

# DSM-5<sup>®</sup> UPDATE

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

September 2016



AMERICAN  
PSYCHIATRIC  
ASSOCIATION  

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PUBLISHING

# DSM-5® Update

## September 2016

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

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This supplement and the digital versions of DSM-5® (including the DSM-5® Diagnostic Criteria Mobile App, DSM-5® eBook, and DSM-5® on PsychiatryOnline.org) reflect any updates to diagnostic criteria and related text; coding updates, changes, or corrections; and any other information necessary for compensation in mental health practice. **This supplement contains ICD-10-CM updates that will become effective on October 1, 2016.** It also includes content from prior updates that remains relevant to compensation and current clinical practice. This supplement is located at: <http://dsm.psychiatryonline.org>.

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

For an archive of all historical ICD-9-CM changes made after publication of DSM-5 in May 2013, see the DSM-5® Coding Update (March 2014) at <http://dsm.psychiatryonline.org>.

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

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

For ICD-10-CM Coding Updates in Detail, which list each DSM-5 and DSM-5 Desk Reference page where the code appears, see pp. 9–29.

### Listing of DSM-5 Diagnoses and New ICD-10-CM Codes

Disorder	Original Code for use through September 30, 2016	New Code for use beginning October 1, 2016
Social (Pragmatic) Communication Disorder	F80.89	<b>F80.82</b>
Disruptive Mood Dysregulation Disorder	F34.8	<b>F34.81</b>
Premenstrual Dysphoric Disorder	N94.3	<b>F32.81</b>
Other Specified Depressive Disorder	F32.8	<b>F32.89</b>
Obsessive-Compulsive Disorder	F42	<b>F42.2</b>
Hoarding Disorder	F42	<b>F42.3</b>
Excoriation (Skin-Picking) Disorder	L98.1	<b>F42.4</b>
Other Specified Obsessive-Compulsive and Related Disorder	F42	<b>F42.8</b>
Unspecified Obsessive-Compulsive and Related Disorder	F42	<b>F42.9</b>
Pica, in adults	F50.8	<b>F50.89</b>
Avoidant/Restrictive Food Intake Disorder	F50.8	<b>F50.89</b>
Binge-Eating Disorder	F50.8	<b>F50.81</b>
Other Specified Feeding or Eating Disorder	F50.8	<b>F50.89</b>
Gender Dysphoria in Adolescents and Adults	F64.1	<b>F64.0</b>

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

Disorder	Original Code for use through September 30, 2016	New Code for use beginning October 1, 2016
Avoidant/Restrictive Food Intake Disorder	F50.8	<b>F50.89</b>
Binge-Eating Disorder	F50.8	<b>F50.81</b>
Disruptive Mood Dysregulation Disorder	F34.8	<b>F34.81</b>
Excoriation (Skin-Picking) Disorder	L98.1	<b>F42.4</b>
Gender Dysphoria in Adolescents and Adults	F64.1	<b>F64.0</b>
Hoarding Disorder	F42	<b>F42.3</b>
Obsessive-Compulsive Disorder	F42	<b>F42.2</b>
Other Specified Depressive Disorder	F32.8	<b>F32.89</b>
Other Specified Feeding or Eating Disorder	F50.8	<b>F50.89</b>
Other Specified Obsessive-Compulsive and Related Disorder	F42	<b>F42.8</b>
Pica, in adults	F50.8	<b>F50.89</b>
Premenstrual Dysphoric Disorder	N94.3	<b>F32.81</b>
Social (Pragmatic) Communication Disorder	F80.89	<b>F80.82</b>
Unspecified Obsessive-Compulsive and Related Disorder	F42	<b>F42.9</b>

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

For ICD-10-CM Coding Updates in Detail, see pp. 9–29.

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

Disorder	Original	Update*
Language Disorder	F80.9	<b>F80.2</b>
Bipolar I Disorder, Current or most recent episode hypomanic, In partial remission	F31.73	<b>F31.71</b>
Bipolar I Disorder, Current or most recent episode hypomanic, In full remission	F31.74	<b>F31.72</b>
Trichotillomania (Hair-Pulling Disorder)	F63.2	<b>F63.3</b>
Adjustment Disorders	<i>No specifiers for “acute” and “persistent (chronic)”</i>	<b>Add specifiers “acute” and “persistent (chronic)”</b>
Insomnia Disorder	G47.00	<b>F51.01</b>
Hypersomnolence Disorder	G47.10	<b>F51.11</b>
Kleptomania	F63.3	<b>F63.2</b>
<p><b>Major Neurocognitive Disorders With Possible Etiologies</b>            The following coding updates ensure that insurance reimbursement can be obtained when the specifier “With behavioral disturbance” is used for the possible major neurocognitive disorders. The possible major neurocognitive disorders should be coded in the same way as their respective probable major neurocognitive disorders, as noted below. <b>For excerpts of the DSM-5 sections with these changes, see pp. 20–29 of this DSM-5® Update.</b></p>		
Major Neurocognitive Disorder Possibly Due to Vascular Disease	G31.9	<b>F01.51 With behavioral disturbance or F01.50 Without behavioral disturbance</b>
Major Neurocognitive Disorder Due to Possible Alzheimer’s Disease (Note: Code first <b>G30.9</b> Alzheimer’s disease.)	<i>No coding of etiological medical condition</i>	<b>Code etiological medical condition first (noted at left with each disorder) then code F02.81 With behavioral disturbance or F02.80 Without behavioral disturbance</b>
Major Neurocognitive Disorder Due to Possible Frontotemporal Lobar Degeneration (Note: Code first <b>G31.09</b> frontotemporal disease.)	G31.9	
Major Neurocognitive Disorder With Possible Lewy Bodies (Note: Code first <b>G31.83</b> Lewy body disease.)		
Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease (Note: Code first <b>G20</b> Parkinson’s disease.)		

## Prior Criteria Updates

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

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

### Neurodevelopmental Disorders

#### Autism Spectrum Disorder: Criterion A

(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 items in Criterion A are required.

### Schizophrenia Spectrum and Other Psychotic Disorders

#### Brief Psychotic Disorder: “With Peripartum Onset” Specifier

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

**As printed** With postpartum onset:

**As updated** With postpartum-peripartum onset:

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” is correct.

### Bipolar and Related Disorders

#### Bipolar I Disorder: Manic Episode, Criterion A

(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 term “goal directed” is removed in Criterion A so that goal-directed activity is not required for criteria to be met for manic episode; “goal-directed activity” is included in the criteria for manic episode only once, in Criterion B6.

**Bipolar I Disorder: Hypomanic Episode, Criterion F***(DSM-5, p. 125; Desk Reference, p. 67)***Bipolar II Disorder: Hypomanic Episode, Criterion F***(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** *The addition of “or another medical condition” in Criterion F is now comparable to all other mood episode diagnostic criteria that rule out organic causes (i.e., the episode is not attributable to the physiological effects of a substance or another medical condition).***Bipolar II Disorder: “With Melancholic Features” and “With Atypical Features” Specifiers***(DSM-5, p. 135; Desk Reference, p. 75)***As printed** **With rapid cycling**  
**With mood-congruent psychotic features****As updated** **With rapid cycling**  
**With melancholic features (p. 151)**  
**With atypical features (pp. 151–152)**  
**With mood-congruent psychotic features***(Desk Reference)* **With rapid cycling**  
**With melancholic features (pp. 86–87)**  
**With atypical features (pp. 87–88)**  
**With mood-congruent psychotic features****Reason for update** *The inclusion of these major depressive episode specifiers for bipolar II disorder (as for bipolar I disorder) is correct.***Bipolar II Disorder: “With Seasonal Pattern” Specifier***(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** *The “with seasonal pattern” specifier 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

(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** *The severity specifiers “mild,” “moderate,” and “severe” apply when full criteria are met for a major depressive episode of bipolar II disorder.*

## Specifiers for Bipolar and Related Disorders: Severity Specifiers

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

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

*Specify current severity:*

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

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

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

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

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

**Specify current severity of manic episode:**

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

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

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

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

*Specify current severity of major depressive episode:*

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

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

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

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

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

## Depressive Disorders

### Major Depressive Disorder: “With Mixed Features” Specifier, Criterion A

(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** *This update removes an unneeded phrase.*

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

(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.*

## Alternative DSM-5 Model for Personality Disorders

### Obsessive-Compulsive Personality Disorder: Proposed Diagnostic Criterion B1

(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 correct.*

## Conditions for Further Study

### Depressive Episodes With Short-Duration Hypomania: Proposed Criterion A

(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 keeping with Criterion A for hypomanic episode in bipolar I and bipolar II disorders, the term “goal-directed” is removed in Proposed Criterion A; “goal-directed activity” is included in Criterion B6 for this proposed criteria as it is for hypomanic episode for bipolar I and bipolar II disorders.*

## Prior Text Updates

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

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

### Schizophrenia Spectrum and Other Psychotic Disorders

#### Delusional Disorder: Subtypes

**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

**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

**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

**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 Gg 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 and in consideration of the diagnostic criteria.

## Trauma- and Stressor-Related Disorders

### Acute Stress Disorder: Differential Diagnosis

**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** “In adjustment disorders” is correct.

## Somatic Symptom and Related Disorders

### Somatic Symptom Disorder: Differential Diagnosis

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

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

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

**Reason for update** This update resolves a discrepancy between the diagnostic criteria and the text, adhering to the criteria for somatic symptom disorder. The criteria do not exclude symptoms during depressive episodes.

# ICD-10-CM Coding Updates in Detail

See the boxes with yellow highlighted text for new ICD-10-CM codes to be used for coding purposes in the United States starting October 1, 2016. The new codes are listed for each applicable page in DSM-5 and the DSM-5 Desk Reference. Original ICD-10-CM codes are to be used through September 30, 2016.

Prior ICD-10-CM updates (effective since October 1, 2015) are retained for reference (unboxed). Replacement codes and other notes are in boldface type to aid visual reference only.

## Neurodevelopmental Disorders

### ICD-10-CM coding changes for Language Disorder

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”

### NEW ICD-10-CM coding change for Social (Pragmatic) Communication Disorder

Codes are found on the following pages: DSM-5: pp. xiii, 47, 859, 891;  
Desk Reference: pp. x, 26

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

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

**DSM-5 criteria, ICD-10-CM code for Social (Pragmatic) Communication Disorder**

should be revised as follows, p. 47 (Desk Reference, p. 26):

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

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

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

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

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

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

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

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## Bipolar and Related Disorders

### ICD-10-CM coding changes to Bipolar I Disorder, Current or most recent episode hypomanic

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

#### DSM-5 Classification, Bipolar and Related Disorders, Bipolar I Disorder,

Current or most recent episode hypomanic, p. xvi (Desk Reference, p. xiv):

- ICD-10-CM code F31.73 should be changed to **F31.71**, In partial remission
- ICD-10-CM code F31.74 should be changed to **F31.72**, In full remission

#### DSM-5 criteria, coding table for Bipolar I Disorder should be revised as follows, p. 127 (Desk Reference, p. 70):

- In partial remission, Current or most recent episode hypomanic:  
Change F31.73 to **F31.71**
- In full remission, Current or most recent episode hypomanic:  
Change F31.74 to **F31.72**

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

Replace the ICD-10-CM codes as follows for Bipolar I disorder, Current or most recent episode hypomanic:

- Change F31.74 to **F31.72** In full remission
- Change F31.73 to **F31.71** In partial remission

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

Please change codes and reorder listing as follows:

**F31.71** Bipolar I disorder, Current or most recent episode hypomanic, In partial remission

**F31.72** Bipolar I disorder, Current or most recent episode hypomanic, In full remission

F31.73 Bipolar I disorder, Current or most recent episode manic, In partial remission

F31.74 Bipolar I disorder, Current or most recent episode manic, In full remission

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## Depressive Disorders

### NEW ICD-10-CM coding change for Disruptive Mood Dysregulation Disorder

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

#### DSM-5 Classification, Depressive Disorders, Disruptive Mood Dysregulation Disorder, p. xvii (Desk Reference, p. xv):

- Change F34.8 to **F34.81**

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

- Change F34.8 to **F34.81**

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

Change the ICD-10-CM code for Disruptive mood dysregulation disorder as follows:

- Change F34.8 to **F34.81**

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

Change the ICD-10-CM code for Disruptive mood dysregulation disorder as follows:

- Change F34.8 to **F34.81**

## Depressive Disorders (*continued*)

### NEW ICD-10-CM coding change for Premenstrual Dysphoric Disorder

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”

### NEW ICD-10-CM coding change for Other Specified Depressive Disorder

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

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

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

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

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

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

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

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

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

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

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

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## Obsessive-Compulsive and Related Disorders

### NEW ICD-10-CM coding change for Obsessive-Compulsive Disorder

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**

### NEW ICD-10-CM coding change for Hoarding Disorder

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

Desk Reference: pp. xviii, 132

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

- Change F42 to **F42.3**

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

- Change F42 to **F42.3**

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

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

- Change F42 to **F42.3**

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

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

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



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

### ICD-10-CM coding change for Trichotillomania (Hair-Pulling Disorder)

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”

### NEW ICD-10-CM coding change for Excoriation (Skin-Picking) Disorder

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

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

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

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

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

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

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

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

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

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

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

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

### NEW ICD-10-CM coding change for Other Specified Obsessive-Compulsive and Related Disorder

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**

### NEW ICD-10-CM coding change for Unspecified Obsessive-Compulsive and Related Disorder

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

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

- Change F42 to **F42.9**

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

- Change F42 to **F42.9**

**Alphabetical Listing**, p. 862 (*not applicable to Desk Reference*)

Change the **ICD-10-CM** code for Unspecified obsessive-compulsive and related disorder as follows:

- Change F42 to **F42.9**

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

Change the **ICD-10-CM** code for Unspecified obsessive-compulsive and related disorder as follows:

- Change F42 to **F42.9**

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## Trauma- and Stressor-Related Disorders

### Add specifiers for Adjustment Disorders

(ICD-CM codes remain unchanged)

Specifiers are added on the following pages: DSM-5: pp. xx, 287; Desk Reference: pp. xix, 152

**DSM-5 Classification**, Trauma- and Stressor-Related Disorders, Adjustment Disorders, p. xx  
(Desk Reference, p. xix):

New specifiers are added as shown (see highlighted text):

\_\_\_\_.\_\_\_\_ (\_\_\_\_.\_\_\_\_) Adjustment Disorders

#### AFTER

*Specify whether:*

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

... [codes and subtypes continue as printed]

**309.9 (F43.20)** Unspecified

#### ADD

*Specify if: Acute, Persistent (chronic)*

**DSM-5 criteria for Adjustment Disorders** should be revised as follows (see highlighted text), p. 287 (Desk Reference, p. 152):

#### AFTER

*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.

#### ADD

*Specify if:*

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

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

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## Feeding and Eating Disorders

### NEW ICD-10-CM coding change for Pica, in adults

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**

### NEW ICD-10-CM coding change for Avoidant/Restrictive Food Intake Disorder

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

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

- Change F50.8 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**

## Feeding and Eating Disorders (*continued*)

### NEW ICD-10-CM coding change for Binge-Eating Disorder

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**

### NEW ICD-10-CM coding change for Other Specified Feeding or Eating Disorder

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

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

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

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

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

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

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

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

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

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

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

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## Sleep-Wake Disorders

### ICD-10-CM coding changes for Insomnia Disorder and Hypersomnolence Disorder

Codes are found on the following pages:

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

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

Insomnia Disorder

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

Hypersomnolence Disorder

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

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

#### Insomnia Disorder

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

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

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

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

#### Hypersomnolence Disorder

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

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

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

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

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

Hypersomnolence disorder, p. 847

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

Insomnia disorder, p. 848

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

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

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

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

#### DELETE

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

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## Gender Dysphoria

### NEW ICD-10-CM coding change for Gender Dysphoria in Adolescents and Adults

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

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

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

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

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

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

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

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

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

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## Disruptive, Impulse-Control, and Conduct Disorders

### ICD-10-CM coding change for Kleptomania

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

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

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

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

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

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

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

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

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

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## Neurocognitive Disorders

### DSM-5 Classification Excerpt for

#### Major Neurocognitive Disorders Due to Possible Etiologies

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

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

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

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

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

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

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

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

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

[*\*305 in Desk Reference*]

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

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

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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



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

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

(\_\_\_\_) Major Neurocognitive Disorder With Probable Lewy Bodies<sup>b</sup>  
**Note:** Code first **G31.83** Lewy body disease.

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

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

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

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

(F01.51) With behavioral disturbance

(F01.50) Without behavioral disturbance

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

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

(F01.51) With behavioral disturbance

(F01.50) Without behavioral disturbance

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

**Major or Mild Neurocognitive Disorder Due to Parkinson's Disease (636)**  
**[*\*316 in Desk Reference*]**

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

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

(F02.81) With behavioral disturbance

(F02.80) Without behavioral disturbance

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

## Neurocognitive Disorders

### Updated Coding Table

Incorporates revisions for major neurocognitive disorders due to possible etiologies

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

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

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

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

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

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

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

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

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

## Neurocognitive Disorders

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

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

Disorder	Updated coding note
<b>Major or Mild Neurocognitive Disorder Due to Alzheimer's Disease</b>	<p><b>Coding note:</b> For major neurocognitive disorder due to probable Alzheimer's disease, with behavioral disturbance, code first <b>G30.9</b> Alzheimer's disease, followed by <b>F02.81</b>. For major neurocognitive disorder due to probable Alzheimer's disease, without behavioral disturbance, code first <b>G30.9</b> Alzheimer's disease, followed by <b>F02.80</b>.</p> <p>For major neurocognitive disorder due to possible Alzheimer's disease, with behavioral disturbance, code first <b>G30.9</b> Alzheimer's disease, followed by <b>F02.81</b>. For major neurocognitive disorder due to possible Alzheimer's disease, without behavioral disturbance, code first <b>G30.9</b> Alzheimer's disease, followed by <b>F02.80</b>.</p> <p>For mild neurocognitive disorder due to Alzheimer's disease, code <b>G31.84</b>. (<b>Note:</b> Do <i>not</i> 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>
<b>Major or Mild Frontotemporal Neurocognitive Disorder</b>	<p><b>Coding note:</b> For major neurocognitive disorder due to probable frontotemporal lobar degeneration, with behavioral disturbance, code first <b>G31.09</b> frontotemporal disease, followed by <b>F02.81</b>. For major neurocognitive disorder due to probable frontotemporal lobar degeneration, without behavioral disturbance, code first <b>G31.09</b> frontotemporal disease, followed by <b>F02.80</b>.</p> <p>For major neurocognitive disorder due to possible frontotemporal lobar degeneration, with behavioral disturbance, code first <b>G31.09</b> frontotemporal disease, followed by <b>F02.81</b>. For major neurocognitive disorder due to possible frontotemporal lobar degeneration, without behavioral disturbance, code first <b>G31.09</b> frontotemporal disease, followed by <b>F02.80</b>.</p> <p>For mild neurocognitive disorder due to frontotemporal lobar degeneration, code <b>G31.84</b>. (<b>Note:</b> Do <i>not</i> 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>
<b>Major or Mild Neurocognitive Disorder With Lewy Bodies</b>	<p><b>Coding note:</b> For major neurocognitive disorder with probable Lewy bodies, with behavioral disturbance, code first <b>G31.83</b> Lewy body disease, followed by <b>F02.81</b>. For major neurocognitive disorder with probable Lewy bodies, without behavioral disturbance, code first <b>G31.83</b> Lewy body disease, followed by <b>F02.80</b>.</p> <p>For major neurocognitive disorder with possible Lewy bodies, with behavioral disturbance, code first <b>G31.83</b> Lewy body disease, followed by <b>F02.81</b>. For major neurocognitive disorder with possible Lewy bodies, without behavioral disturbance, code first <b>G31.83</b> Lewy body disease, followed by <b>F02.80</b>.</p> <p>For mild neurocognitive disorder with Lewy bodies, code <b>G31.84</b>. (<b>Note:</b> Do <i>not</i> 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>

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

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

## Neurocognitive Disorders

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

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

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

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

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

ICD-10-CM	Disorder, condition, or problem
	Major neurocognitive disorder with possible Lewy bodies ( <i>code first</i> G31.83 Lewy body disease)
	Major neurocognitive disorder with probable Lewy bodies ( <i>code first</i> G31.83 Lewy body disease)
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder possibly due to Parkinson's disease ( <i>code first</i> G20 Parkinson's disease)
	Major neurocognitive disorder probably due to Parkinson's disease ( <i>code first</i> G20 Parkinson's disease)
F02.81	With behavioral disturbance
F02.80	Without behavioral disturbance
	Major neurocognitive disorder possibly due to vascular disease
	Major neurocognitive disorder probably due to vascular disease
F01.51	With behavioral disturbance
F01.50	Without behavioral disturbance
	Major neurocognitive disorder due to prion disease ( <i>code first</i> 046.79 [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

## Neurocognitive Disorders

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

This excerpt provides the updated ICD-10-CM codes for major neurocognitive disorders due to possible etiologies and reintegrates their placement with other major neurocognitive disorders in the listing. Disorders outside this category or alphanumerical 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
F01.50	Major neurocognitive disorder possibly due to vascular disease, Without behavioral disturbance
F01.50	Major neurocognitive disorder probably due to vascular disease, Without behavioral disturbance
F01.51	Major neurocognitive disorder possibly due to vascular disease, With behavioral disturbance
F01.51	Major neurocognitive disorder probably due to vascular disease, 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
F02.80	Major neurocognitive disorder due to possible Alzheimer's disease, Without behavioral disturbance ( <i>code first</i> G30.9 Alzheimer's disease)
F02.80	Major neurocognitive disorder due to probable Alzheimer's disease, Without behavioral disturbance ( <i>code first</i> G30.9 Alzheimer's disease)
F02.80	Major neurocognitive disorder due to possible frontotemporal lobar degeneration, Without behavioral disturbance ( <i>code first</i> G31.09 frontotemporal disease)
F02.80	Major neurocognitive disorder due to probable frontotemporal lobar degeneration, Without behavioral disturbance ( <i>code first</i> G31.09 frontotemporal disease)
F02.80	Major neurocognitive disorder with possible Lewy bodies, Without behavioral disturbance ( <i>code first</i> G31.83 Lewy body disease)
F02.80	Major neurocognitive disorder with probable Lewy bodies, Without behavioral disturbance ( <i>code first</i> G31.83 Lewy body disease)



## Neurocognitive Disorders

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

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