

DSM-5[®] UPDATE

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

October 2018



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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. Because ICD-9-CM codes can no longer be used in the United States, they are not included in this DSM-5 Update. ICD-10-CM codes are used for coding purposes in the United States as of October 1, 2015.

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October 2018 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, 2018, except where noted.

For the 2018 ICD-10-CM Coding Updates in Detail, which list each DSM-5 and DSM-5 Desk Reference page where the code appears, see pp. 27–35.

Disorder*	DSM-5 Recommended ICD-10-CM Code for use through September 30, 2018*	DSM-5 Recommended ICD-10-CM Code for use beginning October 1, 2018*
Factitious Disorder Imposed on Another	F68.10	F68.A
Cannabis Withdrawal, With moderate or severe use disorder	F12.288	F12.23
Cannabis Withdrawal, Without use disorder	Not in DSM-5	F12.93
Opioid Withdrawal, Without use disorder	Not in DSM-5	F11.93
Sedative, Hypnotic, or Anxiolytic Withdrawal, Without perceptual disturbances, Without use disorder	Not in DSM-5	F13.939
Sedative, Hypnotic, or Anxiolytic Withdrawal, With perceptual disturbances, Without use disorder	Not in DSM-5	F13.932
Amphetamine or Other Stimulant Withdrawal, Without use disorder	Not in DSM-5	F15.93
Other (or Unknown) Substance Withdrawal, Without use disorder	Not in DSM-5	F19.939
Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium, Without use disorder	Not in DSM-5	F13.931
No Diagnosis or Condition*	Not in DSM-5*	Z03.89*

***Note: Prior to May 2018, a "no diagnosis or condition" category had been omitted in DSM-5. The DSM-5 Steering Committee subsequently approved the inclusion of this category, and its corresponding ICD-10-CM code, Z03.89 "No diagnosis or condition," is available for immediate use.**

Prior ICD-10-CM Coding Updates at a Glance

October 2017 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, 2017.

ICD-10-CM Coding Updates in Detail (2015–2017), which list each DSM-5 and DSM-5 Desk Reference page where the code appears, begin on p. 36.

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*)

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
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

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.

ICD-10-CM Coding Updates in Detail (2015–2017), which list each DSM-5 and DSM-5 Desk Reference page where the code appears, begin on p. 36.

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	F80.82
Disruptive Mood Dysregulation Disorder	F34.8	F34.81
Premenstrual Dysphoric Disorder	N94.3	F32.81
Other Specified Depressive Disorder	F32.8	F32.89
Obsessive-Compulsive Disorder	F42	F42.2
Hoarding Disorder	F42	F42.3
Excoriation (Skin-Picking) Disorder	L98.1	F42.4
Other Specified Obsessive-Compulsive and Related Disorder	F42	F42.8
Unspecified Obsessive-Compulsive and Related Disorder	F42	F42.9
Pica, in adults	F50.8	F50.89
Avoidant/Restrictive Food Intake Disorder**	F50.8	[F50.89**]
Binge-Eating Disorder	F50.8	F50.81
Other Specified Feeding or Eating Disorder	F50.8	F50.89
Gender Dysphoria in Adolescents and Adults	F64.1	F64.0
**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.)		

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	F50.89**
Binge-Eating Disorder	F50.8	F50.81
Disruptive Mood Dysregulation Disorder	F34.8	F34.81
Excoriation (Skin-Picking) Disorder	L98.1	F42.4
Gender Dysphoria in Adolescents and Adults	F64.1	F64.0
Hoarding Disorder	F42	F42.3
Obsessive-Compulsive Disorder	F42	F42.2
Other Specified Depressive Disorder	F32.8	F32.89
Other Specified Feeding or Eating Disorder	F50.8	F50.89
Other Specified Obsessive-Compulsive and Related Disorder	F42	F42.8
Pica, in adults	F50.8	F50.89
Premenstrual Dysphoric Disorder	N94.3	F32.81
Social (Pragmatic) Communication Disorder	F80.89	F80.82
Unspecified Obsessive-Compulsive and Related Disorder	F42	F42.9
**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.)		

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

ICD-10-CM Coding Updates in Detail (2015–2017), which list each DSM-5 and DSM-5 Desk Reference page where the code appears, begin on p. 36.

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

Disorder	Original	Update*
Language Disorder	F80.9	F80.2
Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission	F31.73	F31.71
Bipolar I Disorder, Current or most recent episode hypomanic, In full remission	F31.74	F31.72
Trichotillomania (Hair-Pulling Disorder)	F63.2	F63.3
Insomnia Disorder	G47.00	F51.01
Hypersomnolence Disorder	G47.10	F51.11
Kleptomania	F63.3	F63.2
Major Neurocognitive Disorders With Possible Etiologies 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. For excerpts of the DSM-5 sections with these changes, see pp. 65–74 of this DSM-5® Update.		
Major Neurocognitive Disorder Possibly Due to Vascular Disease	G31.9	F01.51 With behavioral disturbance or F01.50 Without behavioral disturbance
Major Neurocognitive Disorder Due to Possible Alzheimer’s Disease (Note: Code first G30.9 Alzheimer’s disease.)	<i>No coding of etiological medical condition</i>	Code etiological medical condition first (noted at left with each disorder) then code F02.81 With behavioral disturbance or F02.80 Without behavioral disturbance
Major Neurocognitive Disorder Due to Possible Frontotemporal Lobar Degeneration (Note: Code first G31.09 frontotemporal disease.)	G31.9	
Major Neurocognitive Disorder With Possible Lewy Bodies (Note: Code first G31.83 Lewy body disease.)		
Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease (Note: Code first G20 Parkinson’s disease.)		

Criteria Updates

See new content added with the date October 2018. For changes to coding notes within criteria sets, see "October 1, 2018 ICD-10-CM Coding Updates in Detail."

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~~ 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.*

Substance/Medication-Induced Psychotic Disorder: Coding Note [October 2018]

(DSM-5, p. 111; Desk Reference, p. 56)

As printed **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced psychotic disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced...

As updated **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced psychotic disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced...

Reason for update *Whether or not the substance/medication-induced psychotic disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

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)

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 I Disorder: “With Psychotic Features” Specifiers [October 2018]

(DSM-5, p. 127; Desk Reference, p. 71)

As printed With mood-congruent psychotic features
With mood-incongruent psychotic features

As updated With mood-congruent psychotic features (p. 152; **applies to manic episode and/or major depressive episode**)
(DSM-5) With mood-incongruent psychotic features (p. 152; **applies to manic episode and/or major depressive episode**)

(Desk Reference) With mood-congruent psychotic features (pp. 88–89; **applies to manic episode and/or major depressive episode**)
With mood-incongruent psychotic features (pp. 88–89; **applies to manic episode and/or major depressive episode**)

Reason for update *These additions provide clarification for which types of episodes the “with psychotic features” specifiers apply for bipolar I disorder.*

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 and Related Disorders (*continued*)

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**
(DSM-5) **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 Psychotic Features” Specifiers [October 2018]

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

As printed **With mood-congruent psychotic features**
With mood-incongruent psychotic features

As updated **With mood-congruent psychotic features (p. 152; *applies to major depressive episode only*)**
(DSM-5) **With mood-incongruent psychotic features (p. 152; *applies to major depressive episode only*)**

(Desk
Reference) **With mood-congruent psychotic features (pp. 88–89; *applies to major depressive episode only*)**
With mood-incongruent psychotic features (pp. 88–89; *applies to major depressive episode only*)

Reason for update *These additions provide clarification for which type of episode the “with psychotic features” specifiers apply for bipolar II disorder.*

Bipolar and Related Disorders (*continued*)

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.

Bipolar and Related Disorders (*continued*)

Substance/Medication-Induced Bipolar and Related Disorder: Coding Note [October 2018]

(DSM-5, p. 142; Desk Reference, p. 77)

- As printed** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced bipolar and related disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced....
- As updated** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced bipolar and related disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced....
- Reason for update** *Whether or not the substance/medication-induced bipolar and related disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

Specifiers for Bipolar and Related Disorders: “With Psychotic Features” Specifiers [October 2018]

(DSM-5, p. 152; Desk Reference, p. 89)

- As printed** **With psychotic features:** Delusions or hallucinations are present at any time in the episode. If psychotic features are present, specify if mood-congruent or mood-incongruent:
- With mood-congruent psychotic features:** During manic episodes, the content of all delusions and hallucinations is consistent with the typical manic themes of grandiosity, invulnerability, etc., but may also include themes of suspiciousness or paranoia, especially with respect to others’ doubts about the individual’s capacities, accomplishments, and so forth.
- With mood-incongruent psychotic features:** The content of delusions and hallucinations is inconsistent with the episode polarity themes as described above, or the content is a mixture of mood-incongruent and mood-congruent themes.
- As updated** **With psychotic features:** Delusions or hallucinations are present at any time in the episode. If psychotic features are present, specify if mood-congruent or mood-incongruent:
- When applied to current or most recent manic episode (in bipolar I disorder):***
- With mood-congruent psychotic features:** **During manic episodes, t**he content of all delusions and hallucinations is consistent with the typical manic themes of grandiosity, invulnerability, etc., but may also include themes of suspiciousness or paranoia, especially with respect to others’ doubts about the individual’s capacities, accomplishments, and so forth.
- With mood-incongruent psychotic features:** The content of delusions and hallucinations-**is inconsistent with the episode polarity themes does not involve typical manic themes** as described above, or the content is a mixture of mood-incongruent and mood-congruent themes.

(continued)

Bipolar and Related Disorders (*continued*)

As updated
(*continued*)

When applied to current or most recent major depressive episode (in bipolar I disorder or bipolar II disorder):

With mood-congruent psychotic features: The content of all delusions and hallucinations is consistent with the typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment.

With mood-incongruent psychotic features: The content of the delusions or hallucinations does not involve typical depressive themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment, or the content is a mixture of mood-incongruent and mood-congruent themes.

Reason for
update

In Bipolar and Related Disorders, mood-congruent/mood-incongruent psychotic features apply to the current (or most recent) manic or major depressive episode. Consequently, the definition of mood-congruent features (“the content of delusions and hallucinations is consistent with the typical themes...”) depends on whether it applies to a manic episode (“themes of grandiosity, invulnerability, etc.”) or a depressive episode (“themes of themes of personal inadequacy, guilt, disease, death, nihilism, or deserved punishment”) and thus requires separate definitions: one for manic episodes and one for major depressive episodes.

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.”

(*continued*)

Bipolar and Related Disorders (*continued*)

As updated (*continued*) **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

Substance/Medication-Induced Depressive Disorder: Coding Note [October 2018]

(DSM-5, p. 176; Desk Reference, p. 102)

As printed **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced depressive disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced...

As updated **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced depressive disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced...

Reason for update *Whether or not the substance/medication-induced depressive disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

Other Specified Depressive Disorder [October 2018]

(DSM-5, p. 183; Desk Reference, p. 106)

As printed This category applies to presentations in which symptoms characteristic of a depressive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class.

As updated This category applies to presentations in which symptoms characteristic of a depressive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class, **and do not meet criteria for adjustment disorder with depressed mood or adjustment disorder with mixed anxiety and depressed mood.**

Reason for update *Added text correctly provides the additional exclusion for adjustment disorder.*

Unspecified Depressive Disorder [October 2018]

(DSM-5, p. 184; Desk Reference, p. 107)

As printed This category applies to presentations in which symptoms characteristic of a depressive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class.

As updated This category applies to presentations in which symptoms characteristic of a depressive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the depressive disorders diagnostic class, **and do not meet criteria for adjustment disorder with depressed mood or adjustment disorder with mixed anxiety and depressed mood.**

Reason for update *Added text correctly provides the additional exclusion for adjustment disorder.*

Depressive Disorders (*continued*)

Specifiers for 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 (Major Depressive Disorder): “With Seasonal Pattern” Specifier, Criterion B [October 2018]

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

As printed B. Full remissions (or a change from major depression to mania or hypomania) also occur at a characteristic time of the year (e.g., depression disappears in the spring).

As updated B. Full remissions (**or a change from major depression to mania or hypomania**) also occur at a characteristic time of the year (e.g., depression disappears in the spring).

Reason for update *In the definition of the “with seasonal pattern” specifier for major depressive disorder, Criterion B characterizes the requirement for a seasonal pattern of remissions to go along with the seasonal pattern of onsets of major depressive episodes described in Criterion A. Criterion B erroneously includes “a change from major depression to mania or hypomania” as an alternative to full remission of the major depressive episodes; by definition, there can be no episodes of mania or hypomania in major depressive disorder.*

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.

Anxiety Disorders

Substance/Medication-Induced Anxiety Disorder: Coding Note [October 2018]

(DSM-5, p. 226; Desk Reference, p. 124)

- As printed** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced anxiety disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced....
- As updated** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced anxiety disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced....
- Reason for update** *Whether or not the substance/medication-induced anxiety disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

Other Specified Anxiety Disorder [October 2018]

(DSM-5, p. 233; Desk Reference, p. 128)

- As printed** This category applies to presentations in which symptoms characteristic of an anxiety disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the anxiety disorders diagnostic class.
- As updated** This category applies to presentations in which symptoms characteristic of an anxiety disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the anxiety disorders diagnostic class, **and do not meet criteria for adjustment disorder with anxiety or adjustment disorder with mixed anxiety and depressed mood.**
- Reason for update** *Added text correctly provides the additional exclusion for adjustment disorder.*

Unspecified Anxiety Disorder [October 2018]

(DSM-5, p. 233; Desk Reference, p. 128)

- As printed** This category applies to presentations in which symptoms characteristic of an anxiety disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the anxiety disorders diagnostic class.
- As updated** This category applies to presentations in which symptoms characteristic of an anxiety disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the anxiety disorders diagnostic class, **and do not meet criteria for adjustment disorder with anxiety or adjustment disorder with mixed anxiety and depressed mood.**
- Reason for update** *Added text correctly provides the additional exclusion for adjustment disorder.*

Obsessive-Compulsive and Related Disorders

Substance/Medication-Induced Obsessive-Compulsive and Related Disorder: Coding Note

[October 2018]

(DSM-5, p. 257; Desk Reference, p. 135)

- As printed** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced obsessive-compulsive and related disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced....
- As updated** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced obsessive-compulsive and related disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced....
- Reason for update** *Whether or not the substance/medication-induced obsessive-compulsive and related disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

Trauma- and Stressor-Related Disorders

Acute Stress Disorder: Criterion A [October 2018]

(DSM-5: p. 280; Desk Reference: p. 149)

- As printed** A. Exposure to actual or threatened death, serious injury, or sexual violation in one (or more) of the following ways:
- As updated** A. Exposure to actual or threatened death, serious injury, or sexual **violation violence** in one (or more) of the following ways:
- Reason for update** This correction aligns the wording of Criterion A in acute stress disorder with the wording of Criterion A in posttraumatic stress disorder.

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*)

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.

Other Specified Trauma- and Stressor-Related Disorder: Add example of presentation [October 2018]

(DSM-5: p. 289; Desk Reference: p. 153)

See corresponding text updates for DSM-5, p. 288, in the section "Text Updates" (not applicable to Desk Reference)

As printed

Examples of presentations that can be specified using the "other specified" designation include the following:

1. **Adjustment-like disorders with delayed onset of symptoms that occur more than 3 months after the stressor.**

2. **Adjustment-like disorders with prolonged duration of more than 6 months without prolonged duration of stressor.**

3. **Ataque de nervios:** See "Glossary of Cultural Concepts of Distress" in the Appendix.

4. **Other cultural syndromes:** See "Glossary of Cultural Concepts of Distress" in the Appendix.

5. **Persistent complex bereavement disorder:** This disorder is characterized by severe and persistent grief and mourning reactions (see the chapter "Conditions for Further Study")

As updated

Examples of presentations that can be specified using the "other specified" designation include the following:

1. **Adjustment-like disorders with delayed onset of symptoms that occur more than 3 months after the stressor.**

2. **Adjustment-like disorders with prolonged duration of more than 6 months without prolonged duration of stressor.**

3. **Persistent response to trauma with PTSD-like symptoms (i.e., symptoms occurring in response to a traumatic event that fall short of the diagnostic threshold for PTSD and that persist for longer than 6 months).**

4.3. **Ataque de nervios:** See "Glossary of Cultural Concepts of Distress" in the Appendix.

5.4. **Other cultural syndromes:** See "Glossary of Cultural Concepts of Distress" in the Appendix.

6.5. **Persistent complex bereavement disorder:** This disorder is characterized by severe and persistent grief and mourning reactions (see the chapter "Conditions for Further Study")

Reason for update

"Persistent response to trauma with PTSD-like symptoms" was added to the list of examples in other specified trauma- and other stressor-related disorder to clarify that such cases should be diagnosed as other specified trauma- and stressor-related disorder.

Sleep-Wake Disorders

Substance/Medication-Induced Sleep Disorder: Coding Note [October 2018]

(DSM-5, p. 414; Desk Reference, p. 194)

- As printed** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced sleep disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced....
- As updated** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced sleep disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced....
- Reason for update** *Whether or not the substance/medication-induced sleep disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

Sexual Dysfunctions

Substance/Medication-Induced Sexual Dysfunction: Coding Note [October 2018]

(DSM-5, p. 446; Desk Reference, p. 209)

- As printed** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced sexual dysfunctions are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced....
- As updated** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced sexual dysfunctions are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced....
- Reason for update** *Whether or not the substance/medication-induced sexual dysfunction is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

Neurocognitive Disorders

Substance/Medication-Induced Major or Mild Neurocognitive Disorder: Coding Note [October 2018]

(DSM-5, p. 628; Desk Reference, p. 312)

- As printed** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced neurocognitive disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced....
- As updated** **Coding note:** The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced neurocognitive disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. **In any case, an additional separate diagnosis of a substance use disorder is not given.** If a mild substance use disorder is comorbid with the substance-induced....
- Reason for update** *Whether or not the substance/medication-induced major or mild neurocognitive disorder is comorbid with a substance use disorder is built into the ICD-10-CM code; thus, an additional substance use disorder diagnosis (and code) is not needed. A specific statement has been added to highlight this point.*

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

See new content added with the date October 2018.

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.

Adjustment Disorders: Differential Diagnosis [October 2018]

Location DSM-5, p. 288 (not applicable to Desk Reference): New penultimate sentence and edited last sentence in section shown.

As printed **Posttraumatic stress disorder and 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 and posttraumatic stress disorder (PTSD). In distinguishing adjustment disorders from these two posttraumatic diagnoses, there are both timing and symptom profile considerations. Adjustment disorders can be diagnosed immediately and persist up to 6 months after exposure to the traumatic event, whereas acute stress disorder can only occur between 3 days and 1 month of exposure to the stressor, and PTSD cannot be diagnosed until at least 1 month has passed since the occurrence of the traumatic stressor. The required symptom profile for PTSD and acute stress disorder differentiates them from the adjustment disorders. With regard to symptom profiles, an adjustment disorder may be diagnosed following a traumatic event when an individual exhibits symptoms of either acute stress disorder or PTSD that do not meet or exceed the diagnostic threshold for either disorder. An adjustment disorder should also be diagnosed for individuals who have not been exposed to a traumatic event but who otherwise exhibit the full symptom profile of either acute stress disorder or PTSD.

(continued)

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

As updated	<p>Posttraumatic stress disorder and 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 and posttraumatic stress disorder (PTSD). In distinguishing adjustment disorders from these two posttraumatic diagnoses, there are both timing and symptom profile considerations. Adjustment disorders can be diagnosed immediately and persist up to 6 months after exposure to the traumatic event, whereas acute stress disorder can only occur between 3 days and 1 month of exposure to the stressor, and PTSD cannot be diagnosed until at least 1 month has passed since the occurrence of the traumatic stressor. The required symptom profile for PTSD and acute stress disorder differentiates them from the adjustment disorders. With regard to symptom profiles, an adjustment disorder may be diagnosed following a traumatic event when an individual exhibits symptoms of either acute stress disorder or PTSD that do not meet or exceed the diagnostic threshold for either disorder. Because adjustment disorder cannot persist for more than 6 months after termination of the stressor or its consequences, cases in which symptoms occurring in response to a traumatic event that fall short of the diagnostic threshold for PTSD and that persist for longer than 6 months should be diagnosed as other specified trauma- and stressor-related disorder. An adjustment disorder should also be diagnosed for individuals who have not been exposed to a traumatic event meeting Criterion A for PTSD, but who otherwise exhibit the full symptom profile of either acute stress disorder or PTSD.</p>
Reason for update	<p><i>A textual explanation was added to explain why “persistent response to trauma with PTSD-like symptoms” was added to the list of examples in other specified trauma- and other stressor-related disorder.</i></p>

Somatic Symptom and Related Disorders

Somatic Symptom Disorder: Differential Diagnosis [August 2015]

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

As printed	<p>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.</p>
As updated	<p>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.</p>
Reason for update	<p><i>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.</i></p>

Substance-Related and Addictive Disorders

Table 1: Diagnoses associated with substance class: adjustment to neurocognitive disorders column (only “P” applies) [October 2018]
(DSM-5: p. 482; Desk Reference: pp. 228–229)

As updated	See revised table, next page.
Reason for update	Although the table entry for alcohol-induced neurocognitive disorder is “I/W/P” (for example), the diagnostic criteria for substance/medication-induced major or mild neurocognitive disorder include the specifier “persistent;” but not the “with onset during intoxication” and “with onset during withdrawal” specifiers. Therefore, the table entries for the neurocognitive disorder column should only include “P.”

Other Mental Disorders

Addition of No Diagnosis or Condition [October 2018]
(DSM-5: p. 707; Desk Reference: p. 341)

As updated	For related coding updates, see “October 1, 2018 ICD-10-CM Coding Updates in Detail,” under “Other Mental Disorders.”
Reason for update	The lack of the “no diagnosis” code in DSM-5 has created issues in healthcare systems where providers are obligated to bill using DSM-5 codes, and APA frequently receives inquiries about its omission. With the added code, providers will be able to indicate when they’ve conducted an evaluation and have identified that a patient’s clinical presentation does not meet criteria for a mental health diagnosis.

Chapter title page, title, p. 707 (Desk Reference, p. 341)

Other Mental Disorders and Additional Codes

Chapter title page, text, p. 707 (not applicable to Desk Reference)

Four disorders are included in this chapter: other specified mental disorder due to another medical condition; unspecified mental disorder due to another medical condition; other specified mental disorder; and unspecified mental disorder. These residual categories apply to presentations in which symptoms characteristic of a mental disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any other mental disorder in DSM-5. For other specified and unspecified mental disorders due to another medical condition, it must be established that the disturbance is caused by the physiological effects of another medical condition. If other specified and unspecified mental disorders are due to another medical condition, it is necessary to code and list the medical condition first (e.g., 042 [B20] HIV disease), followed by the other specified or unspecified mental disorder (use appropriate code). This chapter also includes an additional code, no diagnosis or condition, for situations in which the individual has been evaluated and it is determined that no mental disorder or condition is present.

TABLE 1 Diagnoses associated with substance class

	Psychotic disorders	Bipolar disorders	Depressive disorders	Anxiety disorders	Obsessive-compulsive and related disorders	Sleep disorders	Sexual dysfunctions	Delirium	Neuro-cognitive disorders	Substance use disorders	Substance intoxication	Substance withdrawal
Alcohol	I/W	I/W	I/W	I/W		I/W	I/W	I/W	I/W/P	X	X	X
Caffeine				I		I/W					X	X
Cannabis	I			I		I/W		I		X	X	X
Hallucinogens												
Phencyclidine	I	I	I	I				I		X	X	
Other hallucinogens	I*	I	I	I				I		X	X	
Inhalants	I		I	I				I	I/P	X	X	
Opioids			I/W	W		I/W	I/W	I/W		X	X	X
Sedatives, hypnotics, or anxiolytics	I/W	I/W	I/W	W		I/W	I/W	I/W	I/W/P	X	X	X
Stimulants**	I	I/W	I/W	I/W	I/W	I/W	I	I		X	X	X
Tobacco						W				X		X
Other (or unknown)	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W	I/W/P	X	X	X

Note. X = The category is recognized in DSM-5.

I = The specifier “with onset during intoxication” may be noted for the category.

W = The specifier “with onset during withdrawal” may be noted for the category.

I/W = Either “with onset during intoxication” or “with onset during withdrawal” may be noted for the category.

P = The disorder is persisting.

*Also hallucinogen persisting perception disorder (flashbacks).

**Includes amphetamine-type substances, cocaine, and other unspecified stimulants.

Assessment Measures Updates

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

Clinician-Rated Dimensions of Psychotic Symptom Severity (excerpt) [October 2018]

(DSM-5: p. 743; not applicable to Desk Reference)

As updated See revised excerpt below. The revised, complete assessment measure is also available at: <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/assessment-measures> under Disorder-Specific Severity Measures, Clinician-Rated.

Reason for update In the Hallucinations domain (first row), the addition of “or other types of hallucinations” after “voices” clarifies that the rating is based on the severity of any type of hallucination that may be present. In the Delusions domain (second row), the additions to the severity ratings enhance clarity.

As printed

Domain	0	1	2	3	4	Score
I. Hallucinations	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered psychosis)	<input type="checkbox"/> Present, but mild (little pressure to act upon voices, not very bothered by voices)	<input type="checkbox"/> Present and moderate (some pressure to respond to voices, or is somewhat bothered by voices)	<input type="checkbox"/> Present and severe (severe pressure to respond to voices, or is very bothered by voices)	
II. Delusions	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered psychosis)	<input type="checkbox"/> Present, but mild (little pressure to act upon delusional beliefs, not very bothered by beliefs)	<input type="checkbox"/> Present and moderate (some pressure to act upon beliefs, or is somewhat bothered by beliefs)	<input type="checkbox"/> Present and severe (severe pressure to act upon beliefs, or is very bothered by beliefs)	

As updated

Domain	0	1	2	3	4	Score
I. Hallucinations	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered psychosis)	<input type="checkbox"/> Present, but mild (little pressure to act upon voices <u>or other types of hallucinations</u> , not very bothered by <u>hallucinations voices</u>)	<input type="checkbox"/> Present and moderate (some pressure to respond to voices <u>or other types of hallucinations</u> , or is somewhat bothered by <u>hallucinations voices</u>)	<input type="checkbox"/> Present and severe (severe pressure to respond to voices <u>or other types of hallucinations</u> , or is very bothered by <u>hallucinations voices</u>)	
II. Delusions	<input type="checkbox"/> Not present	<input type="checkbox"/> Equivocal (severity or duration not sufficient to be considered psychosis)	<input type="checkbox"/> Present, but mild (little pressure to act upon delusional beliefs, not very bothered by <u>such</u> beliefs)	<input type="checkbox"/> Present and moderate (some pressure to act upon <u>delusional</u> beliefs, or is somewhat bothered by <u>such</u> beliefs)	<input type="checkbox"/> Present and severe (severe pressure to act upon <u>delusional</u> beliefs, or is very bothered by <u>such</u> beliefs)	

October 1, 2018 ICD-10-CM Coding Updates in Detail

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

Somatic Symptom and Related Disorders—2018

October 2018 ICD-10-CM codes for Factitious Disorder

Codes are found on the following pages: DSM-5: xxi, 324–325, 847, 891

Desk Reference: pp. xx, 165

DSM-5 Classification: Somatic Symptom and Related Disorders, Factitious Disorder, p. xxi

300.19 (~~F68.10~~) Factitious Disorder (~~324~~) (~~includes Factitious Disorder Imposed on Self, Factitious Disorder Imposed on Another~~) (~~324~~)

(F68.10) Factitious Disorder Imposed on Self

(F68.A) Factitious Disorder Imposed on Another

Desk Reference, p. xx

300.19 (~~F68.10~~) Factitious Disorder (~~165~~) (~~includes Factitious Disorder Imposed on Self, Factitious Disorder Imposed on Another~~) (~~165~~)

(F68.10) Factitious Disorder Imposed on Self

(F68.A) Factitious Disorder Imposed on Another

DSM-5 criteria, ICD-10-CM codes for Factitious Disorder should be revised and added as follows, pp. 324–325 (Desk Reference, p. 165):

Factitious Disorder

Diagnostic Criteria	<u>300.19 (F68.10)</u>
---------------------	------------------------

Factitious Disorder Imposed on Self	<u>300.19 (F68.10)</u>
-------------------------------------	------------------------

Factitious Disorder Imposed on Another (Previously Factitious Disorder by Proxy)	<u>300.19 (F68.A)</u>
---	-----------------------

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

300.19	F68.10	Factitious disorder <u>imposed on self</u>
<u>300.19</u>	<u>F68.A</u>	<u>Factitious disorder imposed on another</u>

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

F68.10	Factitious disorder <u>imposed on self</u>
<u>F68.A</u>	<u>Factitious disorder imposed on another</u>
F70	Intellectual disability (intellectual developmental disorder), Mild

Substance-Related and Addictive Disorders—2018

October 2018 ICD-10-CM codes for Cannabis Withdrawal

Codes are found on the following pages: DSM-5: xxvi, 517–518, 844, 880

Desk Reference: pp. xxvii, 242–243

DSM-5 Classification: Substance-Related and Addictive Disorders, Substance-Related Disorders, Cannabis-Related Disorders, Cannabis Withdrawal, p. xxvi (Desk Reference, p. xxvii)

292.0 (F12.288) Cannabis Withdrawal^a (517) [*delete superscript note d*]

F12.23 With use disorder, moderate or severe

F12.93 Without use disorder

DSM-5 criteria, ICD-10-CM codes for Cannabis Withdrawal should be revised and added as follows, pp. 517–518 (Desk Reference, pp. 242–243):

Cannabis Withdrawal

Diagnostic Criteria

292.0 (F12.288)

Coding note: The ICD-9-CM code is 292.0. The ICD-10-CM code for cannabis withdrawal occurring in the presence of moderate or severe cannabis use disorder is F12.23. For cannabis withdrawal occurring in the absence of a cannabis use disorder (e.g., in a patient taking cannabis solely under appropriate medical supervision), the ICD-10 CM code is F12.93. Note that the ICD-10-CM code indicates the comorbid presence of a moderate or severe cannabis use disorder, reflecting the fact that cannabis withdrawal can only occur in the presence of a moderate or severe cannabis use disorder. It is not permissible to code a comorbid mild cannabis use disorder with cannabis withdrawal.

Alphabetical Listing, DSM-5, p. 844 (*not applicable to Desk Reference*)

292.0 ~~F12.288~~ Cannabis withdrawal [deletion of code F12.288]

~~F12.23~~ With moderate or severe use disorder

~~F12.93~~ Without use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 880 (*not applicable to Desk Reference*)

Revise the codes for **Cannabis withdrawal** as follows:

F12.229 Cannabis intoxication, Without perceptual disturbances, With moderate or severe use disorder

~~F12.23~~ Cannabis withdrawal, With moderate or severe use disorder

~~F12.288~~ Cannabis withdrawal

F12.929 Cannabis intoxication, Without perceptual disturbances, Without use disorder

~~F12.93~~ Cannabis withdrawal, Without use disorder

F12.959 Cannabis-induced psychotic disorder, Without use disorder

Substance-Related and Addictive Disorders—2018 (*continued*)

October 2018 ICD-10-CM codes for Opioid Withdrawal

Codes are found on the following pages: DSM-5: xxvii, 547–548, 852, 879, 880
Desk Reference: pp. xxix, 259–260

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

292.0 (F11.23) Opioid Withdrawal⁺ (547) [*delete superscript note d*]

F11.23 With use disorder, moderate or severe

F11.93 Without use disorder

DSM-5 criteria, ICD-10-CM codes for Opioid Withdrawal should be revised and added as follows, pp. 547–548 (Desk Reference, pp. 259–260):

Opioid Withdrawal

Diagnostic Criteria

292.0 (F11.23)

Coding note: The ICD-9-CM code is 292.0. The ICD-10-CM code for opioid withdrawal occurring in the presence of moderate or severe opioid use disorder is F11.23. For opioid withdrawal occurring in the absence of an opioid use disorder (e.g., in a patient taking opioids solely under appropriate medical supervision), the ICD-10 CM code is F11.93. Note that the ICD-10-CM code indicates the comorbid presence of a moderate or severe opioid use disorder, reflecting the fact that opioid withdrawal can only occur in the presence of a moderate or severe opioid use disorder. It is not permissible to code a comorbid mild opioid use disorder with opioid withdrawal.

Alphabetical Listing, p. 852 (*not applicable to Desk Reference*)

292.0 F11.23 Opioid withdrawal

F11.23 With moderate or severe use disorder

F11.93 Without use disorder

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

F11.23 Opioid withdrawal, With moderate or severe use disorder

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

F11.929 Opioid intoxication, Without perceptual disturbances, Without use disorder

F11.93 Opioid withdrawal, Without use disorder

F11.94 Opioid-induced depressive disorder, Without use disorder

October 2018 ICD-10-CM codes for Sedative, Hypnotic, or Anxiolytic Withdrawal

Codes are found on the following pages: DSM-5: xxvii, 558, 859, 881
Desk Reference: pp. xxx, 265–266

DSM-5 Classification: Substance-Related and Addictive Disorders, Substance-Related Disorders, Sedative, Hypnotic, or Anxiolytic -Related Disorders, Sedative, Hypnotic, or Anxiolytic Withdrawal, p. xxvii (Desk Reference, p. xxx)

292.0 (_____) Sedative, Hypnotic, or Anxiolytic Withdrawal⁺ (557) [*delete superscript note d*]

F13.239 Without perceptual disturbances

F13.239 With use disorder, moderate or severe

F13.939 Without use disorder

F13.232 With perceptual disturbances

F13.232 With use disorder, moderate or severe

F13.932 Without use disorder

Substance-Related and Addictive Disorders—2018 (*continued*)

DSM-5 criteria, ICD-10-CM codes for **Sedative, Hypnotic, or Anxiolytic Withdrawal** should be revised and added as follows, p. 558 (Desk Reference, pp. 265–266):

Coding note: The ICD-9-CM code is 292.0. The ICD-10-CM code ~~for sedative, hypnotic, or anxiolytic withdrawal~~ depends on whether or not there is a comorbid moderate or severe sedative, hypnotic, or anxiolytic use disorder and whether or not there are perceptual disturbances. ~~For sedative, hypnotic, or anxiolytic withdrawal without perceptual disturbances, the ICD-10-CM code is F13.239. For sedative, hypnotic, or anxiolytic withdrawal with perceptual disturbances, the ICD-10-CM code is F13.232. Note that the ICD-10-CM codes indicate the comorbid presence of a moderate or severe sedative, hypnotic, or anxiolytic use disorder, reflecting the fact that sedative, hypnotic, or anxiolytic withdrawal can only occur in the presence of a moderate or severe sedative, hypnotic, or anxiolytic use disorder. It is not permissible to code a comorbid mild sedative, hypnotic, or anxiolytic use disorder with sedative, hypnotic, or anxiolytic withdrawal.~~

For sedative, hypnotic, or anxiolytic withdrawal without perceptual disturbances: If a moderate or severe sedative, hypnotic, or anxiolytic use disorder is comorbid, the ICD-10-CM code is **F13.239**. If there is no comorbid sedative, hypnotic, or anxiolytic use disorder, then the ICD-10-CM code is **F13.939**.

For sedative, hypnotic, or anxiolytic withdrawal with perceptual disturbances: If a moderate or severe sedative, hypnotic, or anxiolytic use disorder is comorbid, the ICD-10-CM code is **F13.232**. If there is no comorbid sedative, hypnotic, or anxiolytic use disorder, then the ICD-10-CM code is **F13.932**.

Alphabetical Listing, DSM-5, p. 859 (*not applicable to Desk Reference*)

292.0 Sedative, hypnotic, or anxiolytic withdrawal
Sedative, hypnotic, or anxiolytic withdrawal, With perceptual disturbances
F13.232 With ~~perceptual disturbances~~ moderate or severe use disorder
F13.932 Without use disorder
Sedative, hypnotic, or anxiolytic withdrawal, Without perceptual disturbances
F13.239 ~~Without perceptual disturbances~~ moderate or severe use disorder
F13.939 Without use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 881 (*not applicable to Desk Reference*)

F13.232 Sedative, hypnotic, or anxiolytic withdrawal, With perceptual disturbances,
With moderate or severe use disorder
F13.239 Sedative, hypnotic, or anxiolytic withdrawal, Without perceptual disturbances,
With moderate or severe use disorder
F13.929 Sedative, hypnotic, or anxiolytic intoxication, Without use disorder
F13.931 Sedative, hypnotic, or anxiolytic withdrawal delirium, Without use disorder
[updated code for substance withdrawal delirium, in Neurocognitive Disorders]
F13.932 Sedative, hypnotic, or anxiolytic withdrawal, With perceptual disturbances, Without use disorder
F13.939 Sedative, hypnotic, or anxiolytic withdrawal, Without perceptual disturbances, Without use disorder
F13.94 Sedative-, hypnotic-, or anxiolytic-induced bipolar and related disorder, Without use disorder

Substance-Related and Addictive Disorders—2018 (*continued*)

October 2018 ICD-10-CM codes for Stimulant Withdrawal:

Amphetamine or Other Stimulant Withdrawal

Codes are found on the following pages: DSM-5: xxviii, 569, 842, 883

Desk Reference: pp. xxxi, 272

DSM-5 Classification: Substance-Related and Addictive Disorders, Substance-Related Disorders, Stimulant-Related Disorders, Stimulant Withdrawal, p. xxviii (Desk Reference, p. xxxi)

- 292.0** (____) Stimulant Withdrawal^d-(569) [*delete superscript note d*]
Specify the specific substance causing the withdrawal syndrome
- (**F15.23**) Amphetamine or other stimulant
 - (**F15.23**) With use disorder, moderate or severe
 - (**F15.93**) Without use disorder
 - (**F14.23**) Cocaine^d[*add superscript note d*]

DSM-5 criteria, ICD-10-CM codes for Stimulant Withdrawal should be revised and added as follows, p. 569 (Desk Reference, p. 272):

Coding note: The ICD-9-CM code is 292.0. The ICD-10-CM code depends on whether the stimulant is an amphetamine, cocaine, or other stimulant. The ICD-10-CM code for amphetamine or ~~an~~ other stimulant withdrawal occurring in the presence of moderate or severe amphetamine or other stimulant use disorder is **F15.23**, and the ICD-10-CM code for cocaine withdrawal occurring in the presence of moderate or severe cocaine use disorder is **F14.23**. For amphetamine or other stimulant withdrawal occurring in the absence of an amphetamine or other stimulant use disorder (e.g., in a patient taking amphetamines solely under appropriate medical supervision), the ICD-10-CM code is **F15.93**. Note that the ICD-10-CM code indicates the comorbid presence of a moderate or severe amphetamine, cocaine, or other stimulant use disorder, reflecting the fact that amphetamine, cocaine, or other stimulant withdrawal can only occur in the presence of a moderate or severe amphetamine, cocaine, or other stimulant use disorder. It is not permissible to code a comorbid mild amphetamine, cocaine, or other stimulant use disorder with amphetamine, cocaine, or other stimulant withdrawal.

Alphabetical Listing: DSM-5, p. 842 (*not applicable to Desk Reference*)

Original:

- 292.0 ~~F15.23~~ Amphetamine or other stimulant withdrawal
~~F15.23~~ With moderate or severe use disorder
~~F15.93~~ Without use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 883 (*not applicable to Desk Reference*)

- F15.23 Amphetamine or other stimulant withdrawal, With moderate or severe use disorder
F15.24 Amphetamine (or other stimulant)-induced bipolar and related disorder,
With moderate or severe use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 884 (*not applicable to Desk Reference*)

- F15.929 Caffeine intoxication
F15.93 Amphetamine or other stimulant withdrawal, Without use disorder
F15.93 Caffeine withdrawal

Substance-Related and Addictive Disorders—2018 (*continued*)

October 2018 ICD-10-CM codes for Other (Unknown) Substance Withdrawal

Codes are found on the following pages: DSM-5: xxix, 583, 856, 886
Desk Reference: pp. xxxii, 280–281

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

292.0 (~~F19.239~~) Other (or Unknown) Substance Withdrawal⁺ (583) [*delete superscript note d*]
F19.239 With use disorder, moderate or severe
F19.939 Without use disorder

DSM-5 criteria, ICD-10-CM codes for Other (or Unknown) Substance Withdrawal should be revised and added as follows, p. 583 (Desk Reference, pp. 280–281):

Other (or Unknown) Substance Withdrawal

Diagnostic Criteria

292.0 (~~F19.239~~)

Coding note: The ICD-9-CM code is 292.0. The ICD-10-CM code for other (or unknown) substance withdrawal occurring in the presence of moderate or severe other (or unknown) substance use disorder is F19.239. For other (or unknown) substance use withdrawal occurring in the absence of an other (or unknown) substance use disorder (e.g., in a patient taking an other (or unknown) substance solely under appropriate medical supervision), the ICD-10 CM code is F19.939. Note that the ICD-10-CM code indicates the comorbid presence of a moderate or severe other (or unknown) substance use disorder. It is not permissible to code a comorbid mild other (or unknown) substance use disorder with other (or unknown) substance withdrawal.

Alphabetical Listing, DSM-5, p. 856 (*not applicable to Desk Reference*)

292.0 ~~F19.239~~ Other (or unknown) substance withdrawal
 F19.239 With moderate or severe use disorder
 F19.939 Without use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 886 (*not applicable to Desk Reference*)

F19.239 Other (or unknown) substance withdrawal, With moderate or severe use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 887 (*not applicable to Desk Reference*)

F19.929 Other (or unknown) substance intoxication, Without use disorder
F19.939 Other (or unknown) substance withdrawal, Without use disorder
F19.94 Other (or unknown) substance-induced bipolar and related disorder, Without use disorder

Neurocognitive Disorders—2018

October 2018 ICD-10-CM code for Delirium, subtype Substance Withdrawal Delirium: Sedative, Hypnotic, or Anxiolytic Withdrawal Delirium

Codes are found on the following pages: DSM-5: pp. 597, 859, 881
Desk Reference: p. 294

DSM-5 criteria, ICD-10-CM code for Delirium, subtype Substance withdrawal delirium: Sedative, hypnotic, or anxiolytic withdrawal delirium should be revised and added as follows, p. 597 (Desk Reference, p. 294):

Substance withdrawal delirium: This diagnosis should be made instead of substance withdrawal when the symptoms in Criteria A and C predominate in the clinical picture and when they are sufficiently severe to warrant clinical attention.

Code [specific substance] withdrawal delirium: **291.0 (F10.231)** alcohol; **292.0 (F11.23)** opioid; **292.0 (F13.231)** sedative, hypnotic, or anxiolytic; **292.0 (F19.231)** other (or unknown) substance/medication

Note. If a sedative, hypnotic, or anxiolytic withdrawal delirium occurs in the absence of a sedative, hypnotic, or anxiolytic use disorder, code F13.931.

Alphabetical Listing, DSM-5, p. 859 (*not applicable to Desk Reference*)

292.0 F13.231 Sedative, hypnotic, or anxiolytic withdrawal delirium, With moderate or severe use disorder
F13.931 Without use disorder

ICD-10-CM Numerical Listing: DSM-5, p. 881 (*not applicable to Desk Reference*)

F13.231 Sedative, hypnotic, or anxiolytic withdrawal delirium, With moderate or severe use disorder

F13.929 Sedative, hypnotic, or anxiolytic intoxication, Without use disorder
F13.931 Sedative, hypnotic, or anxiolytic withdrawal delirium, Without use disorder

Other Mental Disorders—2018

*October 2018 ICD-10-CM code for No Diagnosis or Condition

Codes are found on the following pages: DSM-5: xxxiii, 707, 708, 851, 876, 894

Desk Reference: pp. xxxix, 341, 343

***Note: Prior to May 2018, a "no diagnosis or condition" category had been omitted in DSM-5. The DSM-5 Steering Committee subsequently approved the inclusion of this category, and its corresponding ICD-10-CM code, Z03.89 "No diagnosis or condition," is available for immediate use.**

DSM-5 Classification, Other Mental Disorders, p. xxxiii (Desk Reference, p. xxxix)

DSM-5, p. xxxiii

Other Mental Disorders and Additional Codes (707)

300.9 (F99) Unspecified Mental Disorder (708)

V71.09 (Z03.89) No Diagnosis or Condition (708)

Desk Reference, page xxxix

Other Mental Disorders and Additional Codes (341)

300.9 (F99) Unspecified Mental Disorder (343)

V71.09 (Z03.89) No Diagnosis or Condition (343)

Chapter title page, title, p. 707 (Desk Reference, p. 341)

Other Mental Disorders and Additional Codes

Chapter title page, text, p. 707 (*not applicable to Desk Reference*)

Four disorders are included in this chapter: other specified mental disorder due to another medical condition; unspecified mental disorder due to another medical condition; other specified mental disorder; and unspecified mental disorder. ~~The~~ ~~ese~~ residual categories ~~iesy~~ apply ~~ies~~ to presentations in which symptoms characteristic of a mental disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any other mental disorder in DSM-5. For other specified and unspecified mental disorders due to another medical condition, it must be established that the disturbance is caused by the physiological effects of another medical condition. If other specified and unspecified mental disorders are due to another medical condition, it is necessary to code and list the medical condition first (e.g., 042 [B20] HIV disease), followed by the other specified or unspecified mental disorder (use appropriate code). This chapter also includes an additional code, no diagnosis or condition, for situations in which the individual has been evaluated and it is determined that no mental disorder or condition is present.

DSM-5 code, p. 708; *follow format on p. 709* (Desk Reference, p. 343)

Additional Codes

V71.09 (Z03.89) No Diagnosis or Condition

This code applies to situations in which the individual has been evaluated and it is determined that no mental disorder or condition is present.

Other Mental Disorders—2018 (*continued*)

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

307.47	F51.5	Nightmare disorder
V71.09	Z03.89	No diagnosis or condition
V15.81	Z91.19	Nonadherence to medical treatment

Numerical Listing (ICD-9-CM), p. 876

V71.02	Child or adolescent antisocial behavior
V71.09	No diagnosis or condition

Numerical Listing (ICD-10-CM), p. 894

T76.32XD	Child psychological abuse, Suspected, Subsequent encounter
Z03.89	No diagnosis or condition
Z55.9	Academic or educational problem

ICD-10-CM Prior Coding Updates in Detail (2015–2017)

Neurodevelopmental Disorders—Prior Updates

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**

Bipolar and Related Disorders—Prior Updates

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

Depressive Disorders—Prior Updates

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—Prior Updates (*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**

Obsessive-Compulsive and Related Disorders—Prior Updates

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—Prior Updates (*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—Prior Updates (*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**

Feeding and Eating Disorders—Prior Updates

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 changes for Avoidant/Restrictive Food Intake Disorder [effective October 1, 2017; supersedes October 1, 2016 changes]

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**

Feeding and Eating Disorders—Prior Updates (*continued*)

ICD-10-CM coding change for Avoidant/Restrictive Food Intake Disorder [effective October 1, 2016; superseded by coding change effective 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.)**

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.)**

Feeding and Eating Disorders—Prior Updates (*continued*)

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**

Sleep-Wake Disorders—Prior Updates

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

Gender Dysphoria—Prior Updates

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**

Disruptive, Impulse-Control, and Conduct Disorders—Prior Updates

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)”

Substance-Related and Addictive Disorders—Prior Updates

ICD-10-CM codes for Alcohol Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Alcohol-Related Disorders, Alcohol Use Disorder, p. xxv
(Desk Reference, p. xxvi):

____ (____) Alcohol Use Disorder^{a,b} (490)

Specify current severity/remission:

F10.10 Mild
F10.11 Mild. In early remission
F10.11 Mild. In sustained remission

F10.20 Moderate
F10.21 Moderate. In early remission
F10.21 Moderate. In sustained remission

F10.20 Severe
F10.21 Severe. In early remission
F10.21 Severe. In sustained remission

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

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

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

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

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

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.**”

ICD-10-CM codes for Cannabis Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Cannabis-Related Disorders, Cannabis Use Disorder, p. xxv (Desk Reference, p. xxvii):

____.____ (____.____) Cannabis Use Disorder^{†a,b} (509)

Specify current severity/remission:

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

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

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

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.**”

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

ICD-10-CM codes for Phencyclidine Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Hallucinogen-Related Disorders, Phencyclidine Use Disorder, p. xxvi
(Desk Reference, pp. xxvii–xxviii):

____ (____) Phencyclidine Use Disorder^{a,b} (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	<u>Moderate</u>
<u>F16.21</u>	<u>Moderate, In early remission</u>
<u>F16.21</u>	<u>Moderate, In sustained remission</u>
F16.20	<u>Severe</u>
<u>F16.21</u>	<u>Severe, In early remission</u>
<u>F16.21</u>	<u>Severe, In sustained remission</u>

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

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

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.**”

ICD-10-CM codes for Other Hallucinogen Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Hallucinogen-Related Disorders, Other Hallucinogen Use Disorder, p. xxvi
(Desk Reference, p. xxviii):

____.____ (____.____) Other Hallucinogen Use Disorder^{-a,b} (523)
Specify the particular hallucinogen
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	<u>Moderate</u>
<u>F16.21</u>	<u>Moderate, In early remission</u>
<u>F16.21</u>	<u>Moderate, In sustained remission</u>
F16.20	<u>Severe</u>
<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—Prior Updates (*continued*)

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

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
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

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.**”

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

ICD-10-CM codes for Inhalant Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Inhalant-Related Disorders, Inhalant Use Disorder, p. xxvi
(Desk Reference, p. xxviii):

____ (____) Inhalant Use Disorder^{a,b} (533)

Specify the particular inhalant
Specify current severity/remission:

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

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

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

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

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

Inhalant use disorder
F18.10 Mild
[F18.11 Mild, In early remission](#)
[F18.11 Mild, In sustained remission](#)
F18.20 Moderate
[F18.21 Moderate, In early remission](#)
[F18.21 Moderate, In sustained remission](#)
F18.20 Severe
[F18.21 Severe, In early remission](#)
[F18.21 Severe, In sustained remission](#)

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.**”

ICD-10-CM codes for Opioid Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Opioid-Related Disorders, Opioid Use Disorder, p. xxvii (Desk Reference, p. xxix):

____.____ (____.____) Opioid Use Disorder^{-a} (541)

Specify if: On maintenance therapy, In a controlled environment

Specify current severity/remission:

F11.10 **Mild**
[F11.11 Mild, In early remission](#)
[F11.11 Mild, In sustained remission](#)

F11.20 **Moderate**
[F11.21 Moderate, In early remission](#)
[F11.21 Moderate, In sustained remission](#)

F11.20 **Severe**
[F11.21 Severe, In early remission](#)
[F11.21 Severe, In sustained remission](#)

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

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

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.**”

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

ICD-10-CM codes for Sedative, Hypnotic, or Anxiolytic Use Disorder Course Specifiers [effective October 1, 2017]

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-Related 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^{a,b} (550)

Specify current severity/remission:

- F13.10 Mild
- F13.11 Mild, In early remission
- F13.11 Mild, In sustained remission

- F13.20 Moderate
- F13.21 Moderate, In early remission
- F13.21 Moderate, In sustained remission

- F13.20 Severe
- F13.21 Severe, In early remission
- F13.21 Severe, In sustained remission

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

Substance-Related and Addictive Disorders—Prior Updates (*continued*)

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—Prior Updates (*continued*)

ICD-10-CM codes for Stimulant Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Stimulant-Related Disorders, Stimulant Use Disorder, p. xxviii
(Desk Reference, p. xxx):

___	(___)	Stimulant Use Disorder ^{a,b} (561)
		<i>Specify current severity/remission:</i>
___	(___)	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—Prior Updates (*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—Prior Updates (*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—Prior Updates (*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**.”

ICD-10-CM codes for Tobacco Use Disorder Course Specifiers [effective October 1, 2017]

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-Related Disorders, Tobacco-Related Disorders, Tobacco Use Disorder, p. xxix
(Desk Reference, p. xxxi):

____ (____) Tobacco Use Disorder^{*} (571)

Specify if: On maintenance therapy, In a controlled environment

Specify current severity/remission:

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

Substance-Related and Addictive Disorders—Prior Updates (*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
F17.200	Moderate
<u>F17.201</u>	<u>Moderate, In early remission</u>
<u>F17.201</u>	<u>Moderate, In sustained remission</u>
F17.200	Severe
<u>F17.201</u>	<u>Severe, In early remission</u>
<u>F17.201</u>	<u>Severe, In sustained remission</u>

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—Prior Updates (*continued*)

ICD-10-CM codes for Other (or Unknown) Substance Use Disorder Course Specifiers [effective October 1, 2017]

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-Related 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^{-a,b} (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—Prior Updates (*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
<u>F19.11</u>	<u>Mild, In early remission</u>
<u>F19.11</u>	<u>Mild, In sustained remission</u>
F19.20	Moderate
<u>F19.21</u>	<u>Moderate, In early remission</u>
<u>F19.21</u>	<u>Moderate, In sustained remission</u>
F19.20	Severe
<u>F19.21</u>	<u>Severe, In early remission</u>
<u>F19.21</u>	<u>Severe, In sustained remission</u>

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.**”

Neurocognitive Disorders—Prior Updates

ICD-10-CM coding changes for Major Neurocognitive Disorders Due to Possible Etiologies [effective October 1, 2015]

DSM-5 Classification, 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

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

^aSpecify: Without behavioral disturbance, With behavioral disturbance. For ~~possible major neurocognitive disorder and for mild neurocognitive disorder~~, behavioral disturbance cannot be coded but should still be indicated in writing.

^bSpecify 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 ~~probable~~ major neurocognitive disorders, including those due to probable and possible medical etiologies, ~~or major neurocognitive disorder~~. The medical etiology should be coded first, before the code for the major neurocognitive disorder. An additional medical code should *not* be used for ~~possible major neurocognitive disorder or~~ 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^b

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^b

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^a

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

(____) ~~Probable~~ Major Neurocognitive Disorder Due to ~~Probable~~ Frontotemporal Lobar Degeneration^b

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^b

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^a

Neurocognitive Disorders—Prior Updates (*continued*)
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^b

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^b

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^a

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

(____) ~~Probable Major Vascular Neurocognitive Disorder~~ Major Neurocognitive Disorder
Probably Due to Vascular Disease^b

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^b

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^a

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

[**316 in Desk Reference*]

(____) Major Neurocognitive Disorder Probably Due to Parkinson's Disease^b

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^b

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^a

Neurocognitive Disorders—Prior Updates (*continued*)

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 ^a	Major neurocognitive disorder code ^b	Mild neurocognitive disorder code ^c
Alzheimer's disease	Probable: G30.9 Possible: no additional medical code	Probable: F02.8x Possible: G31.9	G31.84 (Do not use additional code for Alzheimer's disease.)
Frontotemporal lobar degeneration	Probable: G31.09 Possible: no additional medical code	Probable: F02.8x Possible: G31.9	G31.84 (Do not use additional code for frontotemporal disease.)
Lewy body disease	Probable: G31.83 Possible: no additional medical code	Probable: F02.8x Possible: G31.9	G31.84 (Do not use additional code for Lewy body disease.)
Vascular disease	No additional medical code	Probable: F01.5x Possible: G31.9	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 ^{c, d}	Code based on the type of substance causing the mild neurocognitive disorder ^d
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	Probable: G20 Possible: no additional medical code	Probable: F02.8x Possible: no additional medical code	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—Prior Updates (*continued*)
Updated Coding Table (*continued*)

Etiological subtype	Associated etiological medical code for major neurocognitive disorder ^a	Major neurocognitive disorder code ^b	Mild neurocognitive disorder code ^c
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

^a Code first, before code for major neurocognitive disorder.

^b 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).

^c **Note:** Behavioral disturbance specifier cannot be coded but should still be indicated in writing.

^d See “Substance/Medication-Induced Major or Mild Neurocognitive Disorder.”

Neurocognitive Disorders—Prior Updates (*continued*)

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

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

Disorder	Updated coding note
Major or Mild Neurocognitive Disorder With Lewy Bodies	<p>Coding note: For probable major neurocognitive disorder with probable Lewy bodies, with behavioral disturbance, code first G31.83 Lewy body disease, followed by F02.81 probable major neurocognitive disorder with Lewy bodies, with behavioral disturbance. For probable major neurocognitive disorder with probable Lewy bodies, without behavioral disturbance, code first G31.83 Lewy body disease, followed by F02.80 probable major neurocognitive disorder with Lewy bodies, without behavioral disturbance.</p> <p>For possible major neurocognitive disorder with possible Lewy bodies, with behavioral disturbance, code first G31.9 G31.83 possible major neurocognitive disorder with Lewy bodies Lewy body disease, followed by F02.81. For possible major neurocognitive disorder with possible Lewy bodies, without behavioral disturbance, code first G31.83 Lewy body disease, followed by F02.80. (Note: 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 G31.84. (Note: 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>
Major or Mild Vascular Neurocognitive Disorder	<p>Coding note: For probable major vascular neurocognitive disorder probably due to vascular disease, with behavioral disturbance, code F01.51. For probable major vascular neurocognitive disorder probably due to vascular disease, without behavioral disturbance, code F01.50. An additional medical code for the vascular disease is not needed.</p> <p>For possible major vascular neurocognitive disorder possibly due to vascular disease, with or without behavioral disturbance, code G31.9 F01.51. For major neurocognitive disorder possibly due to vascular disease, without behavioral disturbance, code F01.50. An additional medical code for the cerebrovascular disease is not needed.</p> <p>For mild vascular neurocognitive disorder due to vascular disease, code G31.84. (Note: 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>
Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease	<p>Coding note: For major neurocognitive disorder probably due to Parkinson’s disease, with behavioral disturbance, code first G20 Parkinson’s disease, followed by F02.81 major neurocognitive disorder probably due to Parkinson’s disease, with behavioral disturbance. For major neurocognitive disorder probably due to Parkinson’s disease, without behavioral disturbance, code first G20 Parkinson’s disease, followed by F02.80 major neurocognitive disorder probably due to Parkinson’s disease, without behavioral disturbance.</p> <p>For major neurocognitive disorder possibly due to Parkinson’s disease, with behavioral disturbance, code first G31.9 G20 Parkinson’s disease, followed by F02.81. For major neurocognitive disorder possibly due to Parkinson’s disease, without behavioral disturbance, code first G20 Parkinson’s disease, followed by F02.80. (Note: 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 G31.84. (Note: 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—Prior Updates (*continued*)
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—Prior Updates (*continued*)
Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM) (*continued*)

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

Neurocognitive Disorders—Prior Updates (*continued*)

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	Probable Major vascular 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	Probable Major vascular 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 probably 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	Probable 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	Probable Major neurocognitive disorder with <u>probable</u> Lewy bodies, Without behavioral disturbance (<i>code first</i> G31.83 Lewy body disease)

Neurocognitive Disorders—Prior Updates (continued)
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	Probable Major neurocognitive disorder due to probable 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	Probable Major frontotemporal neurocognitive disorder <u>due to probable frontotemporal lobar degeneration</u> , 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	Probable Major neurocognitive disorder with probable 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)