nonprofit association of health information (HI) 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 our 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.

Extracorporeal Interstitial Fluid Removal

AHIMA does **not** support creating a new ICD-10-PCS code for hyperthermia using a wearable garment with an integrated control system for extracorporeal interstitial fluid removal. The treatment is already reportable using existing hyperthermia codes. The proposed Qualifier value (option 2 as recommended by CMS) would distinguish the garment and control system used to deliver the treatment, rather than identify a distinct procedure. The intended result of promoting fluid loss through sweating does not, by itself, establish a need for a code specific to this technology.

Identifying the use of this system could add administrative burden for coding professionals, who may need to review portions of the medical record they would not ordinarily consult to assign procedure codes. If CMS needs to track use of this technology specifically, AHIMA encourages CMS to consider whether electronic clinical or product data could capture that information more reliably and efficiently.

Transcutaneous Spinal Cord Stimulation

While we support the creation of a new code for transcutaneous spinal cord stimulation for restoration of voluntary motor function following spinal cord injury, we do not believe Other Procedures, Nervous System, as proposed in option 3, is the correct table. This technology is described as a neuromodulation system that is used in rehabilitation therapy. Regardless of whether the code is placed in section X or section F, we believe Rehabilitation, Motor Treatment is the appropriate table heading.

Transfusion of Cryopreserved Organ Donor-derived Bone Marrow

We support the creation of new codes in section X to identify the transfusion of cryopreserved organ donor-derived bone marrow.

Sirolimus-Eluting Balloon Catheter for Percutaneous Coronary Intervention

We support creating new codes to describe the use of a sirolimus-eluting balloon catheter during percutaneous coronary intervention (PCI) but **recommend placing them in a section X table for Dilation rather than Introduction**. Alternatively, a new qualifier value could be added to Medical and Surgical section table 027, Dilation of Heart and Great Vessels, for use with the coronary artery body part values.

The information accompanying the code proposal does not clearly explain how balloon angioplasty performed to dilate the target vessel and prepare the lesion has an objective separate and distinct from treatment with the sirolimus-eluting balloon catheter. The procedure description identifies the use of a non-drug-coated balloon angioplasty catheter as preparation for lesion treatment. We do not believe that lesion preparation alone establishes a separate and distinct objective in ICD-10-PCS. The materials also do not explain why drug-coated balloons are classified differently in peripheral and coronary vessels. Drug-coated balloons used in peripheral vessels are represented by qualifier values in the Dilation tables rather than classified under the root operation Introduction.

For these reasons, we believe the root operation Dilation most appropriately captures treatment of coronary in-stent restenosis using a sirolimus-eluting balloon catheter. In the absence of a clearly separate and distinct objective, the non-drug-coated balloon angioplasty performed to prepare the lesion for delivery of the sirolimus-eluting balloon catheter should not be coded separately.

Insertion of Brain Computer Interface Device

AHIMA supports the creation of new ICD-10-PCS codes to identify the insertion of a brain computer interface implant.

Fragmentation of Carotid Arteries

We support creating codes to describe intravascular lithotripsy of the carotid arteries but recommend placing them in table 03F, Fragmentation of Upper Arteries, rather than in section X. This procedure represents a new application of an established technology. Accordingly, the codes should be incorporated into the existing table that captures intravascular lithotripsy in other upper arteries.

Computer-aided Detection and Notification of Whole-Body Positioning Status using Wireless Sensor

We do **not** support creating a unique ICD-10-PCS code for computer-aided detection and notification of whole-body positioning status using a wireless sensor. This technology supports routine patient monitoring and positioning as part of nursing care. Its use does not represent a distinct procedure that warrants separate reporting in ICD-10-PCS.

Addenda and Reference Key Updates

Coronary Vessel Plaque Modification during Percutaneous Coronary Intervention (PCI)

AHIMA recommends that CMS defer the proposed Addenda change creating qualifier values for specialty balloons used during percutaneous coronary intervention (PCI) and present it at a future meeting as a standalone procedure code topic. The information included in the Addenda is insufficient to fully evaluate the proposal. The complexity and significance of this proposal warrant a more comprehensive explanation and discussion, including a clinical presentation.

The materials do not adequately explain why each type of specialty balloon requires a unique qualifier value or why existing codes are insufficient. CMS states that coronary vessel plaque modification for lesion preparation using cutting, scoring, or super high-pressure balloons has a distinct surgical objective. However, the materials do not clearly identify that objective or explain how it differs from the objective of conventional balloon angioplasty. The materials also do not explain whether or how the specific type of specialty balloon used is documented in electronic health records, or whether that

documentation would enable coding professionals to distinguish among balloon types and assign the appropriate qualifier value.

If additional qualifier values are warranted, CMS should clarify which root operation best describes the procedure. The term “plaque modification” does not clearly convey how the procedure aligns with the root operation Dilation. The C&M materials describe specialty balloons as “specialized catheters designed to reshape, fracture, or modify hard, fibrotic, or calcified plaque in coronary arteries prior to stent placement.” This description raises questions about whether Dilation is the appropriate root operation or whether Extirpation or Fragmentation would more accurately capture procedures involving some or all of these specialty balloons. A clinical presentation would help clarify the mechanism, objective, and appropriate classification of these procedures.

CMS should also reconcile apparently conflicting coding advice within the topic packet. The Addenda materials state that conventional balloon angioplasty performed to prepare lesions before stent delivery or use of a drug-coated balloon is not coded separately under ICD-10-PCS Guideline B3.1.b. In Topic #09 (Sirolimus-Eluting Balloon Catheter for Percutaneous Coronary Intervention), however, CMS advises separately coding non-coated balloon angioplasty performed to dilate the target vessel and prepare the lesion for balloon delivery of sirolimus. CMS should explain the distinction that supports separate reporting in one circumstance but not the other.

For these reasons, AHIMA does not support finalizing the proposal as presented. We recommend reconsideration as a standalone procedure code topic after these clinical and coding questions have been addressed and stakeholders have had an opportunity to review and comment on the additional information.

We support the remaining proposed Addenda and Reference Key updates.

Administration of cefepime-zidebactam

We do **not** support the creation of unique codes for the intravenous administration of cefepime-zidebactam. We believe the existing codes for introduction of “other anti-infective,” as described under Current Coding, are adequate.

AHIMA recognizes the value of identifying specific drugs administered during inpatient care, including for New Technology Add-on Payment (NTAP) purposes. However, we do not support creating a unique ICD-10-PCS code when its primary purpose would be to identify a particular drug rather than a meaningful distinction in the procedure performed. A standardized drug terminology or identification system, such as National Drug Codes (NDCs), is better suited to identifying individual pharmaceutical products.

CMS's own Section X updates presented in C&M Committee materials show that many previously created drug-specific codes have low or no reported utilization in Medicare MedPAR data. These findings raise questions about whether the information gained justifies the resources required to create, maintain, implement, and assign these codes.

Requiring coding professionals to locate documentation of administration and manually assign codes for individual drugs adds administrative burden and is not a sustainable approach as new drugs enter the market. We encourage CMS to pursue a reporting mechanism that uses standardized drug identifiers and existing electronic pharmacy, medication administration, or charge capture data to identify these products more reliably and efficiently.

Administration of tanruprubart

For the reasons stated above, we do not support the creation of unique codes for the intravenous administration of tanruprubart. We believe the existing codes for introduction of "other therapeutic monoclonal antibody," as described under Current Coding, are adequate.

Administration of ristoglogene autogetemcel

For the reasons stated above, we do **not** support the creation of unique codes for the intravenous administration of ristoglogene autogetemcel (risto-cel). We believe the existing codes for transfusion of "autologous hematopoietic stem/progenitor cells, genetically modified," as described under Current Coding, are adequate.

Administration of mivocabtagene autoleucel

For the reasons stated above, we do not support the creation of unique codes for the intravenous administration of mivocabtagene autoleucel (miv-cel). We believe the existing codes for introduction of "autologous engineered chimeric antigen receptor T-cell immunotherapy," as described under Current Coding, are adequate.

Administration of imlifidase

For the reasons stated above, we do **not** support the creation of unique codes for the intravenous administration of imlifidase. We believe the existing codes for introduction of "other therapeutic substance," as described under Current Coding, are adequate.

Thank you for the opportunity to comment on the ICD-10-PCS code proposals being considered for April 1, 2027 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,

A handwritten signature in blue ink, appearing to read "Lauren Riplinger", is displayed on a light gray rectangular background.

Lauren Riplinger, JD
Chief Public Policy and Impact Officer