

American Health Information Management Association (AHIMA)
201 West Lake Street, 226
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April 17, 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 Spring 2026 ICD-10-PCS code proposals being considered for October 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.

Use of ICD-10-PCS to Identify New Technologies

While we recognize the need to specifically identify new technologies for New Technology Add-on Payments (NTAPs), we are concerned that differences in ICD-10-PCS device and substance value descriptions are becoming increasingly nuanced, resulting in device values that sound very similar, and making it difficult and time-consuming for coding professionals to assign the correct code. The current process is inefficient, administratively burdensome, and error-prone. Manually assigning codes for clinical software tools used to aid in diagnosis and treatment is also inefficient and administratively burdensome, and the value of collecting this data is unclear, especially when balanced against the time and effort spent on finding the medical record documentation supporting the use of these tools and assigning the appropriate code.

Since codes are sometimes created before NTAP approval has been granted, codes are being assigned for new technologies when no NTAP is ever approved. We do not believe it

is appropriate for ICD-10-PCS to identify specific devices, substances, or clinical software tools, nor was ICD-10-PCS designed for this purpose. It is also clear that ICD-10-PCS is not the ideal system for capturing this information. This approach is not sustainable long-term, given the rapid growth in new technologies used in healthcare, including artificial intelligence (AI)-enabled software. **We urge CMS to adopt a different methodology for identifying new technologies** (including devices, substances, and software tools), ideally one that is integrated in the hospital charge capture system so that the process is automated, more efficient and accurate, and reduces the administrative burden on physicians, coding professionals and other hospital staff. The use of HCPCS codes to identify specific technologies is one possible alternative approach.

Insertion of Posterior Cervicothoracic Spinal Stabilization Device

AHIMA does **not** support creating new device value N Carbon/PEEK Spinal Stabilization Device, as it is very similar to existing device values and would cause confusion. We recommend that new codes be created by adding existing device value F Carbon/PEEK Spinal Stabilization Device, Pedicle Based, to the cervical and cervicothoracic body part values in section X table XRH, Insertion of Joints.

Introduction of Recombinant Human Bone Morphogenetic Protein-2 with Collagen Scaffold

We do **not** support the creation of a new code for introduction of recombinant human bone morphogenetic protein-2 with collagen scaffold. There is already a substance value in ICD-10-PCS for use of the INFUSE™ Bone Graft. We recommend that existing ICD-10-PCS code 3E0U0GB, Introduction of recombinant bone morphogenetic protein into joints, open approach, be used to capture the introduction of rhBMP-2, regardless of the surgical procedure with which it is used. We do not believe it is appropriate to create different values for the same substance when used for different surgical indications.

Endovascular Restriction of Thoracic Aorta

While we generally support the creation of new codes to identify endovascular restriction of the thoracic aorta, we are concerned that the proposed device values “Branched Intraluminal Device, Integrated System with Brachiocephalic Trunk Branch” and “Branched Intraluminal Device, Integrated System Extension” are confusing and sound similar to code descriptors for other stent grafts. Our members have told us it is increasingly difficult for coding professionals to differentiate the various branched or fenestrated stent graft devices and determine the correct ICD-10-PCS code. While we understand CMS’ reluctance to use brand names for device values in the ICD-10-PCS tables, it is often difficult to construct descriptions that clearly and unambiguously

describe the device the code is intended to be used for and clearly differentiate the code from codes describing similar, or similar-sounding, devices.

We recommend that the proposed new body part value for “Thoracic Aorta, Ascending and Arch” in table X2V be changed to “Thoracic Aorta, Ascending/Arch” in order to be consistent with the title of the comparable body part in the Medical and Surgical section. Ideally, consistent terminology should be used across all ICD-10-PCS sections.

The term ““Brachiocephalic Trunk Branch” in the proposed new device value may cause confusion, as the Brachiocephalic Trunk is coded as the Innominate Artery according to the Body Part Key. **We recommend that CMS consider revising the proposed new code** so that it does not appear to conflict with the Body Part Key.

Transcatheter Mitral Valve Replacement with a Balloon-Expandable Device via Transseptal Access

We support the creation of a unique ICD-10-PCS code for transcatheter mitral valve replacement with a balloon-expandable device.

Open Insertion of a Neurostimulator Generator onto the Vagus Nerve

We support the creation of a new code to identify the open insertion of a neurostimulator generator onto the vagus nerve.

Computer-aided Guidance for Intraoperative Navigation

AHIMA does **not** support the creation of an ICD-10-PCS code to identify the use of a diagnostic ultrasound imaging navigation system in the performance of neuraxial anesthesia, as the use of this technology is not reported separately for inpatient hospital coding. Also, since no NTAP application is anticipated, no unique code for this technology is needed.

Computer-aided Detection and Notification Software for Assessment and Triage of Inflammatory Response

We do **not** support the creation of a code to identify the use of software with a high dimensional Mixture-of-Experts computer model to aid in the assessment and triage of sepsis risk. The use of computer-aided detection and notification software is not reported separately for inpatient hospital coding. As noted in our comments above, if identification of specific software tools is necessary for NTAP purposes, this information should be captured via a separate methodology outside the ICD-10-PCS coding process.

Computer-aided Triage and Notification Software for Imaging Abnormalities in Computerized Tomography

We do **not** support the establishment of a unique code to identify the use of single AI foundation model software to analyze CT scans for suspected critically actionable imaging abnormalities. The use of single AI foundation model software is not reported separately for inpatient hospital coding.

Percutaneous Epicardial Access for Diagnostic and Therapeutic Cardiac Interventions

We do **not** support the creation of an ICD-10-PCS code to describe percutaneous epicardial access using a blunt-tip concealed needle with a mechanical gripping mechanism for diagnostic and therapeutic cardiac interventions. We do not believe surgical approaches or the use of particular surgical tools should be coded with ICD-10-PCS codes.

Introduction of Vancomycin-eluting Bone Void Filler into Bones

We do **not** support the creation of a new code for the introduction of vancomycin-eluting bone void filler. Existing ICD-10-PCS code XW0V0P7, Introduction of antibiotic-eluting bone void filler into bones, open approach, new technology group 7, adequately describes the use of an antibiotic-eluting bone void filler, regardless of the specific antibiotic utilized.

We also do not support the proposed modification of existing code XW0V0P7 to specify “gentamycin-eluting” rather than “antibiotic-eluting.” Unique codes should not be created for each specific antibiotic used in a bone void filler. Creating specific codes for the introduction of vancomycin-eluting bone void filler and gentamycin-eluting bone void filler would set a precedent of creating unique codes whenever a different antibiotic is used in the bone void filler. There may be additional antibiotics used in bone void fillers in the future.

Insertion of a Venous Angle Decompression Device

We support the creation of a new code to describe the insertion of a venous angle decompression device.

Division of Mitral Valve Leaflets during Transcatheter Mitral Valve Replacement

We support the creation of a new code in the Medical and Surgical section to describe the division of mitral valve leaflets during transcatheter mitral valve replacement.

Retinal Angiography using Fluorescing Agent

We support the creation of a code for retinal angiography using a fluorescing agent in section B, Imaging, as the background material indicated the procedure is performed as an inpatient in the operating room for many pediatric patients.

Insertion of a Temporary Intravascular Embolic Protection Device in Transcatheter Aortic Valve Replacement

AHIMA agrees with CMS' recommendation to not create a new code and to use existing ICD-10-PCS code 5A05A6M, Intraoperative cerebral embolic filtration, single capture filter, to identify full aortic arch intravascular embolic protection with a cylindrical capture filter during transcatheter aortic valve replacement.

Computer-aided Detection of Cardiac Amyloidosis in Echocardiography

We do **not** support the creation of a new code to identify the use of software that analyzes echocardiography to aid in the detection of cardiac amyloidosis. The use of this technology is not reported separately for inpatient hospital coding.

As stated in our comments above, manually assigning codes to identify the use of specific software tools used in diagnosis and treatment is inefficient, administratively burdensome, and not sustainable given the rapid growth in these technologies. An approach other than the use of unique ICD-10-PCS codes should be used to identify specific technologies for the purpose of administering NTAPs.

Dilation of Lower Leg Arteries with Small-diameter Peripheral Vascular Intraluminal Device

We do **not** support the creation of new codes to describe dilation of lower leg arteries with a small-diameter peripheral vascular intraluminal device. The descriptor "small-diameter" in the proposed new device value is too vague and potentially applicable to multiple devices, as "small-diameter" is currently not defined.

Restriction of Thoracic Aortic Arch using a Branched Intraluminal Device with Conical Collar

We believe it is premature to create a new code for restriction of the thoracic aortic arch using a branched intraluminal device with conical collar, since the first enrollment in the clinical trial occurred in October 2025 and there is no NTAP anticipated at this time.

Computer-assisted Cardiac Conduction Mapping using Computed Tomography Angiography

We do **not** support the creation of a unique code to describe computer-assisted cardiac conduction mapping using computed tomography angiography. We do not believe this is a procedure that should be uniquely identified in ICD-10-PCS and coded by coding professionals.

If a new code is created for this technology, we believe “Map” would be a more appropriate root operation than “Measurement.”

Percutaneous Coronary Intervention using an Image-Guided Crossing and Re-Entry Catheter System

We believe it is premature to create a new code for percutaneous coronary intervention using an image-guided crossing and re-entry catheter system, since the clinical trial just began in August 2025 and there is no NTAP anticipated at this time.

We are also concerned that it will be difficult for coding professionals to find the information in the medical record documentation that is needed to support the proposed code.

Single-Use Cholangioscope During Endoscopic Retrograde Cholangiopancreatography (ERCP) Procedures

We do **not** support the creation of new codes to describe the use of a single-use cholangioscope during ERCP procedures. We do not believe the use of a single-use cholangioscope during a procedure should be separately reportable in ICD-10-PCS. There is also no anticipated NTAP application that would necessitate separately reporting the use of this device.

It is not clear why a code in section X is being proposed, as this technology has been FDA-approved since 2019. We do not believe the single-use cholangioscope described in the code proposal represents a type of new technology that should be included in section X.

Single-Use Choledochoscope During Pancreaticobiliary System and Hepatic Duct Procedures

AHIMA does **not** support the creation of new codes to describe the use of a single-use choledochoscope during pancreaticobiliary system and hepatic duct procedures. We do not believe the use of a single-use choledochoscope during a procedure should be

separately reportable in ICD-10-PCS. There is also no anticipated NTAP application that would necessitate separately reporting the use of this device.

It is not clear why a code in section X is being proposed, as this technology has been FDA-approved since 2020. We do not believe the single-use choledochoscope described in the code proposal represents a type of new technology that should be included in section X.

Transcatheter Aortic Valve Replacement with Integrated Native Leaflet Clipping Locators

We support the creation of a new code to describe transcatheter aortic valve replacement with integrated native leaflet clipping locators.

Replacement of Pulmonary Valve with Size Adjustable Device

We support the establishment of a unique code for the replacement of the pulmonary valve with a size adjustable device.

Insertion of a Cardiac Contractility Modulation Device with Defibrillator

We support the creation of a new ICD-10-PCS code to describe the insertion of a cardiac contractility modulation device with defibrillator.

Computer-aided Detection and Notification Software for Electrocardiograms

We do **not** support the creation of a new code to identify the use of software that analyzes electrocardiograms to aid in detection and notification of cardiac abnormalities. The use of software to aid in detection and notification of abnormalities is not reported separately for inpatient hospital coding.

Computer-aided Detection and Notification of Cardiac Function

AHIMA does **not** support the establishment of a unique code to identify the use of software that uses vital signs to aid in detection and notification of cardiac abnormalities. The use of software to aid in detection and notification of abnormalities is not reported separately for inpatient hospital coding.

Section X Updates

With the exceptions noted below, we support the proposed disposition of the Group 7 section X codes.

It is not clear if there is a plan to re-evaluate the codes that are left in section X (Option 1) at some point in the future. **We recommend that these codes be re-reviewed at least every 3 years.**

Aidoc Briefcase for Pulmonary Embolism (PE)

We recommend that Option 2 (delete the section X code and direct users to an existing code) or Option 3 (delete the section X code entirely) be considered. It is not clear why CMS is recommending Option 1 (leave the code in section X). This technology was never approved for an NTAP, the frequency is low, and it is not a procedure that would typically be coded in the hospital inpatient setting.

ApiFix Minimally Invasive Deformity Correction (MID-C) System

We recommend that new codes be created in the Medical and Surgical section (Option 4) rather than leaving the codes in section X.

Neovasc Reducer System

We do not agree with CMS' recommendation to leave the code for restriction of coronary sinus with reduction device in section X. There is no NTAP, the code has not been reported at all in the Medicare data in the last 3 years, and the technology is still in clinical trials. There may be submission of an NTAP application at some point, but we do not think an unused code should be kept in section X indefinitely. It should either be deleted and a new code implemented in the future when there is a need for it, or the code should be "deactivated" and the same code re-activated later on when it is needed.

Penumbra Indigo® Aspiration System with Lightning™ Aspiration Tubing

We recommend that Option 2 (delete the section X code and direct users to an existing code) or Option 4 (create new codes in the Medical and Surgical section) be considered, rather than leaving the codes in section X.

StrataGraft

We recommend that a new code be created in the Medical and Surgical section (Option 4) rather than leaving the code in section X.

Addenda and Reference Key Updates

We do **not** support the proposed Addenda change to revise the axis 6 device/substance/technology value P from Antibiotic-eluting Bone Void Filler to

Gentamicin-eluting Bone Void Filler in section X table XW0. As stated in our comments above regarding the proposal to create a new code for introduction of vancomycin-eluting bone void filler, we do not believe unique codes should be created for each specific antibiotic used in a bone void filler.

We support the remaining Addenda and Reference Key proposed changes.

Restriction using Thoracoabdominal Branch Endoprosthesis

We do **not** support revising the ICD-10-PCS code for restriction using a thoracoabdominal branched endoprosthesis. We are not convinced that the proposed revision will more clearly distinguish the TAMBE device from other, similar devices. Also, modifying ICD-10-PCS code descriptors should generally be avoided, due to risks to standardization, data integrity, and comparability .

As stated in our comments above, we recommend that a different coding system (such as HCPCS codes), or other methodology, be used to identify specific devices for NTAP purposes, rather than using ICD-10-PCS codes. The misuse of the ICD-10-PCS code for restriction using a thoracoabdominal branched endoprosthesis is an example of why ICD-10-PCS is not appropriate for this purpose and can result in erroneous coding. In the short-term, perhaps CMS should consider including brand names in the device value descriptor in section X when it is difficult to formulate an alternative descriptor that clearly and accurately describes a particular device and differentiates it from other similar or related devices. In some cases, considering ICD-10-CM diagnosis code(s) in conjunction with the ICD-10-PCS codes may be useful, as some devices (such as the TAMBE device) are only approved for very specific diagnostic indications.

Administration of ifezuntirgene inilparvovec

We support the establishment of a unique code to describe the neurosurgical administration of ifezuntirgene inilparvovec.

Allogeneic Stem Cell-derived, Insulin-producing Islet cell Therapy for Hepatic Portal Vein Infusion

We support the creation of new ICD-10-PCS codes for the intravenous administration of zimislecel.

Administration of landiolol

We support the creation of new codes for the intravenous administration of landiolol.

Administration of elamipretide

AHIMA supports the creation of new ICD-10-PCS codes to identify the subcutaneous administration of elamipretide.

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

A handwritten signature in blue ink, appearing to read "Lauren Riplinger".

Lauren Riplinger, JD
Chief Public Policy and Impact Officer