

# DSM-5<sup>®</sup> UPDATE

SUPPLEMENT TO  
*DIAGNOSTIC AND STATISTICAL  
MANUAL OF MENTAL DISORDERS,*  
FIFTH EDITION

October 2017



AMERICAN  
**PSYCHIATRIC**  
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**PUBLISHING**

# DSM-5<sup>®</sup> Update

## October 2017

### Supplement to *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*

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ICD-9-CM codes were used for coding purposes in the United States through September 30, 2015. These codes can no longer be used in the United States. ICD-10-CM codes are used for coding purposes in the United States as of October 1, 2015.
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# October 2017 ICD-10-CM Coding Updates at a Glance

## Listing of DSM-5 Diagnoses and New ICD-10-CM Codes as Ordered in the DSM-5 Classification

The following new ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2017.

*For ICD-10-CM Coding Updates in Detail, which list each DSM-5 and DSM-5 Desk Reference page where the code appears, see pp. 14–31.*

Disorder	DSM-5 Recommended ICD-10-CM Code for use through September 30, 2017	DSM-5 Recommended ICD-10-CM Code for use beginning October 1, 2017
Avoidant/Restrictive Food Intake Disorder	F50.89	F50.82
Alcohol Use Disorder, Mild	F10.10	F10.10
Alcohol Use Disorder, Mild, In early or sustained remission	F10.10	F10.11
Alcohol Use Disorder, Moderate	F10.20	F10.20
Alcohol Use Disorder, Moderate, In early or sustained remission	F10.20	F10.21
Alcohol Use Disorder, Severe	F10.20	F10.20
Alcohol Use Disorder, Severe, In early or sustained remission	F10.20	F10.21
Cannabis Use Disorder, Mild	F12.10	F12.10
Cannabis Use Disorder, Mild, In early or sustained remission	F12.10	F12.11
Cannabis Use Disorder, Moderate	F12.20	F12.20
Cannabis Use Disorder, Moderate, In early or sustained remission	F12.20	F12.21
Cannabis Use Disorder, Severe	F12.20	F12.20
Cannabis Use Disorder, Severe, In early or sustained remission	F12.20	F12.21
Phencyclidine Use Disorder, Mild	F16.10	F16.10
Phencyclidine Use Disorder, Mild, In early or sustained remission	F16.10	F16.11
Phencyclidine Use Disorder, Moderate	F16.20	F16.20
Phencyclidine Use Disorder, Moderate, In early or sustained remission	F16.20	F16.21
Phencyclidine Use Disorder, Severe	F16.20	F16.20
Phencyclidine Use Disorder, Severe, In early or sustained remission	F16.20	F16.21
Other Hallucinogen Use Disorder, Mild	F16.10	F16.10
Other Hallucinogen Use Disorder, Mild, In early or sustained remission	F16.10	F16.11

## October 2017 ICD-10-CM Coding Updates at a Glance *(continued)*

<b>Disorder</b>	<b>DSM-5 Recommended ICD-10-CM Code for use through September 30, 2017</b>	<b>DSM-5 Recommended ICD-10-CM Code for use beginning October 1, 2017</b>
Other Hallucinogen Use Disorder, Moderate	F16.20	F16.20
Other Hallucinogen Use Disorder, Moderate, In early or sustained remission	F16.20	F16.21
Other Hallucinogen Use Disorder, Severe	F16.20	F16.20
Other Hallucinogen Use Disorder, Severe, In early or sustained remission	F16.20	F16.21
Inhalant Use Disorder, Mild	F18.10	F18.10
Inhalant Use Disorder, Mild, In early or sustained remission	F18.10	F18.11
Inhalant Use Disorder, Moderate	F18.20	F18.20
Inhalant Use Disorder, Moderate, In early or sustained remission	F18.20	F18.21
Inhalant Use Disorder, Severe	F18.20	F18.20
Inhalant Use Disorder, Severe, In early or sustained remission	F18.20	F18.21
Opioid Use Disorder, Mild	F11.10	F11.10
Opioid Use Disorder, Mild, In early or sustained remission	F11.10	F11.11
Opioid Use Disorder, Moderate	F11.20	F11.20
Opioid Use Disorder, Moderate, In early or sustained remission	F11.20	F11.21
Opioid Use Disorder, Severe	F11.20	F11.20
Opioid Use Disorder, Severe, In early or sustained remission	F11.20	F11.21
Sedative, Hypnotic, or Anxiolytic Use Disorder, Mild	F13.10	F13.10
Sedative, Hypnotic, or Anxiolytic Use Disorder, Mild, In early or sustained remission	F13.10	F13.11
Sedative, Hypnotic, or Anxiolytic Use Disorder, Moderate	F13.20	F13.20
Sedative, Hypnotic, or Anxiolytic Use Disorder, Moderate, In early or sustained remission	F13.20	F13.21
Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe	F13.20	F13.20
Sedative, Hypnotic, or Anxiolytic Use Disorder, Severe, In early or sustained remission	F13.20	F13.21

## October 2017 ICD-10-CM Coding Updates at a Glance *(continued)*

Disorder	DSM-5 Recommended ICD-10-CM Code for use through September 30, 2017	DSM-5 Recommended ICD-10-CM Code for use beginning October 1, 2017
Amphetamine-type Substance Use Disorder, Mild	F15.10	F15.10
Amphetamine-type Substance Use Disorder, Mild, In early or sustained remission	F15.10	F15.11
Amphetamine-type Substance Use Disorder, Moderate	F15.20	F15.20
Amphetamine-type Substance Use Disorder, Moderate, In early or sustained remission	F15.20	F15.21
Amphetamine-type Substance Use Disorder, Severe	F15.20	F15.20
Amphetamine-type Substance Use Disorder, Severe, In early or sustained remission	F15.20	F15.21
Cocaine Use Disorder, Mild	F14.10	F14.10
Cocaine Use Disorder, Mild, In early or sustained remission	F14.10	F14.11
Cocaine Use Disorder, Moderate	F14.20	F14.20
Cocaine Use Disorder, Moderate, In early or sustained remission	F14.20	F14.21
Cocaine Use Disorder, Severe	F14.20	F14.20
Cocaine Use Disorder, Severe, In early or sustained remission	F14.20	F14.21
Other or Unspecified Stimulant Use Disorder, Mild	F15.10	F15.10
Other or Unspecified Stimulant Use Disorder, Mild, In early or sustained remission	F15.10	F15.11
Other or Unspecified Stimulant Use Disorder, Moderate	F15.20	F15.20
Other or Unspecified Stimulant Use Disorder, Moderate, In early or sustained remission	F15.20	F15.21
Other or Unspecified Stimulant Use Disorder, Severe	F15.20	F15.20
Other or Unspecified Stimulant Use Disorder, Severe, In early or sustained remission	F15.20	F15.21



## October 2017 ICD-10-CM Coding Updates at a Glance *(continued)*

Disorder	DSM-5 Recommended ICD-10-CM Code for use through September 30, 2017	DSM-5 Recommended ICD-10-CM Code for use beginning October 1, 2017
Tobacco Use Disorder, Moderate	F17.200	F17.200
Tobacco Use Disorder, Moderate, In early or sustained remission	F17.200	F17.201
Tobacco Use Disorder, Severe	F17.200	F17.200
Tobacco Use Disorder, Severe, In early or sustained remission	F17.200	F17.201
Other (or Unknown) Substance Use Disorder, Mild	F19.10	F19.10
Other (or Unknown) Substance Use Disorder, Mild, In early or sustained remission	F19.10	F19.11
Other (or Unknown) Substance Use Disorder, Moderate	F19.20	F19.20
Other (or Unknown) Substance Use Disorder, Moderate, In early or sustained remission	F19.20	F19.21
Other (or Unknown) Substance Use Disorder, Severe	F19.20	F19.20
Other (or Unknown) Substance Use Disorder, Severe, In early or sustained remission	F19.20	F19.21

# Prior ICD-10-CM Coding Updates at a Glance

## October 2016 ICD-10-CM Coding Updates at a Glance

The following new ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2016.

For ICD-10-CM Coding Updates in Detail, which list each DSM-5 and DSM-5 Desk Reference page where the code appears, see pp. 32–51.

### Listing of DSM-5 Diagnoses and October 2016 ICD-10-CM Coding Update

Disorder	Original Code for use through September 30, 2016	New Code for use beginning October 1, 2016
Social (Pragmatic) Communication Disorder	F80.89	<b>F80.82</b>
Disruptive Mood Dysregulation Disorder	F34.8	<b>F34.81</b>
Premenstrual Dysphoric Disorder	N94.3	<b>F32.81</b>
Other Specified Depressive Disorder	F32.8	<b>F32.89</b>
Obsessive-Compulsive Disorder	F42	<b>F42.2</b>
Hoarding Disorder	F42	<b>F42.3</b>
Excoriation (Skin-Picking) Disorder	L98.1	<b>F42.4</b>
Other Specified Obsessive-Compulsive and Related Disorder	F42	<b>F42.8</b>
Unspecified Obsessive-Compulsive and Related Disorder	F42	<b>F42.9</b>
Pica, in adults	F50.8	<b>F50.89</b>
Avoidant/Restrictive Food Intake Disorder**	F50.8	<del><b>F50.89**</b></del>
Binge-Eating Disorder	F50.8	<b>F50.81</b>
Other Specified Feeding or Eating Disorder	F50.8	<b>F50.89</b>
Gender Dysphoria in Adolescents and Adults	F64.1	<b>F64.0</b>
<b>**Note that the ICD-10-CM code for Avoidant/Restrictive Food Intake Disorder changed on October 1, 2017, to F50.82. (The code F50.89 should no longer be used for this disorder.)</b>		

### Alphabetical Listing of DSM-5 Diagnoses and October 2016 ICD-10-CM-Coding Update

Disorder	Original Code for use through September 30, 2016	New Code for use beginning October 1, 2016
Avoidant/Restrictive Food Intake Disorder**	F50.8	<del><b>F50.89**</b></del>
Binge-Eating Disorder	F50.8	<b>F50.81</b>
Disruptive Mood Dysregulation Disorder	F34.8	<b>F34.81</b>
Excoriation (Skin-Picking) Disorder	L98.1	<b>F42.4</b>
Gender Dysphoria in Adolescents and Adults	F64.1	<b>F64.0</b>
Hoarding Disorder	F42	<b>F42.3</b>
Obsessive-Compulsive Disorder	F42	<b>F42.2</b>
Other Specified Depressive Disorder	F32.8	<b>F32.89</b>
Other Specified Feeding or Eating Disorder	F50.8	<b>F50.89</b>
Other Specified Obsessive-Compulsive and Related Disorder	F42	<b>F42.8</b>
Pica, in adults	F50.8	<b>F50.89</b>
Premenstrual Dysphoric Disorder	N94.3	<b>F32.81</b>
Social (Pragmatic) Communication Disorder	F80.89	<b>F80.82</b>
Unspecified Obsessive-Compulsive and Related Disorder	F42	<b>F42.9</b>
<b>**Note that the ICD-10-CM code for Avoidant/Restrictive Food Intake Disorder changed on October 1, 2017, to F50.82. (The code F50.89 should no longer be used for this disorder.)</b>		

## October 2015 ICD-10-CM Coding Updates at a Glance

For ICD-10-CM Coding Updates in Detail, see pp. 32–51.

\*These codes are used for coding purposes in the United States since October 1, 2015.

Disorder	Original	Update*
Language Disorder	F80.9	<b>F80.2</b>
Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission	F31.73	<b>F31.71</b>
Bipolar I Disorder, Current or most recent episode hypomanic, In full remission	F31.74	<b>F31.72</b>
Trichotillomania (Hair-Pulling Disorder)	F63.2	<b>F63.3</b>
Insomnia Disorder	G47.00	<b>F51.01</b>
Hypersomnolence Disorder	G47.10	<b>F51.11</b>
Kleptomania	F63.3	<b>F63.2</b>
<b>Major Neurocognitive Disorders With Possible Etiologies</b> The following coding updates ensure that insurance reimbursement can be obtained when the specifier “With behavioral disturbance” is used for the possible major neurocognitive disorders. The possible major neurocognitive disorders should be coded in the same way as their respective probable major neurocognitive disorders, as noted below. <b>For excerpts of the DSM-5 sections with these changes, see pp. 42–51 of this DSM-5® Update.</b>		
Major Neurocognitive Disorder Possibly Due to Vascular Disease	G31.9	<b>F01.51 With behavioral disturbance or F01.50 Without behavioral disturbance</b>
Major Neurocognitive Disorder Due to Possible Alzheimer’s Disease (Note: Code first <b>G30.9</b> Alzheimer’s disease.)  Major Neurocognitive Disorder Due to Possible Frontotemporal Lobar Degeneration (Note: Code first <b>G31.09</b> frontotemporal disease.)  Major Neurocognitive Disorder With Possible Lewy Bodies (Note: Code first <b>G31.83</b> Lewy body disease.)  Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease (Note: Code first <b>G20</b> Parkinson’s disease.)	<i>No coding of etiological medical condition</i>  G31.9	<b>Code etiological medical condition first (noted at left with each disorder) then code F02.81 With behavioral disturbance or F02.80 Without behavioral disturbance</b>

# Criteria Updates

This content is unchanged from the prior DSM-5 Update (August 2015).

Key: **Underlined text is to be added; crossed-out text is to be deleted.**

## Neurodevelopmental Disorders

### Autism Spectrum Disorder: Criterion A [August 2015]

(DSM-5, p. 50; Desk Reference, p. 27)

**As printed** A. Persistent deficits in social communication and social interaction across multiple contexts, as **manifested by the following**, currently or by history (examples are illustrative, not exhaustive; see text):

**As updated** A. Persistent deficits in social communication and social interaction across multiple contexts, as **manifested by all of the following**, currently or by history (examples are illustrative, not exhaustive; see text):

**Reason for update** This update clarifies that all three of the Criterion A items are required.

## Schizophrenia Spectrum and Other Psychotic Disorders

### Brief Psychotic Disorder: “With Peripartum Onset” Specifier [August 2015]

(DSM-5, p. 94; Desk Reference, p. 48)

**As printed** With **postpartum** onset: if onset is during pregnancy or within 4 weeks postpartum

**As updated** With **postpartum-peripartum** onset: if onset is during pregnancy or within 4 weeks postpartum

Corresponding update in DSM-5 Classification, Brief Psychotic Disorder  
(DSM-5, p. xv; Desk Reference, p. xii)

**As printed** Specify if: With marked stressor(s), Without marked stressor(s), With **postpartum** onset

**As updated** Specify if: With marked stressor(s), Without marked stressor(s), With **postpartum-peripartum** onset

**Reason for update** “Peripartum” rather than “postpartum” is correct.

## Bipolar and Related Disorders

### Bipolar I Disorder: Manic Episode, Criterion A [August 2015]

(DSM-5, p. 124; Desk Reference, p. 65)

**As printed** A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

**As updated** A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy, lasting at least 1 week and present most of the day, nearly every day (or any duration if hospitalization is necessary).

**Reason for update** The abnormally and persistent increased activity required in Criterion A does not have to be goal-directed. Increase in goal-directed activity is required to meet Criterion B6.

**Bipolar I Disorder: Hypomanic Episode, Criterion F [August 2015]***(DSM-5, p. 125; Desk Reference, p. 67)***Bipolar II Disorder: Hypomanic Episode, Criterion F [August 2015]***(DSM-5, p. 133; Desk Reference, p. 72)***As printed** F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment).**As updated** F. The episode is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication, other treatment) **or another medical condition.****Reason for update** *“Another medical condition” added so that Criterion F conforms to the wording of other DSM-5 criteria that rule out organic causes.***Bipolar II Disorder: “With Melancholic Features” and “With Atypical Features” Specifiers [August 2015]***(DSM-5, p. 135; Desk Reference, p. 75)***As printed** **With rapid cycling**  
**With mood-congruent psychotic features****As updated** **With rapid cycling**  
**With melancholic features (p. 151)**  
**With atypical features (pp. 151–152)**  
**With mood-congruent psychotic features***(Desk Reference)* **With rapid cycling**  
**With melancholic features (pp. 86–87)**  
**With atypical features (pp. 87–88)**  
**With mood-congruent psychotic features****Reason for update** *“With melancholic features” and “with atypical features” apply to major depressive episodes in bipolar II disorder.***Bipolar II Disorder: “With Seasonal Pattern” Specifier [August 2015]***(DSM-5, p. 135; Desk Reference, p. 75)***As printed** : Applies only to the pattern of major depressive episodes.**As updated** **: Applies only to the pattern of major depressive episodes.****Reason for update** *“With seasonal pattern” applies to all mood episodes: manic, hypomanic, and major depressive episodes.**Additional update to “with seasonal pattern” specifier, Criterion D Note, second paragraph, second sentence (DSM-5, pp. 153–154; Desk Reference, p. 91)***As printed** This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.**As updated** This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent-loss of** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.**Reason for update** *“Loss of energy” is correct.*

## Bipolar II Disorder: Severity Specifier [August 2015]

(DSM-5, p. 135; Desk Reference, p. 75)

**As printed** Specify severity if full criteria for a **mood** episode are currently met:

**As updated** Specify severity if full criteria for a **mood-major depressive** episode are currently met:

*Corresponding update in DSM-5 Classification, Bipolar II Disorder  
(DSM-5, p. xvi; Desk Reference, p. xiv)*

**As printed** Specify severity if full criteria for a **mood** episode are currently met: Mild, Moderate, Severe

**As updated** Specify severity if full criteria for a **mood-major depressive** episode are currently met: Mild, Moderate, Severe

**Reason for update** "Mild," "moderate," and "severe" only apply to major depressive episodes in bipolar II disorder.

## Specifiers for Bipolar and Related Disorders: Severity Specifiers [August 2015]

(DSM-5, p. 154; Desk Reference, p. 92)

**As printed** **In full remission:** During the past 2 months, no significant signs or symptoms of the disturbance were present.

*Specify current severity:*

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

**Mild:** Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.

**Moderate:** The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe."

**Severe:** The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

**As updated** **In full remission:** During the past 2 months, no significant signs or symptoms of the disturbance were present.

**Specify current severity of manic episode:**

**Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.**

**Mild:** Minimum symptom criteria are met for a manic episode.

**Moderate:** Very significant increase in activity or impairment in judgment.

**Severe:** Almost continual supervision is required in order to prevent physical harm to self or others.

*Specify current severity of major depressive episode:*

Severity is based on the number of criterion symptoms, the severity of those symptoms, and the degree of functional disability.

**Mild:** Few, if any, symptoms in excess of those required to meet the diagnostic criteria are present, the intensity of the symptoms is distressing but manageable, and the symptoms result in minor impairment in social or occupational functioning.

**Moderate:** The number of symptoms, intensity of symptoms, and/or functional impairment are between those specified for "mild" and "severe."

**Severe:** The number of symptoms is substantially in excess of those required to make the diagnosis, the intensity of the symptoms is seriously distressing and unmanageable, and the symptoms markedly interfere with social and occupational functioning.

**Reason for update** Separate severity specifiers for manic episode are added to enhance clarity. The severity specifiers for manic episode are adapted from DSM-IV.

## Depressive Disorders

### Major Depressive Disorder: “With Mixed Features” Specifier, Criterion A [August 2015]

(DSM-5, p. 184; Desk Reference, p. 108)

**As printed** A. At least three of the following manic/hypomanic symptoms are present **nearly every day** during the majority of days of a major depressive episode:

**As updated** A. At least three of the following manic/hypomanic symptoms are present **nearly every day** during the majority of days of a major depressive episode:

**Reason for update** “Nearly every day” in Criterion A for mixed features is incorrect.

### Specifiers for Depressive Disorders: “With Seasonal Pattern” Specifier, Criterion D Note (second paragraph) [August 2015]

(DSM-5, p. 187; Desk Reference, p. 113)

**As printed** This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.

**As updated** This specifier does not apply to those situations in which the pattern is better explained by seasonally linked psychosocial stressors (e.g., seasonal unemployment or school schedule). Major depressive episodes that occur in a seasonal pattern are often characterized by **prominent loss of** energy, hypersomnia, overeating, weight gain, and a craving for carbohydrates.

**Reason for update** “Loss of energy” is correct.

## Trauma- and Stressor-Related Disorders

### Adjustment Disorder: Add specifiers for Adjustment Disorders [March 2014]

(DSM-5: pp. xx, 287; Desk Reference: pp. xix, 152)

**DSM-5 Classification** (DSM-5: p. xx; Desk Reference: p. xix)

**As printed** \_\_\_\_ (\_\_\_\_) Adjustment Disorders

Specify whether:

**(F43.21)** With depressed mood

**(F43.22)** With anxiety [codes and subtypes continue as printed]

**(F43.20)** Unspecified

**As updated** \_\_\_\_ (\_\_\_\_) Adjustment Disorders

Specify whether:

**(F43.21)** With depressed mood

**(F43.22)** With anxiety [codes and subtypes continue as printed]

**(F43.20)** Unspecified

**Specify if: Acute, Persistent (chronic)**

(continued)

## Trauma- and Stressor-Related Disorders (*continued*)

### Adjustment Disorder: Add specifiers for Adjustment Disorders [March 2014]

(DSM-5: pp. xx, 287; Desk Reference: pp. xix, 152)

Criteria (DSM-5: p. 287; Desk Reference: p. 152)

As printed Specify whether:

**309.0 (F43.21) With depressed mood:** Low mood, tearfulness, or feelings of hopelessness are predominant.

... [codes and subtypes continue as printed]

**309.9 (F43.20) Unspecified:** For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

As updated

Specify whether:

**309.0 (F43.21) With depressed mood:** Low mood, tearfulness, or feelings of hopelessness are predominant.

... [codes and subtypes continue as printed]

**309.9 (F43.20) Unspecified:** For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.

Specify if:

**Acute:** If the disturbance lasts less than 6 months

**Persistent (chronic):** If the disturbance lasts for 6 months or longer

Reason for update

These course specifiers, which appeared in DSM-IV, had been inadvertently omitted.

## Alternative DSM-5 Model for Personality Disorders

### Obsessive-Compulsive Personality Disorder: Proposed Diagnostic Criterion B1 [August 2015]

(DSM-5, p. 768)

As printed 1. **Rigid perfectionism** (an aspect of extreme Conscientiousness [the opposite pole of **Detachment**]):

As updated 1. **Rigid perfectionism** (an aspect of extreme Conscientiousness [the opposite pole of **Detachment-Disinhibition**]):

Reason for update

"Disinhibition" is the opposite pole of conscientiousness.

## Conditions for Further Study

### Depressive Episodes With Short-Duration Hypomania: Proposed Criterion A [August 2015]

(DSM-5, p. 787)

As printed A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy.

As updated A. A distinct period of abnormally and persistently elevated, expansive, or irritable mood and abnormally and persistently increased **goal-directed** activity or energy.

Reason for update

In order to be consistent with Criterion A for hypomanic episode in bipolar I and bipolar II disorders, the term "goal-directed" is removed from proposed Criterion A for hypomanic periods.



## Text Updates

This content is unchanged from the prior DSM-5 Update (August 2015).

Key: **Underlined text is to be added; ~~crossed-out~~ text is to be deleted.**

### Schizophrenia Spectrum and Other Psychotic Disorders

#### Delusional Disorder: Subtypes [August 2015]

**Location** DSM-5, p. 92: Revise lines 9 and 10 from top of page

**As printed** Somatic delusions can occur in several forms. Most common is the belief that the individual emits a foul odor; that there is an infestation of insects on or in the skin; that there is an internal parasite; **that certain parts of the body are misshapen or ugly**; or that parts of the body are not functioning.

**As updated** Somatic delusions can occur in several forms. Most common is the belief that the individual emits a foul odor; that there is an infestation of insects on or in the skin; that there is an internal parasite; ~~that certain parts of the body are misshapen or ugly~~; or that parts of the body are not functioning.

**Reason for update** *Somatic delusions that certain parts of the body are misshapen or ugly are diagnosed as body dysmorphic disorder, with absent insight, and not as delusional disorder. Without this update, the text suggests that such delusions should be diagnosed as delusional disorder.*

### Depressive Disorders

#### Disruptive Mood Dysregulation Disorder: Development and Course [August 2015]

**Location** DSM-5, p. 157: First paragraph of section, revise line 6

**As printed** Because the symptoms of disruptive mood dysregulation disorder are likely to change as children mature, use of the diagnosis should be restricted to age groups similar to those in which validity has been established (~~7~~–18 years).

**As updated** Because the symptoms of disruptive mood dysregulation disorder are likely to change as children mature, use of the diagnosis should be restricted to age groups similar to those in which validity has been established (**7-6**–18 years).

**Reason for update** *The age range at which disruptive mood dysregulation disorder can be diagnosed and for which validity is established is age 6–18 years, as noted in Criterion G.*

#### Persistent Depressive Disorder: Differential Diagnosis [August 2015]

**Location** DSM-5, pp. 170–171: Revise second and third lines at top of p. 171

**As printed** If the symptom criteria are sufficient for a diagnosis of a major depressive episode at any time during this period, then the diagnosis of major depression should be **noted, but it is coded not as a separate diagnosis but rather** as a specifier with the diagnosis of persistent depressive disorder.

**As updated** If the symptom criteria are sufficient for a diagnosis of a major depressive episode at any time during this period, then the diagnosis of major depression should be **noted made, but it is coded not as a separate diagnosis but rather and also noted** as a specifier with the diagnosis of persistent depressive disorder.

**Reason for update** *This update clarifies that both major depressive disorder and persistent depressive disorder may be diagnosed comorbidly.*

## Anxiety Disorders

### Generalized Anxiety Disorder: Differential Diagnosis [August 2015]

**Location** DSM-5, pp. 225–226: Revise last two lines of p. 225 through top two lines of p. 226

**As printed** **Depressive, bipolar, and psychotic disorders.** Generalized anxiety/worry is a common associated feature of depressive, bipolar, and psychotic disorders and should not be diagnosed separately if the excessive worry has occurred only during the course of these conditions.

**As updated** **Depressive, bipolar, and psychotic disorders.** Although Generalized anxiety/worry is a common associated feature of depressive, bipolar, and psychotic disorders, generalized anxiety disorder may be diagnosed comorbidly if the anxiety/worry is sufficiently severe to warrant clinical attention, and should not be diagnosed separately if the excessive worry has occurred only during the course of these conditions.

**Reason for update** *This update resolves a discrepancy between the diagnostic criteria and the text. In certain cases, generalized anxiety disorder may be diagnosed with depressive, bipolar, and psychotic disorders as noted above, consistent with the diagnostic criteria.*

## Trauma- and Stressor-Related Disorders

### Acute Stress Disorder: Differential Diagnosis [August 2015]

**Location** DSM-5, p. 285: First paragraph, first line of “Adjustment disorders” section

**As printed** **Adjustment disorders.** In acute stress disorder, the stressor can be of any severity rather than of the severity and type required by Criterion A of acute stress disorder.

**As updated** **Adjustment disorders.** ~~In acute stress disorder~~ In adjustment disorders, the stressor can be of any severity rather than of the severity and type required by Criterion A of acute stress disorder.

**Reason for update** *The first sentence refers to adjustment disorders rather than acute stress disorder.*

## Somatic Symptom and Related Disorders

### Somatic Symptom Disorder: Differential Diagnosis [August 2015]

**Location** DSM-5, p. 314: First paragraph, delete second sentence

**As printed** If the somatic symptoms are consistent with another mental disorder (e.g., panic disorder), and the diagnostic criteria for that disorder are fulfilled, then that mental disorder should be considered as an alternative or additional diagnosis. A separate diagnosis of somatic symptom disorder is not made if the somatic symptoms and related thoughts, feelings, or behaviors occur only during major depressive episodes. If, as commonly occurs, the criteria for both somatic symptom disorder and another mental disorder diagnosis are fulfilled, then both should be coded, as both may require treatment.

**As updated** If the somatic symptoms are consistent with another mental disorder (e.g., panic disorder), and the diagnostic criteria for that disorder are fulfilled, then that mental disorder should be considered as an alternative or additional diagnosis. ~~A separate diagnosis of somatic symptom disorder is not made if the somatic symptoms and related thoughts, feelings, or behaviors occur only during major depressive episodes.~~ If, as commonly occurs, the criteria for both somatic symptom disorder and another mental disorder diagnosis are fulfilled, then both should be coded, as both may require treatment.

**Reason for update** *This update resolves a discrepancy between the diagnostic criteria and the text, making the text consistent with the criteria which do not exclude symptoms occurring during major depressive episodes.*

# October 1, 2017 ICD-10-CM Coding Updates in Detail

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## Feeding and Eating Disorders

### October 2017 ICD-10-CM coding changes for Avoidant/Restrictive Food Intake Disorder

Codes are found on the following pages: DSM-5: pp. xxi, 334, 842, 889;  
Desk Reference: pp. xxi, 170

**DSM-5 Classification**, Feeding and Eating Disorders, Avoidant/Restrictive Food Intake Disorder, p. xxi (Desk Reference, p. xxi):

- Change F50.89 to **F50.82**

**DSM-5 criteria, ICD-10-CM code for Avoidant/Restrictive Food Intake Disorder** should be revised as follows, p. 334 (Desk Reference, p. 170):

- Change F50.89 to **F50.82**

**Alphabetical Listing**, p. 842 (*not applicable to Desk Reference*)

Change the codes for **Avoidant/Restrictive Food Intake Disorder** as follows:

- Change F50.89 to **F50.82**

**Numerical Listing (ICD-10-CM)**, p. 889 (*not applicable to Desk Reference*)

Change the code for **Avoidant/Restrictive Food Intake Disorder** as follows:

- Change F50.89 to **F50.82**

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## Substance-Related and Addictive Disorders

### October 2017 ICD-10-CM codes for Alcohol Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxv, 491, 841, 878;  
Desk Reference: pp. xxvi, 234

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Alcohol-Related Disorders, Alcohol Use Disorder, p. xxv  
(Desk Reference, p. xxvi):

\_\_\_\_.\_\_\_\_ (\_\_\_\_.\_\_\_\_) Alcohol Use Disorder<sup>a,b</sup> (490)

Specify current severity/remission:

F10.10	<u>Mild</u>
F10.11	<u>Mild, In early remission</u>
F10.11	<u>Mild, In sustained remission</u>
F10.20	<u>Moderate</u>
F10.21	<u>Moderate, In early remission</u>
F10.21	<u>Moderate, In sustained remission</u>
F10.20	<u>Severe</u>
F10.21	<u>Severe, In early remission</u>
F10.21	<u>Severe, In sustained remission</u>

## Substance-Related and Addictive Disorders (*continued*)

DSM-5 criteria, ICD-10-CM codes for Alcohol Use Disorder should be added as follows, p. 491 (Desk Reference, p. 234):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If an alcohol intoxication, alcohol withdrawal, or another alcohol-induced mental disorder is also present, do not use the codes below for alcohol use disorder. Instead, the comorbid alcohol use disorder is indicated in the 4th character of the alcohol-induced disorder code (see the coding note for alcohol intoxication, alcohol withdrawal, or a specific alcohol-induced mental disorder). For example, if there is comorbid alcohol intoxication and alcohol use disorder, only the alcohol intoxication code is given, with the 4th character indicating whether the comorbid alcohol use disorder is mild, moderate, or severe: F10.129 for mild alcohol use disorder with alcohol intoxication or F10.229 for a moderate or severe alcohol use disorder with alcohol intoxication.

Specify current severity/remission:

**F10.10 Mild:** Presence of 2–3 symptoms.

**F10.11 Mild, In early remission**

**F10.11 Mild, In sustained remission**

**F10.20 Moderate:** Presence of 4–5 symptoms.

**F10.21 Moderate, In early remission**

**F10.21 Moderate, In sustained remission**

**F10.20 Severe:** Presence of 6 or more symptoms.

**F10.21 Severe, In early remission**

**F10.21 Severe, In sustained remission**

**Alphabetical Listing**, p. 841 (*not applicable to Desk Reference*)

Add the codes for **Alcohol use disorder** as follows:

	Alcohol use disorder
F10.10	Mild
<b><u>F10.11</u></b>	<b><u>Mild, In early remission</u></b>
<b><u>F10.11</u></b>	<b><u>Mild, In sustained remission</u></b>
F10.20	Moderate
<b><u>F10.21</u></b>	<b><u>Moderate, In early remission</u></b>
<b><u>F10.21</u></b>	<b><u>Moderate, In sustained remission</u></b>
F10.20	Severe
<b><u>F10.21</u></b>	<b><u>Severe, In early remission</u></b>
<b><u>F10.21</u></b>	<b><u>Severe, In sustained remission</u></b>

**Numerical Listing (ICD-10-CM)**, p. 878 (*not applicable to Desk Reference*)

Add the codes for **Alcohol use disorder** as follows:

- Following “F10.10 Alcohol use disorder, Mild,” add “**F10.11 Alcohol use disorder, Mild, In early remission**” followed by “**F10.11 Alcohol use disorder, Mild, In sustained remission.**”
- Following “F10.20 Alcohol use disorder, Severe,” Add “**F10.21 Alcohol use disorder, Moderate, In early remission**” followed by “**F10.21 Alcohol use disorder, Moderate, In sustained remission**” followed by “**F10.21 Alcohol use disorder, Severe, In early remission,**” followed by “**F10.21 Alcohol use disorder, Severe, In sustained remission.**”

## Substance-Related and Addictive Disorders (*continued*)

### October 2017 ICD-10-CM codes for Cannabis Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxv, 510, 844, 880;  
Desk Reference: pp. xxvii, 241

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Cannabis-Related Disorders, Cannabis Use Disorder, p. xxv (Desk Reference, p. xxvii):

\_\_\_\_ (\_\_\_\_) Cannabis Use Disorder<sup>r-a,b</sup> (509)

*Specify current severity/remission:*

- F12.10 Mild
- F12.11 Mild, In early remission
- F12.11 Mild, In sustained remission
  
- F12.20 Moderate
- F12.21 Moderate, In early remission
- F12.21 Moderate, In sustained remission
  
- F12.20 Severe
- F12.21 Severe, In early remission
- F12.21 Severe, In sustained remission

**DSM-5 criteria, ICD-10-CM codes for Cannabis Use Disorder** should be added as follows, p. 510 (Desk Reference, p. 241):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If a cannabis intoxication, cannabis withdrawal, or another cannabis-induced mental disorder is also present, do not use the codes below for cannabis use disorder. Instead, the comorbid cannabis use disorder is indicated in the 4th character of the cannabis-induced disorder code (see the coding note for cannabis intoxication, cannabis withdrawal, or a specific cannabis-induced mental disorder). For example, if there is comorbid cannabis-induced anxiety disorder and cannabis use disorder, only the cannabis-induced anxiety disorder code is given, with the 4th character indicating whether the comorbid cannabis use disorder is mild, moderate, or severe: F12.180 for mild cannabis use disorder with cannabis-induced anxiety disorder or F12.280 for a moderate or severe cannabis use disorder with cannabis-induced anxiety disorder.

*Specify current severity/remission:*

**F12.10 Mild:** Presence of 2–3 symptoms.

F12.11 Mild, In early remission

F12.11 Mild, In sustained remission

**F12.20 Moderate:** Presence of 4–5 symptoms.

F12.21 Moderate, In early remission

F12.21 Moderate, In sustained remission

**F12.20 Severe:** Presence of 6 or more symptoms.

F12.21 Severe, In early remission

F12.21 Severe, In sustained remission

## Substance-Related and Addictive Disorders (*continued*)

### Alphabetical Listing, p. 844 (*not applicable to Desk Reference*)

Add the codes for **Cannabis use disorder** as follows:

	Cannabis use disorder
F12.10	Mild
<u>F12.11</u>	<u>Mild, In early remission</u>
<u>F12.11</u>	<u>Mild, In sustained remission</u>
F12.20	Moderate
<u>F12.21</u>	<u>Moderate, In early remission</u>
<u>F12.21</u>	<u>Moderate, In sustained remission</u>
F12.20	Severe
<u>F12.21</u>	<u>Severe, In early remission</u>
<u>F12.21</u>	<u>Severe, In sustained remission</u>

### Numerical Listing (ICD-10-CM), p. 880 (*not applicable to Desk Reference*)

Add the codes for **Cannabis use disorder** as follows:

- Following “F12.10 Cannabis use disorder, Mild,” add “**F12.11 Cannabis use disorder, Mild, In early remission**” followed by “**F12.11 Cannabis use disorder, Mild, In sustained remission.**”
- Following “F12.20 Cannabis use disorder, Severe,” Add “**F12.21 Cannabis use disorder, Moderate, In early remission**” followed by “**F12.21 Cannabis use disorder, Moderate, In sustained remission**” followed by “**F12.21 Cannabis use disorder, Severe, In early remission,**” followed by “**F12.21 Cannabis use disorder, Severe, In sustained remission.**”

### NEW ICD-10-CM codes for Phencyclidine Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxvi, 521, 857, 884;  
Desk Reference: pp. xxvii–xxviii, 246

**DSM-5 Classification,** Substance-Related and Addictive Disorders, Substance Use Disorders, Hallucinogen-Related Disorders, Phencyclidine Use Disorder, p. xxvi (Desk Reference, pp. xxvii–xxviii):

\_\_\_\_.\_\_\_\_ (\_\_\_\_.\_\_\_\_) Phencyclidine Use Disorder<sup>a,b</sup> (520)

Specify current severity/remission:

F16.10	<u>Mild</u>
<u>F16.11</u>	<u>Mild, In early remission</u>
<u>F16.11</u>	<u>Mild, In sustained remission</u>
F16.20	Moderate
<u>F16.21</u>	<u>Moderate, In early remission</u>
<u>F16.21</u>	<u>Moderate, In sustained remission</u>
F16.20	Severe
<u>F16.21</u>	<u>Severe, In early remission</u>
<u>F16.21</u>	<u>Severe, In sustained remission</u>

## Substance-Related and Addictive Disorders (*continued*)

DSM-5 criteria, ICD-10-CM codes for **Phencyclidine Use Disorder** should be added as follows, p. 521 (Desk Reference, p. 246):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If a phencyclidine intoxication or another phencyclidine-induced mental disorder is also present, do not use the codes below for phencyclidine use disorder. Instead, the comorbid phencyclidine use disorder is indicated in the 4th character of the phencyclidine-induced disorder code (see the coding note for phencyclidine intoxication or a specific phencyclidine-induced mental disorder). For example, if there is comorbid phencyclidine-induced psychotic disorder, only the phencyclidine-induced psychotic disorder code is given, with the 4th character indicating whether the comorbid phencyclidine use disorder is mild, moderate, or severe: F16.159 for mild phencyclidine use disorder with phencyclidine-induced psychotic disorder or F16.259 for a moderate or severe phencyclidine use disorder with phencyclidine-induced psychotic disorder.

*Specify current severity/remission:*

**F16.10 Mild:** Presence of 2–3 symptoms.

**F16.11 Mild, In early remission**

**F16.11 Mild, In sustained remission**

**F16.20 Moderate:** Presence of 4–5 symptoms.

**F16.21 Moderate, In early remission**

**F16.21 Moderate, In sustained remission**

**F16.20 Severe:** Presence of 6 or more symptoms.

**F16.21 Severe, In early remission**

**F16.21 Severe, In sustained remission**

**Alphabetical Listing**, p. 857 (*not applicable to Desk Reference*)

Add the codes for **Phencyclidine use disorder** as follows:

	Phencyclidine use disorder
F16.10	Mild
<u>F16.11</u>	<u>Mild, In early remission</u>
<u>F16.11</u>	<u>Mild, In sustained remission</u>
F16.20	Moderate
<u>F16.21</u>	<u>Moderate, In early remission</u>
<u>F16.21</u>	<u>Moderate, In sustained remission</u>
F16.20	Severe
<u>F16.21</u>	<u>Severe, In early remission</u>
<u>F16.21</u>	<u>Severe, In sustained remission</u>

**Numerical Listing (ICD-10-CM)**, p. 884 (*not applicable to Desk Reference*)

Add the codes for **Phencyclidine use disorder** as follows:

- Following “F16.10 Phencyclidine use disorder, Mild,” add “**F16.11 Phencyclidine use disorder, Mild, In early remission**” followed by “**F16.11 Phencyclidine use disorder, Mild, In sustained remission.**”
- Following “F16.20 Phencyclidine use disorder, Severe,” Add “**F16.21 Phencyclidine use disorder, Moderate, In early remission**” followed by “**F16.21 Phencyclidine use disorder, Moderate, In sustained remission**” followed by “**F16.21 Phencyclidine use disorder, Severe, In early remission,**” followed by “**F16.21 Phencyclidine use disorder, Severe, In sustained remission.**”

## Substance-Related and Addictive Disorders (*continued*)

### NEW ICD-10-CM codes for Other Hallucinogen Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxvi, 524, 854, 884;  
Desk Reference: pp. xxviii, 248

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Hallucinogen-Related Disorders, Other Hallucinogen Use Disorder, p. xxvi (Desk Reference, p. xxviii):

\_\_\_\_.\_\_\_\_ (\_\_\_\_.\_\_\_\_) Other Hallucinogen Use Disorder<sup>a,b</sup> (523)  
Specify the particular hallucinogen  
Specify current severity/remission:

F16.10 Mild

F16.11 Mild, In early remission

F16.11 Mild, In sustained remission

F16.20 Moderate

F16.21 Moderate, In early remission

F16.21 Moderate, In sustained remission

F16.20 Severe

F16.21 Severe, In early remission

F16.21 Severe, In sustained remission

**DSM-5 criteria, ICD-10-CM codes for Other Hallucinogen Use Disorder** should be added as follows, p. 524 (Desk Reference, p. 248):

**Code based on current severity/remission**: Note for ICD-10-CM codes: If a hallucinogen intoxication or another hallucinogen-induced mental disorder is also present, do not use the codes below for hallucinogen use disorder. Instead, the comorbid hallucinogen use disorder is indicated in the 4th character of the hallucinogen-induced disorder code (see the coding note for hallucinogen intoxication or specific hallucinogen-induced mental disorder). For example, if there is comorbid hallucinogen-induced psychotic disorder and hallucinogen use disorder, only the hallucinogen-induced psychotic disorder is given, with the 4th character indicating whether the comorbid hallucinogen use disorder is mild, moderate, or severe: F16.159 for mild hallucinogen use disorder with hallucinogen-induced psychotic disorder or F16.259 for a moderate or severe hallucinogen use disorder with hallucinogen-induced psychotic disorder.

Specify current severity/remission:

**F16.10 Mild**: Presence of 2–3 symptoms.

F16.11 Mild, In early remission

F16.11 Mild, In sustained remission

**F16.20 Moderate**: Presence of 4–5 symptoms.

F16.21 Moderate, In early remission

F16.21 Moderate, In sustained remission

**F16.20 Severe**: Presence of 6 or more symptoms.

F16.21 Severe, In early remission

F16.21 Severe, In sustained remission



## Substance-Related and Addictive Disorders (*continued*)

### Alphabetical Listing, p. 854 (*not applicable to Desk Reference*)

Add the codes for **Other hallucinogen use disorder** as follows:

	Other hallucinogen use disorder
F16.10	Mild
<u>F16.11</u>	<u>Mild, In early remission</u>
<u>F16.11</u>	<u>Mild, In sustained remission</u>
F16.20	Moderate
<u>F16.21</u>	<u>Moderate, In early remission</u>
<u>F16.21</u>	<u>Moderate, In sustained remission</u>
F16.20	Severe
<u>F16.21</u>	<u>Severe, In early remission</u>
<u>F16.21</u>	<u>Severe, In sustained remission</u>

### Numerical Listing (ICD-10-CM), p. 884 (*not applicable to Desk Reference*)

Add the codes for **Other hallucinogen use disorder** as follows:

- Following “F16.10 Other hallucinogen use disorder, Mild,” add “**F16.11 Other hallucinogen use disorder, Mild, In early remission**” followed by “**F16.11 Other hallucinogen use disorder, Mild, In sustained remission.**”
- Following “F16.20 Other hallucinogen use disorder, Severe,” Add “**F16.21 Other hallucinogen use disorder, Moderate, In early remission**” followed by “**F16.21 Other hallucinogen use disorder, Moderate, In sustained remission**” followed by “**F16.21 Other hallucinogen use disorder, Severe, In early remission,**” followed by “**F16.21 Other hallucinogen use disorder, Severe, In sustained remission.**”

## NEW ICD-10-CM codes for Inhalant Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxvi, 534, 848, 885;  
Desk Reference: pp. xxviii, 254

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Inhalant-Related Disorders, Inhalant Use Disorder, p. xxvi  
(Desk Reference, p. xxviii):

\_\_\_\_ (\_\_\_\_) Inhalant Use Disorder<sup>a,b</sup> (533)

*Specify* the particular inhalant  
*Specify* current severity/remission:

F18.10	Mild
<u>F18.11</u>	<u>Mild, In early remission</u>
<u>F18.11</u>	<u>Mild, In sustained remission</u>
F18.20	Moderate
<u>F18.21</u>	<u>Moderate, In early remission</u>
<u>F18.21</u>	<u>Moderate, In sustained remission</u>
F18.20	Severe
<u>F18.21</u>	<u>Severe, In early remission</u>
<u>F18.21</u>	<u>Severe, In sustained remission</u>

## Substance-Related and Addictive Disorders (*continued*)

DSM-5 criteria, ICD-10-CM codes for **Inhalant Use Disorder** should be added as follows, p. 534 (Desk Reference, p. 254):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If an inhalant intoxication or another inhalant-induced mental disorder is also present, do not use the codes below for inhalant use disorder. Instead, the comorbid inhalant use disorder is indicated in the 4th character of the inhalant-induced disorder code (see the coding note for inhalant intoxication or a specific inhalant-induced mental disorder). For example, if there is comorbid inhalant-induced depressive disorder and inhalant use disorder, only the inhalant-induced depressive disorder code is given, with the 4th character indicating whether the comorbid inhalant use disorder is mild, moderate, or severe: F18.14 for mild inhalant use disorder with inhalant-induced depressive disorder or F18.24 for a moderate or severe inhalant use disorder with inhalant-induced depressive disorder.

*Specify current severity/remission:*

**F18.10 Mild:** Presence of 2–3 symptoms.

**F18.11 Mild, In early remission**

**F18.11 Mild, In sustained remission**

**F18.20 Moderate:** Presence of 4–5 symptoms.

**F18.21 Moderate, In early remission**

**F18.21 Moderate, In sustained remission**

**F18.20 Severe:** Presence of 6 or more symptoms.

**F18.21 Severe, In early remission**

**F18.21 Severe, In sustained remission**

**Alphabetical Listing**, p. 848 (*not applicable to Desk Reference*)

Add the codes for **Inhalant use disorder** as follows:

	Inhalant use disorder
F18.10	Mild
<u>F18.11</u>	<u>Mild, In early remission</u>
<u>F18.11</u>	<u>Mild, In sustained remission</u>
F18.20	Moderate
<u>F18.21</u>	<u>Moderate, In early remission</u>
<u>F18.21</u>	<u>Moderate, In sustained remission</u>
F18.20	Severe
<u>F18.21</u>	<u>Severe, In early remission</u>
<u>F18.21</u>	<u>Severe, In sustained remission</u>

**Numerical Listing (ICD-10-CM)**, p. 885 (*not applicable to Desk Reference*)

Add the codes for **Inhalant use disorder** as follows:

- Following “F18.10 Inhalant use disorder, Mild,” add “**F18.11 Inhalant use disorder, Mild, In early remission**” followed by “**F18.11 Inhalant use disorder, Mild, In sustained remission.**”
- Following “F18.20 Inhalant use disorder, Severe,” Add “**F18.21 Inhalant use disorder, Moderate, In early remission**” followed by “**F18.21 Inhalant use disorder, Moderate, In sustained remission**” followed by “**F18.21 Inhalant use disorder, Severe, In early remission,**” followed by “**F18.21 Inhalant use disorder, Severe, In sustained remission.**”

## Substance-Related and Addictive Disorders (*continued*)

### NEW ICD-10-CM codes for Opioid Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxvii, 542, 851, 879;  
Desk Reference: pp. xxix, 258

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Opioid-Related Disorders, Opioid Use Disorder, p. xxvii (Desk Reference, p. xxix):

\_\_\_\_.\_\_\_\_ (\_\_\_\_.\_\_\_\_) Opioid Use Disorder<sup>r-a</sup> (541)

*Specify if:* On maintenance therapy, In a controlled environment

*Specify current severity/remission:*

F11.10	<u>Mild</u>
<u>F11.11</u>	<u>Mild, In early remission</u>
<u>F11.11</u>	<u>Mild, In sustained remission</u>
F11.20	Moderate
<u>F11.21</u>	<u>Moderate, In early remission</u>
<u>F11.21</u>	<u>Moderate, In sustained remission</u>
F11.20	Severe
<u>F11.21</u>	<u>Severe, In early remission</u>
<u>F11.21</u>	<u>Severe, In sustained remission</u>

**DSM-5 criteria, ICD-10-CM codes for Opioid Use Disorder** should be added as follows,  
p. 542 (Desk Reference, p. 258):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If an opioid intoxication, opioid withdrawal, or another opioid-induced mental disorder is also present, do not use the codes below for opioid use disorder. Instead, the comorbid opioid use disorder is indicated in the 4th character of the opioid-induced disorder code (see the coding note for opioid intoxication, opioid withdrawal, or a specific opioid-induced mental disorder). For example, if there is comorbid opioid-induced depressive disorder and opioid use disorder, only the opioid-induced depressive disorder code is given, with the 4th character indicating whether the comorbid opioid use disorder is mild, moderate, or severe: F11.14 for mild opioid use disorder with opioid-induced depressive disorder or F11.24 for a moderate or severe opioid use disorder with opioid-induced depressive disorder.

*Specify current severity/remission:*

**F11.10 Mild:** Presence of 2–3 symptoms.

**F11.11 Mild, In early remission**

**F11.11 Mild, In sustained remission**

**F11.20 Moderate:** Presence of 4–5 symptoms.

**F11.21 Moderate, In early remission**

**F11.21 Moderate, In sustained remission**

**F11.20 Severe:** Presence of 6 or more symptoms.

**F11.21 Severe, In early remission**

**F11.21 Severe, In sustained remission**

## Substance-Related and Addictive Disorders (*continued*)

### Alphabetical Listing, p. 851 (*not applicable to Desk Reference*)

Add the codes for **Opioid use disorder** as follows:

	Opioid use disorder
F11.10	Mild
<u>F11.11</u>	<u>Mild, In early remission</u>
<u>F11.11</u>	<u>Mild, In sustained remission</u>
F11.20	Moderate
<u>F11.21</u>	<u>Moderate, In early remission</u>
<u>F11.21</u>	<u>Moderate, In sustained remission</u>
F11.20	Severe
<u>F11.21</u>	<u>Severe, In early remission</u>
<u>F11.21</u>	<u>Severe, In sustained remission</u>

### Numerical Listing (ICD-10-CM), p. 879 (*not applicable to Desk Reference*)

Add the codes for **Opioid use disorder** as follows:

- Following “F11.10 Opioid use disorder, Mild,” add “**F11.11 Opioid use disorder, Mild, In early remission**” followed by “**F11.11 Opioid use disorder, Mild, In sustained remission.**”
- Following “F11.20 Opioid use disorder, Severe,” Add “**F11.21 Opioid use disorder, Moderate, In early remission**” followed by “**F11.21 Opioid use disorder, Moderate, In sustained remission**” followed by “**F11.21 Opioid use disorder, Severe, In early remission,**” followed by “**F11.21 Opioid use disorder, Severe, In sustained remission.**”

### NEW ICD-10-CM codes for Sedative, Hypnotic, or Anxiolytic Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxvii, 552, 859, 880, 881;

Desk Reference: pp. xxix, 264

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Sedative-, Hypnotic-, or Anxiolytic-Related Disorders, Sedative, Hypnotic, or Anxiolytic Use Disorder, p. xxvii (Desk Reference, p. xxix):

\_\_\_\_ (\_\_\_\_) Sedative, Hypnotic, or Anxiolytic Use Disorder<sup>r-a,b</sup> (550)

Specify current severity/remission:

F13.10	<u>Mild</u>
<u>F13.11</u>	<u>Mild, In early remission</u>
<u>F13.11</u>	<u>Mild, In sustained remission</u>
F13.20	Moderate
<u>F13.21</u>	<u>Moderate, In early remission</u>
<u>F13.21</u>	<u>Moderate, In sustained remission</u>
F13.20	Severe
<u>F13.21</u>	<u>Severe, In early remission</u>
<u>F13.21</u>	<u>Severe, In sustained remission</u>

## Substance-Related and Addictive Disorders (*continued*)

DSM-5 criteria, ICD-10-CM codes for **Sedative, Hypnotic, or Anxiolytic Use Disorder** should be added as follows, p. 552 (Desk Reference, p. 264):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If a sedative, hypnotic, or anxiolytic intoxication; sedative, hypnotic, or anxiolytic withdrawal; or another sedative-, hypnotic-, or anxiolytic-induced mental disorder is also present, do not use the codes below for sedative, hypnotic, or anxiolytic use disorder. Instead the comorbid sedative, hypnotic, or anxiolytic use disorder is indicated in the 4th character of the sedative-, hypnotic-, or anxiolytic-induced disorder (see the coding note for sedative, hypnotic, or anxiolytic intoxication; sedative, hypnotic, or anxiolytic withdrawal; or specific sedative-, hypnotic-, or anxiolytic-induced mental disorder). For example, if there is comorbid sedative-, hypnotic-, or anxiolytic-induced depressive disorder and sedative, hypnotic, or anxiolytic use disorder, only the sedative-, hypnotic-, or anxiolytic-induced depressive disorder code is given with the 4th character indicating whether the comorbid sedative, hypnotic, or anxiolytic use disorder is mild, moderate, or severe: F13.14 for mild sedative, hypnotic, or anxiolytic use disorder with sedative-, hypnotic-, or anxiolytic-induced depressive disorder or F13.24 for a moderate or severe sedative, hypnotic, or anxiolytic use disorder with sedative-, hypnotic-, or anxiolytic-induced depressive disorder.

*Specify current severity/remission:*

**F13.10 Mild:** Presence of 2–3 symptoms.

**F13.11 Mild, In early remission**

**F13.11 Mild, In sustained remission**

**F13.20 Moderate:** Presence of 4–5 symptoms.

**F13.21 Moderate, In early remission**

**F13.21 Moderate, In sustained remission**

**F13.20 Severe:** Presence of 6 or more symptoms.

**F13.21 Severe, In early remission**

**F13.21 Severe, In sustained remission**

**Alphabetical Listing**, p. 859 (*not applicable to Desk Reference*)

Add the codes for **Sedative, hypnotic, or anxiolytic use disorder** as follows:

	Sedative, hypnotic, or anxiolytic use disorder
F13.10	Mild
<u>F13.11</u>	<u>Mild, In early remission</u>
<u>F13.11</u>	<u>Mild, In sustained remission</u>
F13.20	Moderate
<u>F13.21</u>	<u>Moderate, In early remission</u>
<u>F13.21</u>	<u>Moderate, In sustained remission</u>
F13.20	Severe
<u>F13.21</u>	<u>Severe, In early remission</u>
<u>F13.21</u>	<u>Severe, In sustained remission</u>

**Numerical Listing (ICD-10-CM)**, pp. 880, 881 (*not applicable to Desk Reference*)

Add the codes for **Sedative, hypnotic, or anxiolytic use disorder** as follows:

- p. 880: Following “F13.10 Sedative, hypnotic, or anxiolytic use disorder, Mild,” add “**F13.11 Sedative, hypnotic, or anxiolytic use disorder, Mild, In early remission**” followed by “**F13.11 Sedative, hypnotic, or anxiolytic use disorder, Mild, In sustained remission.**”
- p. 881: Following “F13.20 Sedative, hypnotic, or anxiolytic use disorder, Severe,” Add “**F13.21 Sedative, hypnotic, or anxiolytic use disorder, Moderate, In early remission**” followed by “**F13.21 Sedative, hypnotic, or anxiolytic use disorder, Moderate, In sustained remission**” followed by “**F13.21 Sedative, hypnotic, or anxiolytic use disorder, Severe, In early remission,**” followed by “**F13.21 Sedative, hypnotic, or anxiolytic use disorder, Severe, In sustained remission.**”

## Substance-Related and Addictive Disorders (*continued*)

### NEW ICD-10-CM codes for Stimulant Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxviii, 562, 842, 846, 856, 882, 883;  
Desk Reference: pp. xxx, 269

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Stimulant-Related Disorders, Stimulant Use Disorder, p. xxviii  
(Desk Reference, p. xxx):

____ (____)	Stimulant Use Disorder <sup>a,b</sup> (561)
____ (____)	Specify current severity/ <u>remission</u> :
	Mild
F15.10	Amphetamine-type substance
F14.10	Cocaine
F15.10	Other or unspecified stimulant
_____	<u>Mild, In early remission</u>
<u>F15.11</u>	<u>Amphetamine-type substance</u>
<u>F14.11</u>	<u>Cocaine</u>
<u>F15.11</u>	<u>Other or unspecified stimulant</u>
_____	<u>Mild, In sustained remission</u>
<u>F15.11</u>	<u>Amphetamine-type substance</u>
<u>F14.11</u>	<u>Cocaine</u>
<u>F15.11</u>	<u>Other or unspecified stimulant</u>
____ (____)	Moderate
F15.20	Amphetamine-type substance
F14.20	Cocaine
F15.20	Other or unspecified stimulant
_____	<u>Moderate, In early remission</u>
<u>F15.21</u>	<u>Amphetamine-type substance</u>
<u>F14.21</u>	<u>Cocaine</u>
<u>F15.21</u>	<u>Other or unspecified stimulant</u>
_____	<u>Moderate, In sustained remission</u>
<u>F15.21</u>	<u>Amphetamine-type substance</u>
<u>F14.21</u>	<u>Cocaine</u>
<u>F15.21</u>	<u>Other or unspecified stimulant</u>
____ (____)	Severe
F15.20	Amphetamine-type substance
F14.20	Cocaine
F15.20	Other or unspecified stimulant
_____	<u>Severe, In early remission</u>
<u>F15.21</u>	<u>Amphetamine-type substance</u>
<u>F14.21</u>	<u>Cocaine</u>
<u>F15.21</u>	<u>Other or unspecified stimulant</u>
_____	<u>Severe, In sustained remission</u>
<u>F15.21</u>	<u>Amphetamine-type substance</u>
<u>F14.21</u>	<u>Cocaine</u>
<u>F15.21</u>	<u>Other or unspecified stimulant</u>

**DSM-5 criteria, ICD-10-CM codes for Stimulant Use Disorder** should be added as follows, p. 562  
(Desk Reference, p. 269):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If an amphetamine intoxication, amphetamine withdrawal, or another amphetamine-induced mental disorder is also present, do not use the codes below for amphetamine use disorder. Instead, the comorbid

(*continued*)

## Substance-Related and Addictive Disorders (*continued*)

amphetamine use disorder is indicated in the 4th character of the amphetamine-induced disorder code (see the coding note for amphetamine intoxication, amphetamine withdrawal, or a specific amphetamine-induced mental disorder). For example, if there is comorbid amphetamine-type or other stimulant-induced depressive disorder and amphetamine-type or other stimulant use disorder, only the amphetamine-type or other stimulant-induced depressive disorder code is given, with the 4th character indicating whether the comorbid amphetamine-type or other stimulant use disorder is mild, moderate, or severe: F15.14 for mild amphetamine-type or other stimulant use disorder with amphetamine-type or other stimulant-induced depressive disorder or F15.24 for a moderate or severe amphetamine-type or other stimulant use disorder with amphetamine-type or other stimulant-induced depressive disorder. Similarly, if there is comorbid cocaine-induced depressive disorder and cocaine use disorder, only the cocaine-induced depressive disorder code is given, with the 4th character indicating whether the comorbid cocaine use disorder is mild, moderate, or severe: F14.14 for mild cocaine use disorder with cocaine-induced depressive disorder or F14.24 for a moderate or severe cocaine use disorder with cocaine-induced depressive disorder.

*Specify current severity:*

**Mild:** Presence of 2–3 symptoms.

**F15.10** Amphetamine-type substance

**F14.10** Cocaine

**F15.10** Other or unspecified stimulant

**Mild, In early remission**

**F15.11** Amphetamine-type substance

**F14.11** Cocaine

**F15.11** Other or unspecified stimulant

**Mild, In sustained remission**

**F15.11** Amphetamine-type substance

**F14.11** Cocaine

**F15.11** Other or unspecified stimulant

**Moderate:** Presence of 4–5 symptoms.

**F15.20** Amphetamine-type substance

**F14.20** Cocaine

**F15.20** Other or unspecified stimulant

**Moderate, In early remission**

**F15.21** Amphetamine-type substance

**F14.21** Cocaine

**F15.21** Other or unspecified stimulant

**Moderate, In sustained remission**

**F15.21** Amphetamine-type substance

**F14.21** Cocaine

**F15.21** Other or unspecified stimulant

**Severe:** Presence of 6 or more symptoms.

**F15.20** Amphetamine-type substance

**F14.20** Cocaine

**F15.20** Other or unspecified stimulant

**Severe, In early remission**

**F15.21** Amphetamine-type substance

**F14.21** Cocaine

**F15.21** Other or unspecified stimulant

**Severe, In sustained remission**

**F15.21** Amphetamine-type substance

**F14.21** Cocaine

**F15.21** Other or unspecified stimulant

## Substance-Related and Addictive Disorders (*continued*)

**Alphabetical Listing**, p. 842 (*not applicable to Desk Reference*) for **Amphetamine-type substance use disorder**:

Amphetamine-type substance use disorder  
F15.10 Mild  
[F15.11 Mild, In early remission](#)  
[F15.11 Mild, In sustained remission](#)  
F15.20 Moderate  
[F15.21 Moderate, In early remission](#)  
[F15.21 Moderate, In sustained remission](#)  
F15.20 Severe  
[F15.21 Severe, In early remission](#)  
[F15.21 Severe, In sustained remission](#)

**Alphabetical Listing**, p. 846 (*not applicable to Desk Reference*) for **Cocaine use disorder**:

Cocaine use disorder  
F14.10 Mild  
[F14.11 Mild, In early remission](#)  
[F14.11 Mild, In sustained remission](#)  
F14.20 Moderate  
[F14.21 Moderate, In early remission](#)  
[F14.21 Moderate, In sustained remission](#)  
F14.20 Severe  
[F14.21 Severe, In early remission](#)  
[F14.21 Severe, In sustained remission](#)

**Alphabetical Listing**, p. 856 (*not applicable to Desk Reference*) for **Other or unspecified stimulant use disorder**:

Other or unspecified stimulant use disorder  
F15.10 Mild  
[F15.11 Mild, In early remission](#)  
[F15.11 Mild, In sustained remission](#)  
F15.20 Moderate  
[F15.21 Moderate, In early remission](#)  
[F15.21 Moderate, In sustained remission](#)  
F15.20 Severe  
[F15.21 Severe, In early remission](#)  
[F15.21 Severe, In sustained remission](#)

**Numerical Listing (ICD-10-CM)**, p. 882 (*not applicable to Desk Reference*)

Add the codes for **Cocaine use disorder** as follows:

- Following “F14.10 Cocaine use disorder, Mild,” add “**F14.11 Cocaine use disorder, Mild, In early remission**” followed by “**F14.11 Cocaine use disorder, Mild, In sustained remission.**”
- Following “F14.20 Cocaine use disorder, Severe” , Add “**F14.21 Cocaine use disorder, Moderate, In early remission**” followed by “**F14.21 Cocaine use disorder, Moderate, In sustained remission,**” followed by “**F14.21 Cocaine use disorder, Severe, In early remission,**” followed by “**F14.21 Cocaine use disorder, Severe, In sustained remission.**”



## Substance-Related and Addictive Disorders (*continued*)

### Numerical Listing (ICD-10-CM), p. 882 (*not applicable to Desk Reference*)

Add the codes for **Amphetamine-type substance use disorder/Other or unspecified stimulant use disorder** as follows:

- Following “F15.10 Other or Unspecified Stimulant use disorder, Mild,” add “**F15.11 Amphetamine-type substance use disorder, Mild, In early remission**” followed by “**F15.11 Amphetamine-type substance use disorder, Mild, In sustained remission**,” followed by “**F15.11 Other or unspecified stimulant use disorder, Mild, In early remission**,” followed by “**F15.11 Other or unspecified stimulant use disorder, Mild, In sustained remission**.”

### Numerical Listing (ICD-10-CM), p. 883 (*not applicable to Desk Reference*)

Add the codes for **Amphetamine-type substance use disorder/Other or unspecified stimulant use disorder** as follows:

- Following “F15.20 Other or unspecified stimulant use disorder, severe,” Add “**F15.21 Amphetamine-type substance use disorder, Moderate, In early remission**” followed by “**F15.21 Amphetamine-type substance use disorder, Moderate In sustained remission**,” followed by “**F15.21 Amphetamine-type substance use disorder, Severe, In early remission**,” followed by “**F15.21 Amphetamine-type substance use disorder, Severe, In sustained remission**,” followed by “**F15.21 Amphetamine-type substance use disorder, Severe, In early remission**,” followed by “**F15.21 Amphetamine-type substance use disorder, Severe, In sustained remission**,” followed by “**F15.21 Other or unspecified stimulant use Disorder, Moderate, In early remission**” followed by “**F15.21 Other or unspecified stimulant use disorder, Moderate In sustained remission**,” followed by “**F15.21 Other or unspecified stimulant use disorder, Severe, In early remission**,” followed by **F15.21 Other or unspecified stimulant use disorder, Severe, In sustained remission**.”

### NEW ICD-10-CM codes for Tobacco Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxix, 572, 861, 885;  
Desk Reference: pp. xxxi, 276

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Tobacco-Related Disorders, Tobacco Use Disorder, p. xxix  
(Desk Reference, p. xxxi):

\_\_\_\_ (\_\_\_\_) Tobacco Use Disorder<sup>a</sup> (571)

*Specify if:* On maintenance therapy, In a controlled environment  
*Specify current severity/remission:*

Z72.0	<u>Mild</u>
F17.200	<u>Moderate</u>
<u>F17.201</u>	<u>Moderate, In early remission</u>
<u>F17.201</u>	<u>Moderate, In sustained remission</u>
F17.200	<u>Severe</u>
<u>F17.201</u>	<u>Severe, In early remission</u>
<u>F17.201</u>	<u>Severe, In sustained remission</u>

## Substance-Related and Addictive Disorders (*continued*)

DSM-5 criteria, ICD-10-CM codes for Tobacco Use Disorder should be added as follows, p. 572 (Desk Reference, p. 276):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If a tobacco withdrawal or tobacco-induced sleep disorder is also present, do not use the codes below for tobacco use disorder. Instead, the comorbid tobacco use disorder is indicated in the 4th character of the tobacco-induced disorder code (see the coding note for tobacco withdrawal or tobacco-induced sleep disorder). For example, if there is comorbid tobacco-induced sleep disorder and tobacco use disorder, only the tobacco-induced sleep disorder code is given, with the 4th character indicating whether the comorbid tobacco use disorder is moderate or severe: F17,208 for moderate or severe tobacco use disorder with tobacco-induced sleep disorder. It is not permissible to code a comorbid mild tobacco use disorder with a tobacco-induced sleep disorder.

Specify current severity/remission:

**Z72.0 Mild:** Presence of 2–3 symptoms.

**F17.200 Moderate:** Presence of 4–5 symptoms.

**F17.201 Moderate, In early remission**

**F17.201 Moderate, In sustained remission**

**F17.200 Severe:** Presence of 6 or more symptoms.

**F17.201 Severe, In early remission**

**F17.201 Severe, In sustained remission**

**Alphabetical Listing**, p. 861 (*not applicable to Desk Reference*)

Add the codes for **Tobacco use disorder** as follows:

	Tobacco use disorder
Z72.0	Mild
F17.201	Moderate
<b><u>F17.201</u></b>	<b><u>Moderate, In early remission</u></b>
<b><u>F17.201</u></b>	<b><u>Moderate, In sustained remission</u></b>
F17.201	Severe
<b><u>F17.201</u></b>	<b><u>Severe, In early remission</u></b>
<b><u>F17.201</u></b>	<b><u>Severe, In sustained remission</u></b>

**Numerical Listing (ICD-10-CM)**, p. 885 (*not applicable to Desk Reference*)

Add the codes for **Tobacco use disorder** as follows:

- Following “F17.200 Tobacco use disorder, Severe,” add “**F17.201 Tobacco use disorder, Moderate, In early remission**” followed by “**F17.201 Tobacco use disorder, Moderate, In sustained remission**” followed by “**F17.201 Tobacco use disorder, Severe, In early remission**” followed by “**F17.201 Tobacco use disorder, Severe, In sustained remission.**”

## Substance-Related and Addictive Disorders (*continued*)

### NEW ICD-10-CM codes for Other (or Unknown) Substance Use Disorder Course Specifiers

Codes are found on the following pages: DSM-5: pp. xxix, 578, 856, 886;  
Desk Reference: pp. xxxii, 279

**DSM-5 Classification**, Substance-Related and Addictive Disorders, Substance Use Disorders, Other (or Unknown) Substance-Related Disorders, Other (or Unknown) Substance Use Disorder, p. xxix (Desk Reference, p. xxxii):

\_\_\_\_ (\_\_\_\_) Other (or Unknown) Substance Use Disorder<sup>r-a,b</sup> (577)

*Specify current severity/remission:*

F19.10	<u>Mild</u>
<u>F19.11</u>	<u>Mild, In early remission</u>
<u>F19.11</u>	<u>Mild, In sustained remission</u>
F19.20	<u>Moderate</u>
<u>F19.21</u>	<u>Moderate, In early remission</u>
<u>F19.21</u>	<u>Moderate, In sustained remission</u>
F19.20	<u>Severe</u>
<u>F19.21</u>	<u>Severe, In early remission</u>
<u>F19.21</u>	<u>Severe, In sustained remission</u>

**DSM-5 criteria, ICD-10-CM codes for Other (or Unknown) Substance Use Disorder** should be added as follows, p. 578 (Desk Reference, p. 279):

**Code based on current severity/remission:** Note for ICD-10-CM codes: If an other (or unknown) substance intoxication, other (or unknown) substance withdrawal, or another other (or unknown) substance-induced mental disorder is present, do not use the codes below for other (or unknown) substance use disorder. Instead, the comorbid other (or unknown) substance use disorder is indicated in the 4th character of the other (or unknown) substance-induced disorder code (see the coding note for other (or unknown) substance intoxication, other (or unknown) substance withdrawal, or specific other (or unknown) substance-induced mental disorder). For example, if there is comorbid other (or unknown) substance-induced depressive disorder and other (or unknown) substance use disorder, only the other (or unknown) substance-induced depressive disorder code is given, with the 4th character indicating whether the comorbid other (or unknown) substance use disorder is mild, moderate, or severe: F19.14 for other (or unknown) substance use disorder with other (or unknown) substance-induced depressive disorder or F19.24 for a moderate or severe other (or unknown) substance use disorder with other (or unknown) substance-induced depressive disorder.

*Specify current severity/remission:*

**F19.10 Mild:** Presence of 2–3 symptoms.

**F19.11 Mild, In early remission**

**F19.11 Mild, In sustained remission**

**F19.20 Moderate:** Presence of 4–5 symptoms.

**F19.21 Moderate, In early remission**

**F19.21 Moderate, In sustained remission**

**F19.20 Severe:** Presence of 6 or more symptoms.

**F19.21 Severe, In early remission**

**F19.21 Severe, In sustained remission**

## Substance-Related and Addictive Disorders (*continued*)

### Alphabetical Listing, p. 856 (*not applicable to Desk Reference*)

Add the codes for **Other (or unknown) substance use disorder** as follows:

Other (or Unknown) substance use disorder  
F19.10 Mild  
F19.11 Mild, In early remission  
F19.11 Mild, In sustained remission  
F19.20 Moderate  
F19.21 Moderate, In early remission  
F19.21 Moderate, In sustained remission  
F19.20 Severe  
F19.21 Severe, In early remission  
F19.21 Severe, In sustained remission

### Numerical Listing (ICD-10-CM), p. 886 (*not applicable to Desk Reference*)

Add the codes for **Other (or unknown) substance use disorder** as follows:

- Following “F19.10 Other (or unknown) substance use disorder, Mild,” add “**F19.11 Other (or unknown) substance use disorder, Mild, In early remission**” followed by “**F19.11 Other (or unknown) substance use disorder, Mild, In sustained remission.**”
- Following “F19.20 Other (or unknown) substance use disorder, Severe,” Add “**F19.21 Other (or unknown) substance use disorder, Moderate, In early remission**” followed by “**F19.21 Other (or unknown) substance use disorder, Moderate, In sustained remission**” followed by “**F19.21 Other (or unknown) substance use disorder, Severe, In early remission,**” followed by “**F19.21 Other (or unknown) substance use disorder, Severe, In sustained remission.**”

# ICD-10-CM Prior Coding Updates in Detail (2015 & 2016)

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## Neurodevelopmental Disorders

### ICD-10-CM coding changes for Language Disorder [effective October 1, 2015]

Codes are found on the following pages: DSM-5: pp. xiii, 42, 848, 891;

Desk Reference: pp. x, 24

**DSM-5 Classification**, Neurodevelopmental Disorders, Communication Disorders, Language Disorder, p. xiii (Desk Reference, p. x):

- Change F80.9 to **F80.2**

**DSM-5 criteria, ICD-10-CM code for Language Disorder** should be revised as follows, p. 42 (Desk Reference, p. 24):

- Change F80.9 to **F80.2**

**Alphabetical Listing**, p. 848 (*not applicable to Desk Reference*)

Change the codes for Language disorder as follows:

- Change F80.9 to **F80.2**

**Numerical Listing (ICD-10-CM)**, p. 891 (*not applicable to Desk Reference*)

Change the code for Language disorder as follows:

- Change F80.9 to **F80.2**
- Move **F80.2 Language disorder** to follow “F80.0 Speech sound disorder”

### ICD-10-CM coding change for Social (Pragmatic) Communication Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xiii, 47, 859, 891;

Desk Reference: pp. x, 26

**DSM-5 Classification**, Neurodevelopmental Disorders, Communication Disorders, Social (Pragmatic) Communication Disorder, p. xiii (Desk Reference, p. x):

- Change F80.89 to **F80.82**

**DSM-5 criteria, ICD-10-CM code for Social (Pragmatic) Communication Disorder** should be revised as follows, p. 47 (Desk Reference, p. 26):

- Change F80.89 to **F80.82**

**Alphabetical Listing**, p. 859 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Social (pragmatic) communication disorder as follows:

- Change F80.89 to **F80.82**

**Numerical Listing (ICD-10-CM)**, p. 891 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Social (pragmatic) communication disorder as follows:

- Change F80.89 to **F80.82**

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## Bipolar and Related Disorders

### ICD-10-CM coding changes to Bipolar I Disorder, Current or most recent episode hypomanic [effective October 1, 2015]

Codes are found on the following pages: DSM-5: pp. xvi, 127, 842, 888;  
Desk Reference: pp. xiv, 70

- DSM-5 Classification**, Bipolar and Related Disorders, Bipolar I Disorder, Current or most recent episode hypomanic, p. xvi (Desk Reference, p. xiv):
- ICD-10-CM code F31.73 should be changed to **F31.71**, In partial remission
  - ICD-10-CM code F31.74 should be changed to **F31.72**, In full remission

- DSM-5 criteria, coding table** for **Bipolar I Disorder** should be revised as follows, p. 127 (Desk Reference, p. 70):
- In partial remission, Current or most recent episode hypomanic:  
Change F31.73 to **F31.71**
  - In full remission, Current or most recent episode hypomanic:  
Change F31.74 to **F31.72**

- Alphabetical Listing**, p. 842 (*not applicable to Desk Reference*)  
Replace the ICD-10-CM codes as follows for Bipolar I disorder, Current or most recent episode hypomanic:
- Change F31.74 to **F31.72** In full remission
  - Change F31.73 to **F31.71** In partial remission

- Numerical Listing (ICD-10-CM)**, p. 888 (*not applicable to Desk Reference*)  
Please change codes and reorder listing as follows:
- F31.71** Bipolar I disorder, Current or most recent episode hypomanic, In partial remission
  - F31.72** Bipolar I disorder, Current or most recent episode hypomanic, In full remission
  - F31.73 Bipolar I disorder, Current or most recent episode manic, In partial remission
  - F31.74 Bipolar I disorder, Current or most recent episode manic, In full remission

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## Depressive Disorders

### ICD-10-CM coding change for Disruptive Mood Dysregulation Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xvii, 156, 847, 888;  
Desk Reference: pp. xv, 93

- DSM-5 Classification**, Depressive Disorders, Disruptive Mood Dysregulation Disorder, p. xvii (Desk Reference, p. xv):
- Change F34.8 to **F34.81**

- DSM-5 criteria, ICD-10-CM code** for **Disruptive Mood Dysregulation Disorder** should be revised as follows, p. 156 (Desk Reference, p. 93):
- Change F34.8 to **F34.81**

- Alphabetical Listing**, p. 847 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Disruptive mood dysregulation disorder as follows:
- Change F34.8 to **F34.81**

- Numerical Listing (ICD-10-CM)**, p. 888 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Disruptive mood dysregulation disorder as follows:
- Change F34.8 to **F34.81**

## Depressive Disorders (*continued*)

### ICD-10-CM coding change for Premenstrual Dysphoric Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xviii, 171, 857, 893; add to p. 888;  
Desk Reference: pp. xvi, 100

**DSM-5 Classification**, Depressive Disorders, Premenstrual Dysphoric Disorder, p. xviii (Desk Reference, p. xvi):

- Change N94.3 to **F32.81**

**DSM-5 criteria, ICD-10-CM code** for **Premenstrual Dysphoric Disorder** should be revised as follows, p. 171 (Desk Reference, p. 100):

- Change N94.3 to **F32.81**

**Alphabetical Listing**, p. 857 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Premenstrual dysphoric disorder as follows:

- Change N94.3 to **F32.81**

**Numerical Listing (ICD-10-CM)**, p. 893; p. 888 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Premenstrual dysphoric disorder as follows:

- p. 893: Change N94.3 to **F32.81**
- p. 893: Remove **F32.81 Premenstrual dysphoric disorder**
- p. 888: Add **F32.81 Premenstrual dysphoric disorder** to follow "F32.5 Major depressive disorder, Single episode, In full remission"

### ICD-10-CM coding change for Other Specified Depressive Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: xviii, 183, 854, 888;  
Desk Reference: pp. xvi, 106

**DSM-5 Classification**, Depressive Disorders, Other Specified Depressive Disorder, p. xviii (Desk Reference, p. xvi):

- Change F32.8 to **F32.89**

**DSM-5 criteria, ICD-10-CM code** for **Other Specified Depressive Disorder** should be revised as follows, p. 183 (Desk Reference, p. 106):

- Change F32.8 to **F32.89**

**Alphabetical Listing**, p. 854 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Other specified depressive disorder as follows:

- Change F32.8 to **F32.89**

**Numerical Listing (ICD-10-CM)**, p. 888 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Other specified depressive disorder as follows:

- Change F32.8 to **F32.89**

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## Obsessive-Compulsive and Related Disorders

### ICD-10-CM coding change for Obsessive-Compulsive Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xix, 237, 851, 889;

Desk Reference: pp. xviii, 129

**DSM-5 Classification**, Obsessive-Compulsive and Related Disorders, Obsessive-Compulsive Disorder, p. xix (Desk Reference, p. xviii):

- Change F42 to **F42.2**

**DSM-5 criteria, ICD-10-CM code for Obsessive-Compulsive Disorder** should be revised as follows, p. 237 (Desk Reference, p. 129):

- Change F42 to **F42.2**

**Alphabetical Listing**, p. 851 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Obsessive-compulsive disorder as follows:

- Change F42 to **F42.2**

**Numerical Listing (ICD-10-CM)**, p. 889 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Obsessive-compulsive disorder as follows:

- Change F42 to **F42.2**
- Move **F42.2 Obsessive-compulsive disorder** to precede **F42.3 Hoarding disorder**

### ICD-10-CM coding change for Hoarding Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xix, 247, 847, 889;

Desk Reference: pp. xviii, 132

**DSM-5 Classification**, Obsessive-Compulsive and Related Disorders, Hoarding Disorder, p. xix (Desk Reference, p. xviii):

- Change F42 to **F42.3**

**DSM-5 criteria, ICD-10-CM code for Hoarding Disorder** should be revised as follows, p. 247 (Desk Reference, p. 132):

- Change F42 to **F42.3**

**Alphabetical Listing**, p. 847 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Hoarding disorder as follows:

- Change F42 to **F42.3**

**Numerical Listing (ICD-10-CM)**, p. 889 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Hoarding disorder as follows:

- Change F42 to **F42.3**
- Move **F42.3 Hoarding disorder** to follow **F42.2 Obsessive-compulsive disorder**



## Obsessive-Compulsive and Related Disorders (*continued*)

### ICD-10-CM coding change for Trichotillomania (Hair-Pulling Disorder) [effective October 1, 2015]

Codes are found on the following pages: DSM-5: pp. xix, 251, 861, 890;  
Desk Reference: pp. xviii, 133

**DSM-5 Classification**, Obsessive-Compulsive and Related Disorders, Trichotillomania (Hair-Pulling Disorder), p. xix (Desk Reference, p. xviii):

- Change F63.2 to **F63.3**

**DSM-5 criteria, ICD-10-CM code for Trichotillomania (Hair-Pulling Disorder)** should be revised as follows, p. 251 (Desk Reference, p. 133):

- Change F63.2 to **F63.3**

**Alphabetical Listing**, p. 861 (*not applicable to Desk Reference*)

Replace the ICD-10-CM code for Trichotillomania (hair-pulling disorder) as follows:

- Change F63.2 to **F63.3**

**Numerical Listing (ICD-10-CM)**, p. 890 (*not applicable to Desk Reference*)

Change the ICD-10-CM code for Trichotillomania (hair-pulling disorder) as follows:

- Change F63.2 to **F63.3**
- Move **F63.3 Trichotillomania (hair-pulling disorder)** to precede “F63.81 Intermittent explosive disorder”

### ICD-10-CM coding change for Excoriation (Skin-Picking) Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xix, 254, 847, 893; add to p. 889;  
Desk Reference: pp. xviii, 133

**DSM-5 Classification**, Obsessive-Compulsive and Related Disorders, Excoriation (Skin-Picking) Disorder, p. xix (Desk Reference, p. xviii):

- Change L98.1 to **F42.4**

**DSM-5 criteria, ICD-10-CM code for Excoriation (Skin-Picking) Disorder** should be revised as follows, p. 254 (Desk Reference, p. 133):

- Change L98.1 to **F42.4**

**Alphabetical Listing**, p. 847 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Excoriation (skin-picking) disorder as follows:

- Change L98.1 to **F42.4**

**Numerical Listing (ICD-10-CM)**, p. 893; p. 889 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Excoriation (skin-picking) disorder as follows:

- p. 893: Change L98.1 to **F42.4**
- p. 893: Remove **F42.4 Excoriation (skin-picking) disorder**
- p. 889: Add **F42.4 Excoriation (skin-picking) disorder** to follow **F42.3 Hoarding disorder**

## Obsessive-Compulsive and Related Disorders (*continued*)

### ICD-10-CM coding change for Other Specified Obsessive-Compulsive and Related Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xix, 263, 854, 889;  
Desk Reference: pp. xviii, 138

- DSM-5 Classification**, Obsessive-Compulsive and Related Disorders, Other Specified Obsessive-Compulsive and Related Disorder, p. xix (Desk Reference, p. xviii):
- Change F42 to **F42.8**

- DSM-5 criteria, ICD-10-CM code** for **Other Specified Obsessive-Compulsive and Related Disorder** should be revised as follows, p. 263 (Desk Reference, p. 138):
- Change F42 to **F42.8**

- Alphabetical Listing**, p. 854 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Other specified obsessive-compulsive and related disorder as follows:
- Change F42 to **F42.8**

- Numerical Listing (ICD-10-CM)**, p. 889 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Other specified obsessive-compulsive and related disorder as follows:
- Change F42 to **F42.8**

### ICD-10-CM coding change for Unspecified Obsessive-Compulsive and Related Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xix, 264, 862, 889;  
Desk Reference: pp. xviii, 140

- DSM-5 Classification**, Obsessive-Compulsive and Related Disorders, Unspecified Obsessive-Compulsive and Related Disorder, p. xix (Desk Reference, p. xviii):
- Change F42 to **F42.9**

- DSM-5 criteria, ICD-10-CM code** for **Unspecified Obsessive-Compulsive and Related Disorder** should be revised as follows, p. 264 (Desk Reference, p. 140):
- Change F42 to **F42.9**

- Alphabetical Listing**, p. 862 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Unspecified obsessive-compulsive and related disorder as follows:
- Change F42 to **F42.9**

- Numerical Listing (ICD-10-CM)**, p. 889 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Unspecified obsessive-compulsive and related disorder as follows:
- Change F42 to **F42.9**

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## Feeding and Eating Disorders

### ICD-10-CM coding change for Pica, in adults [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xxi, 330, 857, 890;

Desk Reference: pp. xxi, 169

**DSM-5 Classification**, Feeding and Eating Disorders, Pica, in adults, p. xxi  
(Desk Reference, p. xxi):

- Change F50.8 to **F50.89**

**DSM-5 criteria, Coding note, ICD-10-CM code for Pica, in adults**, should be revised as follows, p. 330 (Desk Reference, p. 169):

- Change F50.8 to **F50.89**

**Alphabetical Listing**, p. 857 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Pica, in adults, as follows:

- Change F50.8 to **F50.89**

**Numerical Listing (ICD-10-CM)**, p. 890 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Pica, in adults, as follows:

- Change F50.8 to **F50.89**

### ICD-10-CM coding change for Avoidant/Restrictive Food Intake Disorder [effective October 1, 2016; see revised code October 1, 2017\*\*]

Codes are found on the following pages: DSM-5: pp. xxi, 334, 842, 889;

Desk Reference: pp. xxi, 170

**DSM-5 Classification**, Feeding and Eating Disorders,  
Avoidant/Restrictive Food Intake Disorder, p. xxi (Desk Reference, p. xxi):

- Change F50.8 to **F50.89\*\***

**DSM-5 criteria, ICD-10-CM code for Avoidant/Restrictive Food Intake Disorder** should be revised as follows, p. 334 (Desk Reference, p. 170):

- Change F50.8 to **F50.89\*\***

**Alphabetical Listing**, p. 842 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Avoidant/restrictive food intake disorder as follows:

- Change F50.8 to **F50.89\*\***

**Numerical Listing (ICD-10-CM)**, p. 889 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Avoidant/restrictive food intake disorder as follows:

- p. 889: Change F50.8 to **F50.89\*\***

**\*\*Note that the ICD-10-CM code for Avoidant/Restrictive Food Intake Disorder changed on October 1, 2017, to F50.82. (The code F50.89 should no longer be used for this disorder.)**

## Feeding and Eating Disorders (*continued*)

### ICD-10-CM coding change for Binge-Eating Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xxi, 350, 842, 890; move to p. 889 possible; Desk Reference: pp. xxi, 174

**DSM-5 Classification**, Feeding and Eating Disorders, Binge-Eating Disorder, p. xxi  
(Desk Reference, p. xxi):

- Change F50.8 to **F50.81**

**DSM-5 criteria, ICD-10-CM code** for **Binge-Eating Disorder** should be revised as follows, p. 350 (Desk Reference, p. 174):

- Change F50.8 to **F50.81**

**Alphabetical Listing**, p. 842 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Binge-eating disorder as follows:

- Change F50.8 to **F50.81**

**Numerical Listing (ICD-10-CM)**, p. 890; p. 889 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Binge-eating disorder as follows:

- p. 890: Change F50.8 to **F50.81**
- p. 890: Remove **F50.81 Binge-eating disorder**
- p. 889: Add **F50.81 Binge-eating disorder** to precede **\*F50.89 Avoidant/restrictive food intake disorder**

**\*\*Note that the ICD-10-CM code for Avoidant/Restrictive Food Intake Disorder changed on October 1, 2017, to F50.82. (The code F50.89 should no longer be used for this disorder.)**

### ICD-10-CM coding change for Other Specified Feeding or Eating Disorder [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xxi, 353, 854, 890; Desk Reference: pp. xxi, 175

**DSM-5 Classification**, Feeding and Eating Disorders,  
Other Specified Feeding or Eating Disorder, p. xxi (Desk Reference, p. xxi):

- Change F50.8 to **F50.89**

**DSM-5 criteria, ICD-10-CM code** for **Other Specified Feeding or Eating Disorder** should be revised as follows, p. 353 (Desk Reference, p. 175):

- Change F50.8 to **F50.89**

**Alphabetical Listing**, p. 854 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Other specified feeding or eating disorder as follows:

- Change F50.8 to **F50.89**

**Numerical Listing (ICD-10-CM)**, p. 890 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Other specified feeding or eating disorder as follows:

- Change F50.8 to **F50.89**

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## Sleep-Wake Disorders

### ICD-10-CM coding changes for Insomnia Disorder and Hypersomnolence Disorder [effective October 1, 2015]

Codes are found on the following pages:

- Insomnia Disorder: DSM-5: pp. xxii, 362 (*also change code in coding note*), 848, 890, 892  
Desk Reference: pp. xxii, 181, 182 (*change code in coding note*)
- Hypersomnolence Disorder: DSM-5: pp. xxii, 368, 369 (*change code in coding note*), 847, 890, 892  
Desk Reference: pp. xxii, 182, 183 (*change code in coding note*)

**DSM-5 Classification**, Sleep-Wake Disorders, change ICD-10-CM codes for Insomnia Disorder and Hypersomnolence Disorder, p. xxii (Desk Reference, p. xxii):

Insomnia Disorder

- Change G47.00 to **F51.01**

Hypersomnolence Disorder

- Change G47.10 to **F51.11**

**DSM-5 criteria, ICD-10-CM codes** should be revised as follows:

#### **Insomnia Disorder**

Codes in “Diagnostic Criteria,” p. 362 (Desk Reference, p. 181):

- Change G47.00 to **F51.01**

Coding note, p. 362 (Desk Reference, p. 182):

- Change G47.00 to **F51.01**

#### **Hypersomnolence Disorder**

Codes in “Diagnostic Criteria,” p. 368 (Desk Reference, p. 182):

- Change G47.10 to **F51.11**

Coding note, p. 369 (Desk Reference, p. 183):

- Change G47.10 to **F51.11**

**Alphabetical Listing** (*not applicable to Desk Reference*)

Hypersomnolence disorder, p. 847

- Change G47.10 to **F51.11**

Insomnia disorder, p. 848

- Change G47.00 to **F51.01**

**Numerical Listing (ICD-10-CM)**, p. 890 (*not applicable to Desk Reference*)

After “F50.9 Unspecified feeding or eating disorder,” **ADD**

- **F51.01 Insomnia disorder**
- **F51.11 Hypersomnolence disorder**

**DELETE**

- G47.00 Insomnia disorder, p. 892
- G47.10 Hypersomnolence disorder, p. 892

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## Gender Dysphoria

### ICD-10-CM coding change for Gender Dysphoria in Adolescents and Adults [effective October 1, 2016]

Codes are found on the following pages: DSM-5: pp. xxiv, 452, 847, 890;  
Desk Reference: pp. xxv, 216

**DSM-5 Classification**, Gender Dysphoria, Gender Dysphoria in Adolescents and Adults, p. xxiv (Desk Reference, p. xxv):

- Change F64.1 to **F64.0**

**DSM-5 criteria, ICD-10-CM code for Gender Dysphoria in Adolescents and Adults** should be revised as follows, p. 452 (Desk Reference, p. 216):

- Change F64.1 to **F64.0**

**Alphabetical Listing**, p. 847 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Gender dysphoria in adolescents and adults as follows:

- Change F64.1 to **F64.0**

**Numerical Listing (ICD-10-CM)**, p. 890 (*not applicable to Desk Reference*)  
Change the **ICD-10-CM** code for Gender dysphoria in adolescents and adults as follows:

- Change F64.1 to **F64.0**

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## Disruptive, Impulse-Control, and Conduct Disorders

### ICD-10-CM coding change for Kleptomania [effective October 1, 2015]

Codes are found on the following pages: DSM-5: pp. xxiv, 478, 848, 890;  
Desk Reference: pp. xxvi, 225

**DSM-5 Classification**, Disruptive, Impulse-Control, and Conduct Disorders: Kleptomania, p. xxiv (Desk Reference, p. xxvi):

- Change F63.3 to **F63.2**

**DSM-5 criteria, ICD-10-CM code for Kleptomania** should be revised as follows, p. 478 (Desk Reference, p. 225):

- Change F63.3 to **F63.2**

**Alphabetical Listing**, p. 848 (*not applicable to Desk Reference*)  
Replace the ICD-10-CM code as follows for Kleptomania:

- Change F63.3 to **F63.2**

**Numerical Listing (ICD-10-CM)**, p. 890 (*not applicable to Desk Reference*):

- Change F63.3 to **F63.2** Kleptomania
- Move **F63.2 Kleptomania** to precede “F63.3 Trichotillomania (hair-pulling disorder)”

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## Neurocognitive Disorders [effective October 1, 2015]

### DSM-5 Classification Excerpt for

#### Major Neurocognitive Disorders Due to Possible Etiologies

DSM-5, pp. xxx–xxxii; Desk Reference, pp. xxxiii–xxxvi

**Updates to the DSM-5 Classification contain revised coding and notes for the major neurocognitive disorders due to possible etiologies (neurocognitive disorders without coding changes are not included):**

- Major Neurocognitive Disorder Due to Alzheimer's Disease
- Major Frontotemporal Neurocognitive Disorder
- Major Neurocognitive Disorder With Lewy Bodies
- Major Vascular Neurocognitive Disorder
- Major Neurocognitive Disorder Due to Parkinson's Disease

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### Major and Mild Neurocognitive Disorders (602) [*\*299 in Desk Reference*]

Specify whether due to: Alzheimer's disease, Frontotemporal lobar degeneration, Lewy body disease, Vascular disease, Traumatic brain injury, Substance/medication use, HIV infection, Prion disease, Parkinson's disease, Huntington's disease, Another medical condition, Multiple etiologies, Unspecified

<sup>a</sup>Specify Without behavioral disturbance, With behavioral disturbance. For mild neurocognitive disorder, behavioral disturbance cannot be coded but should still be indicated in writing.

<sup>b</sup>Specify current severity: Mild, Moderate, Severe. This specifier applies only to major neurocognitive disorders (including probable and possible).

**Note:** As indicated for each subtype, an additional medical code is needed for major neurocognitive disorders, including those due to probable and possible medical etiologies. The medical etiology should be coded first, before the code for the major neurocognitive disorder. An additional medical code should *not* be used for mild neurocognitive disorder.

#### Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease (611)

[*\*305 in Desk Reference*]

(\_\_\_\_) **Probable** Major Neurocognitive Disorder Due to **Probable** Alzheimer's Disease<sup>b</sup>

**Note:** Code first **G30.9** Alzheimer's disease.

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

(G31.9)\_\_\_\_) **Possible** Major Neurocognitive Disorder Due to **Possible** Alzheimer's Disease<sup>b</sup>

**Note:** Code first **G30.9** Alzheimer's disease.

~~(F02.81) With behavioral disturbance~~

~~(F02.80) Without behavioral disturbance~~

(G31.84) Mild Neurocognitive Disorder Due to Alzheimer's Disease<sup>a</sup>

#### Major or Mild Frontotemporal Neurocognitive Disorder (614) [*\*306 in Desk Reference*]

(\_\_\_\_) **Probable** Major Neurocognitive Disorder Due to **Probable** Frontotemporal Lobar Degeneration<sup>b</sup>

**Note:** Code first **G31.09** frontotemporal disease.

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

(G31.9)\_\_\_\_) **Possible** Major Neurocognitive Disorder Due to **Possible** Frontotemporal Lobar Degeneration<sup>b</sup>

**Note:** Code first **G31.09** frontotemporal disease.

~~(F02.81) With behavioral disturbance~~

~~(F02.80) Without behavioral disturbance~~

(G31.84) Mild Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration<sup>a</sup>

**Neurocognitive Disorders**  
**DSM-5 Classification Excerpt for**  
**Major Neurocognitive Disorders Due to Possible Etiologies (continued)**

Major or Mild Neurocognitive Disorder With Lewy Bodies (618) [*\*308 in Desk Reference*]

(\_\_\_\_) ~~Probable~~ Major Neurocognitive Disorder With Probable Lewy Bodies<sup>b</sup>

**Note:** Code first **G31.83** Lewy body disease.

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

~~(G31.9)\_\_\_\_~~ ~~Possible~~ Major Neurocognitive Disorder With Possible Lewy Bodies<sup>b</sup>

**Note:** Code first **G31.83** Lewy body disease.

~~(F02.81)~~ ~~With behavioral disturbance~~

~~(F02.80)~~ ~~Without behavioral disturbance~~

(G31.84) Mild Neurocognitive Disorder With Lewy Bodies<sup>a</sup>

Major or Mild Vascular Neurocognitive Disorder (621) [*\*309 in Desk Reference*]

(\_\_\_\_) ~~Probable Major Vascular Neurocognitive Disorder~~ Major Neurocognitive Disorder  
Probably Due to Vascular Disease<sup>b</sup>

**Note:** No additional medical code for vascular disease.

(F01.51) With behavioral disturbance

(F01.50) Without behavioral disturbance

~~(G31.9)\_\_\_\_~~ ~~Possible Major Vascular Neurocognitive Disorder~~ Major Neurocognitive Disorder  
Possibly Due to Vascular Disease<sup>b</sup>

**Note:** No additional medical code for vascular disease.

~~(F01.51)~~ ~~With behavioral disturbance~~

~~(F01.50)~~ ~~Without behavioral disturbance~~

(G31.84) ~~Mild Vascular Neurocognitive Disorder~~ Mild Neurocognitive Disorder Due To  
Vascular Disease<sup>a</sup>

Major or Mild Neurocognitive Disorder Due to Parkinson's Disease (636)

[*\*316 in Desk Reference*]

(\_\_\_\_) Major Neurocognitive Disorder Probably Due to Parkinson's Disease<sup>b</sup>

**Note:** Code first **G20** Parkinson's disease.

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

~~(G31.9)\_\_\_\_~~ Major Neurocognitive Disorder Possibly Due to Parkinson's Disease<sup>b</sup>

**Note:** Code first **G20** Parkinson's disease.

~~(F02.81)~~ ~~With behavioral disturbance~~

~~(F02.80)~~ ~~Without behavioral disturbance~~

(G31.84) Mild Neurocognitive Disorder Due to Parkinson's Disease<sup>a</sup>



## Neurocognitive Disorders

### Updated Coding Table

Incorporates revisions for major neurocognitive disorders due to possible etiologies

DSM-5, pp. 603–604; Desk Reference, pp. 302–304

**Coding note:** Code based on medical or substance etiology. In some cases, there is need for an additional code for the etiological medical condition, which must immediately precede the diagnostic code for major neurocognitive disorder, as follows:

Etiological subtype	Associated etiological medical code for major neurocognitive disorder <sup>a</sup>	Major neurocognitive disorder code <sup>b</sup>	Mild neurocognitive disorder code <sup>c</sup>
Alzheimer's disease	<del>Probable:</del> G30.9 <del>Possible: no additional medical code</del>	<del>Probable:</del> F02.8x <del>Possible: G31.9</del>	G31.84 (Do not use additional code for Alzheimer's disease.)
Frontotemporal lobar degeneration	<del>Probable:</del> G31.09 <del>Possible: no additional medical code</del>	<del>Probable:</del> F02.8x <del>Possible: G31.9</del>	G31.84 (Do not use additional code for frontotemporal disease.)
Lewy body disease	<del>Probable:</del> G31.83 <del>Possible: no additional medical code</del>	<del>Probable:</del> F02.8x <del>Possible: G31.9</del>	G31.84 (Do not use additional code for Lewy body disease.)
Vascular disease	No additional medical code	<del>Probable:</del> F01.5x <del>Possible: G31.9</del>	G31.84 (Do not use additional code for the vascular disease.)
Traumatic brain injury	S06.2X9S	F02.8x	G31.84 (Do not use additional code for the traumatic brain injury.)
Substance/medication-induced	No additional medical code	Code based on the type of substance causing the major neurocognitive disorder <sup>c, d</sup>	Code based on the type of substance causing the mild neurocognitive disorder <sup>d</sup>
HIV infection	B20	F02.8x	G31.84 (Do not use additional code for HIV infection.)
Prion disease	A81.9	F02.8x	G31.84 (Do not use additional code for prion disease.)
Parkinson's disease	<del>Probable:</del> G20 <del>Possible: no additional medical code</del>	<del>Probable:</del> F02.8x <del>Possible: no additional medical code</del>	G31.84 (Do not use additional code for Parkinson's disease.)
Huntington's disease	G10	F02.8x	G31.84 (Do not use additional code for Huntington's disease.)

**Neurocognitive Disorders**  
**Updated Coding Table (continued)**

Etiological subtype	Associated etiological medical code for major neurocognitive disorder <sup>a</sup>	Major neurocognitive disorder code <sup>b</sup>	Mild neurocognitive disorder code <sup>c</sup>
Due to another medical condition	Code the other medical condition first (e.g., G35 multiple sclerosis)	F02.8x	G31.84 (Do not use additional codes for the presumed etiological medical conditions.)
Due to multiple etiologies	Code all of the etiological medical conditions first (with the exception of vascular disease)	F02.8x (Plus the code for the relevant substance/medication-induced major neurocognitive disorders if substances or medications play a role in the etiology.)	G31.84 (Plus the code for the relevant substance/medication-induced mild neurocognitive disorders if substances or medications play a role in the etiology. Do not use additional codes for the presumed etiological medical conditions.)
Unspecified neurocognitive disorder	No additional medical code	R41.9	R41.9

<sup>a</sup> Code first, before code for major neurocognitive disorder.

<sup>b</sup> Code fifth character based on symptom specifier: .x0 without behavioral disturbance; .x1 with behavioral disturbance (e.g., psychotic symptoms, mood disturbance, agitation, apathy, or other behavioral symptoms).

<sup>c</sup> **Note:** Behavioral disturbance specifier cannot be coded but should still be indicated in writing.

<sup>d</sup> See “Substance/Medication-Induced Major or Mild Neurocognitive Disorder.”

## Neurocognitive Disorders

### Updated Coding Notes in DSM-5 Criteria Sets

See table for specific pages containing updates in DSM-5 and Desk Reference.

Disorder	Updated coding note
<p><b>Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease</b></p>	<p><b>Coding note:</b> For <b>probable</b> major neurocognitive disorder due to <b>probable</b> Alzheimer’s disease, with behavioral disturbance, code first <b>G30.9</b> Alzheimer’s disease, followed by <b>F02.81</b> <del>major neurocognitive disorder due to Alzheimer’s disease</del>. For <b>probable</b> major neurocognitive disorder due to <b>probable</b> Alzheimer’s disease, without behavioral disturbance, code first <b>G30.9</b> Alzheimer’s disease, followed by <b>F02.80</b> <del>major neurocognitive disorder due to Alzheimer’s disease, without behavioral disturbance</del>.</p> <p>For <b>possible</b> major neurocognitive disorder due to <b>possible</b> Alzheimer’s disease, <u>with behavioral disturbance</u>, code first <del>G31.9</del> <b>G30.9</b> <del>possible major neurocognitive disorder due to</del> Alzheimer’s disease, <u>followed by F02.81</u>. <u>For major neurocognitive disorder due to possible Alzheimer’s disease, without behavioral disturbance, code first G30.9 Alzheimer’s disease, followed by F02.80.</u> <b>(Note: Do not use the additional code for Alzheimer’s disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</b></p> <p>For mild neurocognitive disorder due to Alzheimer’s disease, code <b>G31.84</b>. <b>(Note: Do not use the additional code for Alzheimer’s disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</b></p> <p><i>This coding note appears in DSM-5, pp. 611–612; in Desk Reference, p. 306.</i></p>
<p><b>Major or Mild Frontotemporal Neurocognitive Disorder</b></p>	<p><b>Coding note:</b> For <b>probable</b> major neurocognitive disorder due to <b>probable</b> frontotemporal lobar degeneration, with behavioral disturbance, code first <b>G31.09</b> frontotemporal disease, followed by <b>F02.81</b> <del>probable major neurocognitive disorder due to frontotemporal lobar degeneration, with behavioral disturbance</del>. For <b>probable</b> major neurocognitive disorder due to <b>probable</b> frontotemporal lobar degeneration, without behavioral disturbance, code first <b>G31.09</b> frontotemporal disease, followed by <b>F02.80</b> <del>probable major neurocognitive disorder due to frontotemporal lobar degeneration, without behavioral disturbance</del>.</p> <p>For <b>possible</b> major neurocognitive disorder due to <b>possible</b> frontotemporal lobar degeneration, <u>with behavioral disturbance</u>, code first <del>G31.9</del> <b>G31.09</b> <del>possible major neurocognitive disorder due to</del> frontotemporal disease, <u>followed by F02.81</u>. <u>For major neurocognitive disorder due to possible frontotemporal lobar degeneration, without behavioral disturbance, code first G31.09 frontotemporal disease, followed by F02.80.</u> <b>(Note: Do not use the additional code for frontotemporal disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</b></p> <p>For mild neurocognitive disorder due to frontotemporal lobar degeneration, code <b>G31.84</b>. <b>(Note: Do not use the additional code for frontotemporal disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</b></p> <p><i>This coding note appears in DSM-5, p. 615; in Desk Reference, pp. 307–308.</i></p>

**Neurocognitive Disorders**  
**Updated Coding Notes in DSM-5 Criteria Sets (continued)**

Disorder	Updated coding note
<p><b>Major or Mild Neurocognitive Disorder With Lewy Bodies</b></p>	<p><b>Coding note:</b> For <del>probable</del> major neurocognitive disorder with <u>probable</u> Lewy bodies, with behavioral disturbance, code first <b>G31.83</b> Lewy body disease, followed by <b>F02.81</b> <del>probable major neurocognitive disorder with Lewy bodies, with behavioral disturbance</del>. For <del>probable</del> major neurocognitive disorder with <u>probable</u> Lewy bodies, without behavioral disturbance, code first <b>G31.83</b> Lewy body disease, followed by <b>F02.80</b> <del>probable major neurocognitive disorder with Lewy bodies, without behavioral disturbance</del>.</p> <p>For <del>possible</del> major neurocognitive disorder with <u>possible</u> Lewy bodies, <u>with behavioral disturbance</u>, code first <del>G31.9</del> <b>G31.83</b> <del>possible major neurocognitive disorder with Lewy bodies</del> <u>Lewy body disease</u>, followed by <b>F02.81</b>. For <del>possible</del> major neurocognitive disorder with <u>possible</u> Lewy bodies, <u>without behavioral disturbance</u>, code first <b>G31.83</b> <u>Lewy body disease</u>, followed by <b>F02.80</b>. (<b>Note:</b> Do not use the additional code for Lewy body disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p>For mild neurocognitive disorder with Lewy bodies, code <b>G31.84</b>. (<b>Note:</b> Do not use the additional code for Lewy body disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, pp. 618–619; in Desk Reference, p. 309.</i></p>
<p><b>Major or Mild Vascular Neurocognitive Disorder</b></p>	<p><b>Coding note:</b> For <del>probable</del> major <del>vascular</del> neurocognitive disorder <u>probably due to vascular disease</u>, with behavioral disturbance, code <b>F01.51</b>. For <del>probable</del> major <del>vascular</del> neurocognitive disorder <u>probably due to vascular disease</u>, without behavioral disturbance, code <b>F01.50</b>. An additional medical code for the vascular disease is not needed.</p> <p>For <del>possible</del> major <del>vascular</del> neurocognitive disorder <u>possibly due to vascular disease</u>, with <del>or without</del> behavioral disturbance, code <del>G31.9</del> <b>F01.51</b>. For major neurocognitive disorder <u>possibly due to vascular disease</u>, without behavioral disturbance, code <b>F01.50</b>. An additional medical code for the <del>cerebro</del>vascular disease is not needed.</p> <p>For mild <del>vascular</del> neurocognitive disorder <u>due to vascular disease</u>, code <b>G31.84</b>. (<b>Note:</b> Do not use an additional code for the vascular disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, p. 621; in Desk Reference, p. 310.</i></p>
<p><b>Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease</b></p>	<p><b>Coding note:</b> For major neurocognitive disorder probably due to Parkinson’s disease, with behavioral disturbance, code first <b>G20</b> Parkinson’s disease, followed by <b>F02.81</b> <del>major neurocognitive disorder probably due to Parkinson’s disease, with behavioral disturbance</del>. For major neurocognitive disorder probably due to Parkinson’s disease, without behavioral disturbance, code first <b>G20</b> Parkinson’s disease, followed by <b>F02.80</b> <del>major neurocognitive disorder probably due to Parkinson’s disease, without behavioral disturbance</del>.</p> <p>For major neurocognitive disorder possibly due to Parkinson’s disease, <u>with behavioral disturbance</u>, code first <del>G31.9</del> <del>major neurocognitive disorder possibly due to Parkinson’s disease, with behavioral disturbance</del> <b>G20</b> Parkinson’s disease, followed by <b>F02.81</b>. For major neurocognitive disorder possibly due to Parkinson’s disease, without behavioral disturbance, code first <b>G20</b> Parkinson’s disease, followed by <b>F02.80</b>. (<b>Note:</b> Do not use the additional code for Parkinson’s disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p>For mild neurocognitive disorder due to Parkinson’s disease, code <b>G31.84</b>. (<b>Note:</b> Do not use the additional code for Parkinson’s disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</p> <p><i>This coding note appears in DSM-5, pp. 636–637; in Desk Reference, p. 317.</i></p>

## Neurocognitive Disorders

### Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM)

This excerpt provides the updated ICD-10-CM codes for major neurocognitive disorders due to possible etiologies and reintegrates their placement within the listing. (DSM-5 only, pp. 849–850; not applicable to Desk Reference)

ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

ICD-10-CM	Disorder, condition, or problem
	Major neurocognitive disorder due to another medical condition
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder due to HIV infection ( <i>code first</i> B20 HIV infection)
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder due to Huntington's disease ( <i>code first</i> G10 Huntington's disease)
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder due to multiple etiologies
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	<u>Major neurocognitive disorder due to possible Alzheimer's disease (<i>code first</i> G30.9 Alzheimer's disease)</u>
	<u>Major neurocognitive disorder due to probable Alzheimer's disease (<i>code first</i> G30.9 Alzheimer's disease)</u>
<u>F02.81</u>	<u>With behavioral disturbance</u>
<u>F02.80</u>	<u>Without behavioral disturbance</u>
	<u>Major neurocognitive disorder due to possible frontotemporal lobar degeneration (<i>code first</i> G31.09 frontotemporal disease)</u>
	<u>Major neurocognitive disorder due to probable frontotemporal lobar degeneration (<i>code first</i> G31.09 frontotemporal disease)</u>
<u>F02.81</u>	<u>With behavioral disturbance</u>
<u>F02.80</u>	<u>Without behavioral disturbance</u>

**Neurocognitive Disorders**  
**Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM) (continued)**

ICD-10-CM	Disorder, condition, or problem
<del>G31.9</del>	Major neurocognitive disorder with <u>possible</u> Lewy bodies, <b>Possible</b> <i>(code first G31.83 Lewy body disease)</i>
	Major neurocognitive disorder with <u>probable</u> Lewy bodies, <b>Probable</b> <i>(code first G31.83 Lewy body disease)</i>
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
<del>G31.9</del>	Major neurocognitive disorder <u>possibly</u> due to Parkinson's disease, <b>Possible</b> <i>(code first G20 Parkinson's disease)</i>
	Major neurocognitive disorder <u>probably</u> due to Parkinson's disease, <b>Probable</b> <i>(code first G20 Parkinson's disease)</i>
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder due to prion disease <i>(code first A81.9 prion disease)</i>
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder due to traumatic brain injury ( <i>code first S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela</i> )
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
<del>G31.9</del>	Major <del>vascular</del> neurocognitive disorder <u>possibly due to vascular disease</u> , <b>Possible</b>
	Major <del>vascular</del> neurocognitive disorder <u>probably due to vascular disease</u> , <b>Probable</b>
F01.51	With behavioral disturbance
F01.50	Without behavioral disturbance

## Neurocognitive Disorders

### Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM)

This excerpt provides the updated ICD-10-CM codes for major neurocognitive disorders due to possible etiologies and reintegrates their placement with other major neurocognitive disorders in the listing. Disorders outside this category or alphanumeric set are not included here.

(DSM-5 only, pp. 877–878; on p. 892, delete the ICD-10-CM code G31.9 and all corresponding entries; not applicable to Desk Reference)

ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

ICD-10-CM	Disorder, condition, or problem
<u>F01.50</u>	<u>Major neurocognitive disorder possibly due to vascular disease, Without behavioral disturbance</u>
F01.50	<del>Probable</del> Major <del>vascular</del> neurocognitive disorder <u>probably due to vascular disease</u> , Without behavioral disturbance
<u>F01.51</u>	<u>Major neurocognitive disorder possibly due to vascular disease, With behavioral disturbance</u>
F01.51	<del>Probable</del> Major <del>vascular</del> neurocognitive disorder <u>probably due to vascular disease</u> , With behavioral disturbance
F02.80	Major neurocognitive disorder due to another medical condition, Without behavioral disturbance
F02.80	Major neurocognitive disorder due to HIV infection, Without behavioral disturbance ( <i>code first</i> B20 HIV infection)
F02.80	Major neurocognitive disorder due to Huntington’s disease, Without behavioral disturbance ( <i>code first</i> G10 Huntington’s disease)
F02.80	Major neurocognitive disorder due to multiple etiologies, Without behavioral disturbance
<u>F02.80</u>	<u>Major neurocognitive disorder due to possible Alzheimer’s disease, Without behavioral disturbance (<i>code first</i> G30.9 Alzheimer’s disease)</u>
F02.80	Major neurocognitive disorder <u>probably</u> due to <u>probable</u> Alzheimer’s disease, Without behavioral disturbance ( <i>code first</i> G30.9 Alzheimer’s disease)
<u>F02.80</u>	<u>Major neurocognitive disorder due to possible frontotemporal lobar degeneration, Without behavioral disturbance (<i>code first</i> G31.09 frontotemporal disease)</u>
F02.80	<del>Probable</del> Major neurocognitive disorder due to <u>probable</u> frontotemporal lobar degeneration, Without behavioral disturbance ( <i>code first</i> G31.09 frontotemporal disease)
<u>F02.80</u>	<u>Major neurocognitive disorder with possible Lewy bodies, Without behavioral disturbance (<i>code first</i> G31.83 Lewy body disease)</u>
F02.80	<del>Probable</del> Major neurocognitive disorder with <u>probable</u> Lewy bodies, Without behavioral disturbance ( <i>code first</i> G31.83 Lewy body disease)

**Neurocognitive Disorders**  
**Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM) (continued)**

ICD-10-CM	Disorder, condition, or problem
<u>F02.80</u>	<u>Major neurocognitive disorder possibly due to Parkinson's disease, Without behavioral disturbance (code first G20 Parkinson's disease)</u>
F02.80	Major neurocognitive disorder probably due to Parkinson's disease, Without behavioral disturbance (code first G20 Parkinson's disease)
F02.80	Major neurocognitive disorder due to prion disease, Without behavioral disturbance (code first A81.9 prion disease)
F02.80	Major neurocognitive disorder due to traumatic brain injury, Without behavioral disturbance (code first S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela)
F02.81	Major neurocognitive disorder due to another medical condition, With behavioral disturbance
F02.81	Major neurocognitive disorder due to HIV infection, With behavioral disturbance (code first B20 HIV infection)
F02.81	Major neurocognitive disorder due to Huntington's disease, With behavioral disturbance (code first G10 Huntington's disease)
F02.81	Major neurocognitive disorder due to multiple etiologies, With behavioral disturbance
<u>F02.81</u>	<u>Major neurocognitive disorder due to possible Alzheimer's disease, With behavioral disturbance (code first G30.9 Alzheimer's disease)</u>
F02.81	<b>Probable</b> Major neurocognitive disorder due to <b>probable</b> Alzheimer's disease, With behavioral disturbance (code first G30.9 Alzheimer's disease)
<u>F02.81</u>	<u>Major neurocognitive disorder due to possible frontotemporal lobar degeneration, With behavioral disturbance (code first G31.09 frontotemporal disease)</u>
F02.81	<b>Probable</b> Major <del>frontotemporal</del> neurocognitive disorder <b>due to probable frontotemporal lobar degeneration</b> , With behavioral disturbance (code first G31.09 frontotemporal disease)
<u>F02.81</u>	<u>Major neurocognitive disorder with possible Lewy bodies, With behavioral disturbance (code first G31.83 Lewy body disease)</u>
F02.81	<b>Probable</b> Major neurocognitive disorder with <b>probable</b> Lewy bodies, With behavioral disturbance (code first G31.83 Lewy body disease)
<u>F02.81</u>	<u>Major neurocognitive disorder possibly due to Parkinson's disease, With behavioral disturbance (code first G20 Parkinson's disease)</u>
F02.81	Major neurocognitive disorder probably due to Parkinson's disease, With behavioral disturbance (code first G20 Parkinson's disease)
F02.81	Major neurocognitive disorder due to prion disease, With behavioral disturbance (code first A81.9 prion disease)
F02.81	Major neurocognitive disorder due to traumatic brain injury, With behavioral disturbance (code first S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela)