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Major Vascular Neurocognitive Disorder
Major Neurocognitive Disorder Due to Parkinson’s Disease
## Coding Updates at a Glance

This content is unchanged from the DSM-5® Coding Update (March 2014).

*For Coding Updates in Detail, see pp. 8–26.*

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Original</th>
<th>Update</th>
</tr>
</thead>
</table>
| Intellectual Disability  
  (Intellectual Developmental Disorder) | 319 (70) Mild  
  319 (71) Moderate  
  319 (72) Severe  
  319 (73) Profound | 317  
  (70) Mild  
  318.0 (71) Moderate  
  318.1 (72) Severe  
  318.2 (73) Profound |
| Language Disorder | 315.39 (F80.9) | 315.32 (F80.2) |
| Bipolar I Disorder, Current or most recent episode  
  hypomanic, In partial remission | 296.45 (F31.73) | 296.45 (F31.71) |
| Bipolar I Disorder, Current or most recent episode  
  hypomanic, In full remission | 296.46 (F31.74) | 296.46 (F31.72) |
| Selective Mutism | 312.23 (F94.0) | 313.23 (F94.0) |
| Trichotillomania (Hair-Pulling Disorder) | 312.39 (F63.2) | 312.39 (F63.3) |
| Adjustment Disorders | No specifiers for “acute” and “persistent (chronic)” | Add specifiers “acute” and “persistent (chronic)” |
| Insomnia Disorder | 780.52 (G47.00) | 307.42 (F51.01) |
| Hypersomniale Disorder | 780.54 (G47.10) | 307.44 (F51.11) |
| Conduct Disorder, Adolescent-onset type | 312.32 (F91.2) | 312.82 (F91.2) |
| Kleptomania | 312.32 (F63.3) | 312.32 (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. 14–26 of this DSM-5® Update.*

| Major Neurocognitive Disorder Possibly Due to Vascular Disease | 331.9 (G31.9) | 290.40 (F01.51)  
  With behavioral disturbance  
  or  
  290.40 (F01.50) Without behavioral disturbance |
| Major Neurocognitive Disorder Due to Possible  
  Alzheimer’s Disease  
  *(Note: Code first 331.0 (G30.9) Alzheimer’s disease.)* | No coding of etiological medical condition | Code etiological medical condition first (noted at left with each disorder)  
  then code  
  294.11 (F02.81)  
  With behavioral disturbance  
  or  
  294.10 (F02.80) Without behavioral disturbance |
| Major Neurocognitive Disorder Due to Possible  
  Frontotemporal Lobar Degeneration  
  *(Note: Code first 331.19 (G31.09) frontotemporal disease.)* | 331.9 (G31.9) | |
| Major Neurocognitive Disorder With Possible Lewy Bodies  
  *(Note: Code first 331.82 (G31.83) Lewy body disease.)* | |
| Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease  
  *(Note: Code first 332.0 (G20) Parkinson’s disease.)* | |

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# Criteria Updates

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)*
#### 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. 181; 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.
Text Updates

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 (7–18 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, 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**

<table>
<thead>
<tr>
<th>Location</th>
<th>DSM-5, pp. 225–226: Revise last two lines of p. 225 through top two lines of p. 226</th>
</tr>
</thead>
<tbody>
<tr>
<td>As printed</td>
<td>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.</td>
</tr>
<tr>
<td>As updated</td>
<td>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.</td>
</tr>
<tr>
<td>Reason for update</td>
<td>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.</td>
</tr>
</tbody>
</table>

### Trauma- and Stressor-Related Disorders

**Acute Stress Disorder: Differential Diagnosis**

<table>
<thead>
<tr>
<th>Location</th>
<th>DSM-5, p. 285: First paragraph, first line of “Adjustment disorders” section</th>
</tr>
</thead>
<tbody>
<tr>
<td>As printed</td>
<td>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.</td>
</tr>
<tr>
<td>As updated</td>
<td>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.</td>
</tr>
<tr>
<td>Reason for update</td>
<td>“In adjustment disorders” is correct.</td>
</tr>
</tbody>
</table>

### Somatic Symptom and Related Disorders

**Somatic Symptom Disorder: Differential Diagnosis**

<table>
<thead>
<tr>
<th>Location</th>
<th>DSM-5, p. 314: First paragraph, delete second sentence</th>
</tr>
</thead>
<tbody>
<tr>
<td>As printed</td>
<td>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.</td>
</tr>
<tr>
<td>As updated</td>
<td>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.</td>
</tr>
<tr>
<td>Reason for update</td>
<td>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.</td>
</tr>
</tbody>
</table>
Coding Updates in Detail
This content is unchanged from the DSM-5® Coding Update (March 2014), with the exception of the following (“2015” replaces “2014”):
ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2015.
ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

Replacement codes and other notes are in boldface type to aid visual reference only.
Shaded areas denote disorders with changes.

Neurodevelopmental Disorders

ICD-9-CM coding change for Intellectual Disability (Intellectual Developmental Disorder)
(ICD-10-CM code remains UNCHANGED)
Codes are found on the following pages: DSM-5: pp. xiii, 33 (also delete coding note), 848, 872;
Desk Reference: pp. ix, 18 (also delete coding note)

The ICD-9-CM code “319” should be deleted and replaced with blank lines: “____.____.”
ICD-9-CM codes should be inserted as follows:
317 (F70) Mild
318.0 (F71) Moderate
318.1 (F72) Severe
318.2 (F73) Profound

DSM-5 criteria for Intellectual Disability (Intellectual Developmental Disorder) should be revised as follows, p. 33 (Desk Reference, p. 18):
DELETE the coding note.
ADD ICD-9-CM codes as follows:
Specify current severity (see Table 1):
317 (F70) Mild
318.0 (F71) Moderate
318.1 (F72) Severe
318.2 (F73) Profound

Alphabetical Listing, p. 848 (not applicable to Desk Reference)
Adjust the ICD-9-CM codes for Intellectual disability (intellectual developmental disorder) as follows (change placement of Profound as shown below):
DELETE 319
ADD ICD-9-CM codes:
317 (F70) Mild
318.0 (F71) Moderate
318.1 (F72) Severe
318.2 (F73) Profound

Numerical Listing (ICD-9-CM), p. 872 (not applicable to Desk Reference):
DELETE “319 Intellectual disability (intellectual developmental disorder)”
ADD the following:
317 Intellectual disability (intellectual developmental disorder), Mild
318.0 Intellectual disability (intellectual developmental disorder), Moderate
318.1 Intellectual disability (intellectual developmental disorder), Severe
318.2 Intellectual disability (intellectual developmental disorder), Profound
BEFORE
319 Unspecified intellectual disability (intellectual developmental disorder)
Neurodevelopmental Disorders (continued)

ICD-9-CM and ICD-10-CM coding changes for Language Disorder
Codes are found on the following pages: DSM-5: pp. xiii, 42, 848, 871, 891;
Desk Reference: pp. x, 24

DSM-5 Classification, Neurodevelopmental Disorders, Communication Disorders, Language Disorder, p. xiii (Desk Reference, p. x):
- Change 315.39 to 315.32
- Change (F80.9) to (F80.2)

DSM-5 criteria, ICD-9-CM and ICD-10-CM codes for Language Disorder should be revised as follows, p. 42 (Desk Reference, p. 24):
- Change 315.39 to 315.32
- Change (F80.9) to (F80.2)

Alphabetical Listing, p. 848 (not applicable to Desk Reference)
Change the codes for Language disorder as follows:
- Change 315.39 to 315.32
- Change F80.9 to F80.2

Numerical Listing (ICD-9-CM), p. 871 (not applicable to Desk Reference)
Change the code for Language disorder as follows:
- Change 315.39 to 315.32
- Move 315.32 Language disorder to follow “315.2 Specific learning disorder, With impairment in written expression”

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”

Bipolar and Related Disorders

ICD-10-CM coding changes to Bipolar I Disorder,
Current or most recent episode hypomanic (ICD-9-CM code remains UNCHANGED)
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
Bipolar and Related Disorders (continued)

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

Anxiety Disorders

ICD-9-CM coding change for Selective Mutism (ICD-10-CM code remains UNCHANGED)
Codes are found on the following pages: DSM-5: pp. xviii, 195, 859, 871;
Desk Reference: pp. xvii, 116

DSM-5 Classification, Anxiety Disorders, Selective Mutism, p. xviii
(Desk Reference, p. xvii):
- Change 312.23 to 313.23

DSM-5 criteria, ICD-9-CM code for Selective Mutism should be revised as follows, p. 195
(Desk Reference, p. 116):
- Change 312.23 to 313.23

Alphabetical Listing, p. 859 (not applicable to Desk Reference)
Replace the ICD-9-CM code as follows for Selective mutism:
- Change 312.23 to 313.23

Numerical Listing (ICD-9-CM), p. 871 (not applicable to Desk Reference)
Change the code for Selective mutism as follows:
- Change 312.23 to 313.23
- Move 313.23 Selective mutism to precede “313.81 Oppositional defiant disorder”

Obsessive-Compulsive and Related Disorders

ICD-10-CM coding change for Trichotillomania (Hair-Pulling Disorder)
(ICD-9-CM code remains UNCHANGED)
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
Obsessive-Compulsive and Related Disorders (continued)

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”

Trauma- and Stressor-Related Disorders

Add specifiers for Adjustment Disorders
(IDC-9-CM and ICD-10-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
Sleep-Wake Disorders

ICD-9-CM and 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, 870, 873, 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, 870, 873, 890, 892
  Desk Reference: pp. xxii, 182, 183 (change code in coding note)

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

Insomnia Disorder
- Change 780.52 to 307.42
- Change (G47.00) to (F51.01)

Hypersomnolence Disorder
- Change 780.54 to 307.44
- Change (G47.10) to (F51.11)

DSM-5 criteria, ICD-9-CM and ICD-10-CM codes should be revised as follows:

Insomnia Disorder
Codes in “Diagnostic Criteria,” p. 362 (Desk Reference, p. 181):
- Change 780.52 to 307.42
- Change (G47.00) to (F51.01)
Coding note, p. 362 (Desk Reference, p. 182):
- Change 780.52 (G47.00) to 307.42 (F51.01)

Hypersomnolence Disorder
Codes in “Diagnostic Criteria,” p. 368 (Desk Reference, p. 182):
- Change 780.54 to 307.44
- Change (G47.10) to (F51.11)
Coding note, p. 369 (Desk Reference, p. 183):
- Change 780.54 (G47.10) to 307.44 (F51.11)

Alphabetical Listing (not applicable to Desk Reference)
Hypersomnolence disorder, p. 847
- Change 780.54 to 307.44
- Change G47.10 to F51.11

Insomnia disorder, p. 848
- Change 780.52 to 307.42
- Change G47.00 to F51.01

Numerical Listing (ICD-9-CM), p. 870 (not applicable to Desk Reference)
After “307.3 Stereotypic movement disorder,” ADD
- 307.42 Insomnia disorder
- 307.44 Hypersomnolence disorder
DELETE
- 780.52 Insomnia disorder, p. 873
- 780.54 Hypersomnolence disorder, p. 873
Sleep-Wake Disorders (continued)

**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

**Disruptive, Impulse-Control, and Conduct Disorders**

**ICD-9-CM coding change for Conduct Disorder, Adolescent-onset type**

*ICD-10-CM code remains UNCHANGED*

Codes are found on the following pages: DSM-5: pp. xxiv, 846, 871; Desk Reference: p. xxv

**DSM-5 Classification**, Disruptive, Impulse-Control, and Conduct Disorders:
Conduct Disorder, Adolescent-onset type, p. xxiv (Desk Reference, p. xxv):
- Change 312.32 to 312.82

*[NO CORRECTION NEEDED TO CODING IN CRITERIA SET]*

**Alphabetical Listing**, p. 846 (not applicable to Desk Reference)
Replace the ICD-9-CM code as follows for Conduct Disorder, Adolescent-onset type:
- Change 312.32 to 312.82

**Numerical Listing (ICD-9-CM), p. 871 (not applicable to Desk Reference):**
- Change 312.32 to 312.82 Conduct Disorder, Adolescent-onset type
- Move 312.82 Conduct Disorder, Adolescent-onset type to precede “312.89 Conduct Disorder, Unspecified onset”

**ICD-10-CM coding change for Kleptomania** *(ICD-9-CM code remains UNCHANGED)*

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)”
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

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Major and Mild Neurocognitive Disorders (602) [*299 in Desk Reference]
Specify whether due to: Alzheimer’s disease, Frontotemporal lobar degeneration, Lewy body disease, Vascular disease, Traumatic brain injury, Substance/medication use, HIV infection, Prion disease, Parkinson’s disease, Huntington’s disease, Another medical condition, Multiple etiologies, Unspecified
*Specify Without behavioral disturbance, With behavioral disturbance. For mild neurocognitive disorder, behavioral disturbance cannot be coded but should still be indicated in writing.
*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
*Note: Code first 331.0 (G30.9) Alzheimer’s disease.

294.11 (F02.81) With behavioral disturbance
294.10 (F02.80) Without behavioral disturbance

___.__ (___.__) Major Neurocognitive Disorder Due to Possible Alzheimer’s Disease
*Note: Code first 331.0 (G30.9) Alzheimer’s disease.

294.11 (F02.81) With behavioral disturbance
294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due to Alzheimer’s Disease

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

___.__ (___.__) Major Neurocognitive Disorder Due to Probable Frontotemporal Lobar Degeneration
*Note: Code first 331.19 (G31.09) frontotemporal disease.

294.11 (F02.81) With behavioral disturbance
294.10 (F02.80) Without behavioral disturbance

___.__ (___.__) Major Neurocognitive Disorder Due to Possible Frontotemporal Lobar Degeneration
*Note: Code first 331.19 (G31.09) frontotemporal disease.

294.11 (F02.81) With behavioral disturbance
294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due to Frontotemporal Lobar Degeneration

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\(^b\)

Note: Code first 331.82 (G31.83) Lewy body disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

___ (_____) Major Neurocognitive Disorder With Possible Lewy Bodies\(^b\)

Note: Code first 331.82 (G31.83) Lewy body disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder With Lewy Bodies\(^a\)

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

___ (_____) Major Neurocognitive Disorder Probably Due to Vascular Disease\(^b\)

Note: No additional medical code for vascular disease.

290.40 (F01.51) With behavioral disturbance

290.40 (F01.50) Without behavioral disturbance

___ (_____) Major Neurocognitive Disorder Possibly Due to Vascular Disease\(^b\)

Note: No additional medical code for vascular disease.

290.40 (F01.51) With behavioral disturbance

290.40 (F01.50) Without behavioral disturbance

331.83 (G31.84) 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 332.0 (G20) Parkinson’s disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

___ (_____) Major Neurocognitive Disorder Possibly Due to Parkinson’s Disease\(^b\)

Note: Code first 332.0 (G20) Parkinson’s disease.

294.11 (F02.81) With behavioral disturbance

294.10 (F02.80) Without behavioral disturbance

331.83 (G31.84) Mild Neurocognitive Disorder Due to Parkinson’s Disease\(^a\)
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:

<table>
<thead>
<tr>
<th>Etiological subtype</th>
<th>Associated etiological medical code for major neurocognitive disorder(a)</th>
<th>Major neurocognitive disorder code(b)</th>
<th>Mild neurocognitive disorder code(c)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer’s disease</td>
<td>331.0 (G30.9)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for Alzheimer’s disease.)</td>
</tr>
<tr>
<td>Frontotemporal lobar degeneration</td>
<td>331.19 (G31.09)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for frontotemporal disease.)</td>
</tr>
<tr>
<td>Lewy body disease</td>
<td>331.82 (G31.83)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for Lewy body disease.)</td>
</tr>
<tr>
<td>Vascular disease</td>
<td>No additional medical code</td>
<td>290.40 (F01.5x)</td>
<td>331.83 (G31.84) (Do not use additional code for the vascular disease.)</td>
</tr>
<tr>
<td>Traumatic brain injury</td>
<td>907.0 (S06.2X9S)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for the traumatic brain injury.)</td>
</tr>
<tr>
<td>Substance/medication-induced</td>
<td>No additional medical code</td>
<td>Code based on the type of substance causing the major neurocognitive disorder(c, d)</td>
<td>Code based on the type of substance causing the mild neurocognitive disorder(d)</td>
</tr>
<tr>
<td>HIV infection</td>
<td>042 (B20)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for HIV infection.)</td>
</tr>
<tr>
<td>Prion disease</td>
<td>046.79 (A81.9)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for prion disease.)</td>
</tr>
<tr>
<td>Parkinson’s disease</td>
<td>332.0 (G20)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for Parkinson's disease.)</td>
</tr>
<tr>
<td>Huntington’s disease</td>
<td>333.4 (G10)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional code for Huntington’s disease.)</td>
</tr>
</tbody>
</table>
# Neurocognitive Disorders

Updated Coding Table (continued)

<table>
<thead>
<tr>
<th>Etiological subtype</th>
<th>Associated etiological medical code for major neurocognitive disorder&lt;sup&gt;a&lt;/sup&gt;</th>
<th>Major neurocognitive disorder code&lt;sup&gt;b&lt;/sup&gt;</th>
<th>Mild neurocognitive disorder code&lt;sup&gt;c&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Due to another medical condition</td>
<td>Code the other medical condition first (e.g., 340 [G35] multiple sclerosis)</td>
<td>294.1x (F02.8x)</td>
<td>331.83 (G31.84) (Do not use additional codes for the presumed etiological medical conditions.)</td>
</tr>
<tr>
<td>Due to multiple etiologies</td>
<td>Code all of the etiological medical conditions first (with the exception of vascular disease)</td>
<td>294.1x (F02.8x) (Plus the code for the relevant substance/medication-induced major neurocognitive disorders if substances or medications play a role in the etiology.)</td>
<td>331.83 (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.)</td>
</tr>
<tr>
<td>Unspecified neurocognitive disorder</td>
<td>No additional medical code</td>
<td>799.59 (R41.9)</td>
<td>799.59 (R41.9)</td>
</tr>
</tbody>
</table>

<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.

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Updated coding note</th>
</tr>
</thead>
</table>
| Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease | **Coding note:** For major neurocognitive disorder due to probable Alzheimer’s disease, with behavioral disturbance, code first 331.0 (G30.9) Alzheimer’s disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to probable Alzheimer’s disease, without behavioral disturbance, code first 331.0 (G30.9) Alzheimer’s disease, followed by 294.10 (F02.80). 

For major neurocognitive disorder due to possible Alzheimer’s disease, with behavioral disturbance, code first 331.0 (G30.9) Alzheimer’s disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to possible Alzheimer’s disease, without behavioral disturbance, code first 331.0 (G30.9) Alzheimer’s disease, followed by 294.10 (F02.80). 

For mild neurocognitive disorder due to Alzheimer’s disease, code 331.83 (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.)*  

*This coding note appears in DSM-5, pp. 611–612; in Desk Reference, p. 306.* |
| Major or Mild Frontotemporal Neurocognitive Disorder | **Coding note:** For major neurocognitive disorder due to probable frontotemporal lobar degeneration, with behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to probable frontotemporal lobar degeneration, without behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.10 (F02.80). 

For major neurocognitive disorder due to possible frontotemporal lobar degeneration, with behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.11 (F02.81). For major neurocognitive disorder due to possible frontotemporal lobar degeneration, without behavioral disturbance, code first 331.19 (G31.09) frontotemporal disease, followed by 294.10 (F02.80). 

For mild neurocognitive disorder due to frontotemporal lobar degeneration, code 331.83 (G31.84). *(Note: Do not use the additional code for frontotemporal disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)*  

*This coding note appears in DSM-5, p. 615; in Desk Reference, pp. 307–308.* |
| Major or Mild Neurocognitive Disorder With Lewy Bodies | **Coding note:** For major neurocognitive disorder with probable Lewy bodies, with behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.11 (F02.81). For major neurocognitive disorder with probable Lewy bodies, without behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.10 (F02.80). 

For major neurocognitive disorder with possible Lewy bodies, with behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.11 (F02.81). For major neurocognitive disorder with possible Lewy bodies, without behavioral disturbance, code first 331.82 (G31.83) Lewy body disease, followed by 294.10 (F02.80). 

For mild neurocognitive disorder with Lewy bodies, code 331.83 (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.)*  

*This coding note appears in DSM-5, pp. 618–619; in Desk Reference, p. 309.* |
### Neurocognitive Disorders

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

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Updated coding note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major or Mild Vascular Neurocognitive Disorder</td>
<td><strong>Coding note:</strong> For major neurocognitive disorder probably due to vascular disease, with behavioral disturbance, code <strong>290.40 (F01.51)</strong>. For major neurocognitive disorder probably due to vascular disease, without behavioral disturbance, code <strong>290.40 (F01.50)</strong>. An additional medical code for the vascular disease is not needed. For major neurocognitive disorder possibly due to vascular disease, with behavioral disturbance, code <strong>290.40 (F01.51)</strong>. For major neurocognitive disorder possibly due to vascular disease, without behavioral disturbance, code <strong>290.40 (F01.50)</strong>. An additional medical code for the vascular disease is not needed. For mild neurocognitive disorder due to vascular disease, code <strong>331.83 (G31.84)</strong>. <em>(Note: Do not use an additional code for the vascular disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</em> <em>This coding note appears in DSM-5, p. 621; in Desk Reference, p. 310.</em></td>
</tr>
<tr>
<td>Major or Mild Neurocognitive Disorder Due to Parkinson’s Disease</td>
<td><strong>Coding note:</strong> For major neurocognitive disorder probably due to Parkinson’s disease, with behavioral disturbance, code first <strong>332.0 (G20)</strong> Parkinson’s disease, followed by <strong>294.11 (F02.81)</strong>. For major neurocognitive disorder probably due to Parkinson’s disease, without behavioral disturbance, code first <strong>332.0 (G20)</strong> Parkinson’s disease, followed by <strong>294.10 (F02.80)</strong>. For major neurocognitive disorder possibly due to Parkinson’s disease, with behavioral disturbance, code first <strong>332.0 (G20)</strong> Parkinson’s disease, followed by <strong>294.11 (F02.81)</strong>. For major neurocognitive disorder possibly due to Parkinson’s disease, without behavioral disturbance, code first <strong>332.0 (G20)</strong> Parkinson’s disease, followed by <strong>294.10 (F02.80)</strong>. For mild neurocognitive disorder due to Parkinson’s disease, code <strong>331.83 (G31.84)</strong>. <em>(Note: Do not use the additional code for Parkinson’s disease. Behavioral disturbance cannot be coded but should still be indicated in writing.)</em> <em>This coding note appears in DSM-5, pp. 636–637; in Desk Reference, p. 317.</em></td>
</tr>
</tbody>
</table>
Neurocognitive Disorders
Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)

This excerpt provides the updated ICD-9-CM and 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-9-CM codes are to be used for coding purposes in the United States through September 30, 2015. ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>Disorder, condition, or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to another medical condition with behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to HIV infection (code first 042 [B20] HIV infection) with behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to Huntington’s disease (code first 333.4 [G10] Huntington’s disease) with behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to multiple etiologies with behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to possible Alzheimer’s disease (code first 331.0 [G30.9] Alzheimer’s disease) with behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to possible frontotemporal lobar degeneration (code first 331.19 [G31.09] frontotemporal disease) with behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
</tbody>
</table>
# Neurocognitive Disorders

Alphabetical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM and ICD-10-CM)  
*(continued)*

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>ICD-10-CM</th>
<th>Disorder, condition, or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder with possible Lewy bodies <em>(code first 331.82 [G31.83] Lewy body disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Major neurocognitive disorder with probable Lewy bodies <em>(code first 331.82 [G31.83] Lewy body disease)</em></td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>With behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder possibly due to Parkinson’s disease <em>(code first 332.0 [G20] Parkinson’s disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Major neurocognitive disorder probably due to Parkinson’s disease <em>(code first 332.0 [G20] Parkinson’s disease)</em></td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>With behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>290.40</td>
<td>F01.51</td>
<td>Major neurocognitive disorder possibly due to vascular disease</td>
</tr>
<tr>
<td>290.40</td>
<td>F01.50</td>
<td>Major neurocognitive disorder probably due to vascular disease</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>With behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>290.40</td>
<td>F01.51</td>
<td>Major neurocognitive disorder due to prion disease <em>(code first 046.79 [A81.9] prion disease)</em></td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>With behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
<tr>
<td>294.11</td>
<td>F02.81</td>
<td>Major neurocognitive disorder due to traumatic brain injury <em>(code first 907.0 late effect of intracranial injury without skull fracture [S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela])</em></td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>With behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>F02.80</td>
<td>Without behavioral disturbance</td>
</tr>
</tbody>
</table>
**Neurocognitive Disorders**  
**Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM)**

This excerpt provides the updated ICD-9-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 numerical set are not included here.  
(DSM-5 only, pp. 863, 866; on p. 872, delete the ICD-9-CM code 331.9 and all corresponding entries; not applicable to Desk Reference)

ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2015.  
ICD-10-CM codes are to be used for coding purposes in the United States starting October 1, 2015.

<table>
<thead>
<tr>
<th>ICD-9-CM</th>
<th>Disorder, condition, or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>290.40</td>
<td>Major neurocognitive disorder possibly due to vascular disease, With behavioral disturbance</td>
</tr>
<tr>
<td>290.40</td>
<td>Major neurocognitive disorder possibly due to vascular disease, Without behavioral disturbance</td>
</tr>
<tr>
<td>290.40</td>
<td>Major neurocognitive disorder probably due to vascular disease, With behavioral disturbance</td>
</tr>
<tr>
<td>290.40</td>
<td>Major neurocognitive disorder probably due to vascular disease, Without behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to another medical condition, Without behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to HIV infection, Without behavioral disturbance <em>(code first 042 HIV infection)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to Huntington’s disease, Without behavioral disturbance <em>(code first 333.4 Huntington’s disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to multiple etiologies, Without behavioral disturbance</td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to possible Alzheimer’s disease, Without behavioral disturbance <em>(code first 331.0 Alzheimer’s disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to probable Alzheimer’s disease, Without behavioral disturbance <em>(code first 331.0 Alzheimer’s disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to possible frontotemporal lobar degeneration, Without behavioral disturbance <em>(code first 331.19 frontotemporal disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to probable frontotemporal lobar degeneration, Without behavioral disturbance <em>(code first 331.19 frontotemporal disease)</em></td>
</tr>
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### Neurocognitive Disorders
Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM) (continued)

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<thead>
<tr>
<th>ICD-9-CM</th>
<th>Disorder, condition, or problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder with possible Lewy bodies, Without behavioral disturbance <em>(code first 331.82 Lewy body disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder with probable Lewy bodies, Without behavioral disturbance <em>(code first 331.82 Lewy body disease)</em></td>
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<tr>
<td>294.10</td>
<td>Major neurocognitive disorder possibly due to Parkinson’s disease, Without behavioral disturbance <em>(code first 332.0 Parkinson’s disease)</em></td>
</tr>
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<td>294.10</td>
<td>Major neurocognitive disorder probably due to Parkinson’s disease, Without behavioral disturbance <em>(code first 332.0 Parkinson’s disease)</em></td>
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<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to prion disease, Without behavioral disturbance <em>(code first 046.79 prion disease)</em></td>
</tr>
<tr>
<td>294.10</td>
<td>Major neurocognitive disorder due to traumatic brain injury, Without behavioral disturbance <em>(code first 907.0 late effect of intracranial injury without skull fracture)</em></td>
</tr>
<tr>
<td>294.11</td>
<td>Major neurocognitive disorder due to another medical condition, With behavioral disturbance</td>
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<td>294.11</td>
<td>Major neurocognitive disorder due to HIV infection, With behavioral disturbance <em>(code first 042 HIV infection)</em></td>
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<td>294.11</td>
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### Neurocognitive Disorders
**Numerical Listing of DSM-5 Diagnoses and Codes (ICD-9-CM) (continued)**

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<th>ICD-9-CM</th>
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<td>294.11</td>
<td>Major neurocognitive disorder due to traumatic brain injury, With behavioral disturbance <em>(code first 907.0 late effect of intracranial injury without skull fracture)</em></td>
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</table>

### 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.

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Disorder, condition, or problem</th>
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</thead>
<tbody>
<tr>
<td>F01.50</td>
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</tr>
<tr>
<td>F01.50</td>
<td>Major neurocognitive disorder probably due to vascular disease, Without behavioral disturbance</td>
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<td>Major neurocognitive disorder possibly due to vascular disease, With behavioral disturbance</td>
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<tr>
<td>F01.51</td>
<td>Major neurocognitive disorder probably due to vascular disease, With behavioral disturbance</td>
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**Neurocognitive Disorders**  
Numerical Listing of DSM-5 Diagnoses and Codes (ICD-10-CM) *(continued)*

<table>
<thead>
<tr>
<th>ICD-10-CM</th>
<th>Disorder, condition, or problem</th>
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<tbody>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to another medical condition, Without behavioral disturbance</td>
</tr>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to HIV infection, Without behavioral disturbance <em>(code first B20 HIV infection)</em></td>
</tr>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to Huntington’s disease, Without behavioral disturbance <em>(code first G10 Huntington’s disease)</em></td>
</tr>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to multiple etiologies, Without behavioral disturbance</td>
</tr>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to possible Alzheimer’s disease, Without behavioral disturbance <em>(code first 331.0 Alzheimer’s disease)</em></td>
</tr>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to probable Alzheimer’s disease, Without behavioral disturbance <em>(code first G30.9 Alzheimer’s disease)</em></td>
</tr>
<tr>
<td>F02.80</td>
<td>Major neurocognitive disorder due to possible frontotemporal lobar degeneration, Without behavioral disturbance <em>(code first G31.09 frontotemporal disease)</em></td>
</tr>
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<td>F02.80</td>
<td>Major neurocognitive disorder due to probable frontotemporal lobar degeneration, Without behavioral disturbance <em>(code first G31.09 frontotemporal disease)</em></td>
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<td>F02.80</td>
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<td>F02.80</td>
<td>Major neurocognitive disorder due to traumatic brain injury, Without behavioral disturbance <em>(code first S06.2X9S diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela)</em></td>
</tr>
<tr>
<td>F02.81</td>
<td>Major neurocognitive disorder due to another medical condition, With behavioral disturbance</td>
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<td>F02.81</td>
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