



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

October 8, 2026

Mary H. Stanfill, DHI, MBI, ACHIP, RHIA, CCS, CCS-P
Senior Informaticist for Morbidity Classifications
National Center for Health Statistics
Centers for Disease Control and Prevention
3311 Toledo Road
Hyattsville, Maryland 20782

Dear Dr. Stanfill:

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

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.

Addenda

AHIMA does not support the proposed change from an Excludes1 to an Excludes2 note under code J42, Unspecified chronic bronchitis. We do not believe it would be appropriate to assign a code for a specified type of chronic bronchitis listed in the Excludes1 note in conjunction with the code for “unspecified” chronic bronchitis.

We also do not support the proposed change from an Excludes1 to an Excludes2 note under category J96, Respiratory failure, not elsewhere classified. It is not clear that it would be appropriate for all of the codes listed in this Excludes1 note to be assigned with a code in category J96. Two of the codes listed in this note (code R09.2, Respiratory arrest, and subcategory J95.82, Postprocedural respiratory failure) have Excludes1 notes for category J96. These notes are not being proposed to be changed to Excludes2 notes, so the

proposed change to the Excludes1 note under category J96 would result in conflicting Excludes notes.

We do not support the proposed Index change for Fracture, pathological, Due to, specified disease NEC. Since this Index entry does not identify an anatomic site, it would not be appropriate to change the listed code from M84.60, Pathologic fracture in other disease, unspecified site, to M84.659, Pathological fracture in other disease, hip, unspecified.

We believe a proposed change to the External Cause of Injuries Index is an error. Under Accident, Transport, nonpowered (struck by), the Index entry for “nonpowered vessel” is being proposed to be changed from V94.21 to V94.22, and the Index entry for “powered vessel” is being proposed to be changed from V94.22 to V94.21. These Index entries do not exist under Accident, Transport. Also, code V94.21 describes being struck by a nonpowered vessel and code V94.22 describes being struck by a powered vessel, so it would be incorrect to change the codes for these subterms as described in the proposed Addenda changes.

There is a typographical error in the proposed Index entry change for Asphyxia, asphyxiation, by, food (bone) (seed). The revised code should be T17.920, not T17.910.

We do not agree with the proposed Index entry change for Food (any type) in, alimentary tract causing asphyxia (due to compression of trachea). Code T18.120 describes food in esophagus causing compression of trachea. The Index entry only specifies the alimentary tract, not the esophagus. The correct code is not clear. Code T18.9XX describes foreign body of alimentary tract, part unspecified, but does not capture the asphyxia.

While we agree with the proposed Index entry change for Foreign body, entering through, natural orifice, dart, we recommend that the inclusion term for “Dart entering into or through a natural orifice” under code W44.H1 be deleted to be consistent with the revised Index entry.

We support the remaining proposed Addenda modifications.

We recommend that all approved Addenda changes be implemented on the earliest available effective date. Changes discussed at the September C&M meeting should take effect on April 1 of the following year. Changes discussed at the March C&M meeting should ideally take effect on October 1 of the same year, but no later than April 1 of the following year.

Thank you for the opportunity to comment on the proposed ICD-10-CM Addenda changes. Comments on the ICD-10-CM code proposals being considered for October 1, 2027

implementation will be submitted at a later date. 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 placed on a light gray rectangular background.

Lauren Riplinger, JD
Chief Public Policy and Impact Officer