

Submitted via email to: nchscd10CM@cdc.gov

October 6, 2025

ICD-10-CM Coordination and Maintenance Committee
Attention: Shannon McConnell-Lamprey
National Center for Health Statistics
3311 Toledo Road
Hyattsville, MD 20782

RE: Apragmatism Proposal

Dear Committee Members:

On behalf of the American Speech-Language-Hearing Association (ASHA), I write to offer comments on the request for a new code to describe *apragmatism*, which was presented at the September 9, 2025, meeting of the ICD-10-CM Coordination and Maintenance Committee.

ASHA is the national professional, scientific, and credentialing association for 241,000 members, certificate holders, and affiliates who are audiologists; speech-language pathologists (SLPs); speech, language, and hearing scientists; audiology and speech-language pathology assistants; and students.

Apragmatism Is a Clinically Distinct Diagnosis

ASHA strongly supports the Ad Hoc Apragmatism ICD-10 Committee (Duke University School of Medicine) proposal to add a new diagnosis code for apragmatism to the ICD-10-CM code set. Apragmatism is a salient feature in right hemisphere disorder (RHD), and its presentation distinguishes it as a clinically separate and distinct diagnosis from other cognitive-communication and language disorders, such as aphasia. However, in the absence of a specific diagnosis code, patients with apragmatism are frequently classified under aphasia, cognitive disorders, or developmental social pragmatic disorders. This misclassification can delay identification and intervention and hurt patient outcomes.

Apragmatism following right hemisphere damage impairs a person's ability to organize, plan, and appropriately use verbal or nonverbal language to understand context when communicating. Following RHD, individuals often diverge from expected conversational norms. For example, individuals may demonstrate reduced turn-taking; limited use or interpretation of nonverbal, gestural, and vocal cues; or contextually inappropriate and tangential comments and humor. Such atypical pragmatic language features result in significant social, emotional, and economic consequences.

Studies have shown that early, targeted intervention by SLPs improve patient outcomes.^{1,2} Given the nature of apragmatism, restorative activities and compensatory strategies to improve prosody (e.g., rate, pitch or intonation, intensity), conversational skills, and care partner training are essential for enhancing communication, social and emotional skills, and reducing disabilities associated with RHD, thereby facilitating reintegration as a productive member of the community.³ **Therefore, a dedicated ICD-10-CM code will strengthen accurate identification, documentation, and access to medically necessary, interdisciplinary care.**

Code Placement

ASHA agrees with the recommendations to place the new ICD-10-CM code for apragmatism within Chapters 9 and 18. We also agree that the existing ICD-10-CM codes for aphasia and dysphasia, outlined below, do not accurately describe apragmatism:

- Aphasia following cerebral vascular disease: I69.020, I69.120, I69.220, I69.320, I69.820, I69.920
- Dysphasia following cerebral vascular disease: I69.021, I69.121, I69.221, I69.321, I69.821, I69.921, aphasia R47.01, dysphasia R47.02
- Cognitive-communication disorders: other symbolic dysfunctions R48.8, cognitive communication disorders R41.84, cognitive deficits following cerebral infarction I69.31, I69.315.

In addition, F80.82 (social pragmatic communication disorder) is also commonly used to capture developmental pragmatic communication disorders, but this code fails to reflect apragmatism as an acquired language disorder following RHD.

Therefore, we support the proposed new codes for apragmatism and their placement in Chapter 9 (diseases of the circulatory system) to reflect cerebrovascular etiologies and Chapter 18 (symptoms, signs and abnormal findings), as outlined below.

Chapter 9

- I69.024 Apragmatism following nontraumatic subarachnoid hemorrhage
- I69.124 Apragmatism following nontraumatic intracerebral hemorrhage
- I69.324 Apragmatism following cerebral infarction
- I69.824 Apragmatism following other cerebrovascular disease
- I69.924 Apragmatism following unspecified cerebrovascular disease

Chapter 18

- R47.83 Apragmatism

Greater granularity at this level will allow reporting to the highest degree of specificity—a foundational principle of ICD-10-CM. Accurate, distinct coding for apragmatism is essential to present a complete clinical picture, ensure appropriate coverage for evidence-based services, and enable surveillance of incidence, prevalence, and outcomes.

Thank you for the opportunity to provide comments in support of the recommendations to add *apragmatism* to the ICD-10-CM code set. If you or your staff have any questions, please contact Inoka Tennakoon, MS, CCC-SLP, ASHA's director of health care policy for coding and payment, at itennakoon@asha.org.

Sincerely,



A. B. Mayfield-Clarke, PhD, CCC-SLP
2025 ASHA President

¹ Ramsey, A., & Blake, M. L. (2020). Speech-Language Pathology Practices for Adults With Right Hemisphere Stroke: What Are We Missing? *American Journal of Speech-Language Pathology*, 29(2), 741–759. https://doi.org/10.1044/2020_AJSLP-19-00082

² Blake, M. L., Frymark, T., & Venedictov, R. (2013). An Evidence-Based Systematic Review on Communication Treatments for Individuals With Right Hemisphere Brain Damage. *American Journal of Speech-Language Pathology*, 22(1), 146–160. [https://doi.org/10.1044/1058-0360\(2012/12-0021\)](https://doi.org/10.1044/1058-0360(2012/12-0021))

³ American Speech-Language-Hearing Association. (n.d.). *Right Hemisphere Disorder*. <https://www.asha.org/practice-portal/clinical-topics/right-hemisphere-disorder/>