

American Health Information Management Association (AHIMA)  
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Senior Informaticist for Morbidity Classifications  
National Center for Health Statistics  
Centers for Disease Control and Prevention  
3311 Toledo Road  
Hyattsville, Maryland 20782

Dear Ms. Stanfill:

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

### **Gender Identity Disorder, in remission: Transition and Detransition Codes**

AHIMA supports the proposed addition of an inclusion term for “personal history of gender transition” under sub-subcategory Z87.890, Personal history of sex reassignment, and we are pleased that a code for “Personal history of unspecified gender transition” has been added to the proposal since this topic was presented at the September 2025 C&M Committee meeting.

While we support the proposed addition of codes for personal history of medical and surgical gender transition in sub-subcategory Z87.890, personal history of social gender transition does not fit in this sub-subcategory. The presenter described social gender transition as a change in name, pronouns, and/or presentation. However, these behaviors are not always an indication of sex reassignment. This behavior could also mean the inability to conform to gender binary norms. Also, the title of category Z87 is “Personal history of other diseases and conditions, and the title of subcategory Z87.89 is “Personal history of other specified conditions.” Social gender transition is not a disease or condition, or a medical or surgical status. We believe social gender

transition is outside the scope of ICD-10-CM. We are also concerned that the term “social gender transition” is not as widely used or universally understood in the medical community as medical and surgical gender transition.

The proposed code for “personal history of intersex surgery” does not fit in sub-subcategory Z87.890, as procedures to repair or correct congenital conditions associated with atypical development of internal sexual organs and external genitalia are not a type of “sex reassignment” surgery. Code Z87.718 already exists for “Personal history of other specified (corrected) congenital malformations of genitourinary system.” Subcategory Z87.7 includes “conditions classifiable to Q00-Q89 that have been repaired or corrected.” If it is felt to be important to specifically identify a personal history of surgeries to repair or correct atypical development of sex organs, we recommend that code Z87.718 be expanded to create a unique code. We further recommend that the code descriptor focus on the repair or correction of atypical development rather than “intersex” surgery, with perhaps “personal history of intersex surgery” as an inclusion term.

We are concerned that proposed code Z87.893, Personal history of detransition, will be used inconsistently due to the lack of clarity or a universal understanding of the meaning of “detransition.” Inclusion terms might be helpful. Also, it is not clear if the requester fully appreciates the use of “personal history” codes in ICD-10-CM, and if a “personal history” code meets the requester’s intent. The presenter stated that this code reflects the clinical circumstance of an individual with a history of gender transition who has begun the process to return to their gender assigned at birth. However, in ICD-10-CM, personal history codes explain a patient’s past medical condition that no longer exists and is not receiving any treatment. Therefore, if an individual is still in the detransition process, a personal history code would not be appropriate. A code for personal history of detransition would only be appropriate if the individual has completed the process of returning to their gender assigned at birth.

We believe that it is important to solicit input on this proposal from medical societies and organizations whose members diagnose and treat patients with gender identity disorder and related issues in order to ensure that the proposed codes align with established, standard clinical terms and definitions, and the diagnostic criteria used by clinicians. In order to produce standardized, consistent coded data, it is necessary for diagnostic codes to be aligned with the medical community’s terminology usage. If this alignment does not occur, medical record documentation will not support the codes, and the codes will either not be used or will be used improperly, resulting in inaccurate data.

### **Medetomidine Withdrawal Syndrome**

We support the creation of code F13.238, Sedative, hypnotic, or anxiolytic dependence with withdrawal with other disturbances. We are not sure if this code is being considered for October 1, 2026 implementation, but we would support implementation on that date, so that all

of the new codes pertaining to Medetomidine Withdrawal Syndrome are implemented at the same time.

Thank you for the opportunity to comment on the ICD-10-CM 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](mailto: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