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DSM-5-TR[®] Update
Supplement to
Diagnostic and Statistical Manual of
Mental Disorders, Fifth Edition,
Text Revision

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This supplement reflects updates to diagnostic criteria and related text, as well as coding updates, changes, or corrections. This supplement is intended to be used only in conjunction with DSM-5-TR, and it should not be relied upon as an independent source of information.

Cautionary Statement: *DSM-5-TR is a classification of mental disorders that was developed for use in clinical, educational, and research settings. The diagnostic categories, criteria, and textual descriptions are meant to be employed by individuals with appropriate clinical training and experience in diagnosis. It is important that DSM-5-TR not be applied mechanically by individuals without clinical training. The specific diagnostic criteria included in DSM-5-TR are meant to serve as guidelines to be informed by clinical judgment and are not meant to be used in a rigid cookbook fashion.*

September 2024
DSM-5-TR[®] Update

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I. Coding Updates

I.A Pica

The diagnostic criteria for pica include the following coding note at the top of page 372: “The ICD-10-CM codes for pica are F98.3 in children and adolescents, and F50.89 in adults.” F50.89 is the current ICD-10-CM code for “Other specified eating disorder.”

Effective October 1, 2024, a new unique code was created for pica in adults, F50.83, necessitating a revision of the coding note in the diagnostic criteria for pica and updating the code for pica in the classification and the alphabetical and numerical listing of DSM-5-TR diagnoses and ICD-10-CM codes. The updated coding note is as follows: “[The ICD-10-CM codes for pica are F98.3 in children and adolescents and F50.83 in adults.](#)”

Pica in adults – ICD-10-CM code up to September 30, 2024: **F50.89**

Pica in adults – Updated code: **F50.83**

I.B Rumination Disorder

The ICD-10-CM code for rumination disorder (up to September 30, 2024) is F98.21 which applies to cases regardless of age. The National Center for Health Statistics (NCHS) is revising the codes for Rumination Disorder with the applicable code depending on the age of the patient: F98.21 for rumination disorder in infants, children, and adolescents and a new ICD-10-CM code, F50.84, for rumination disorder in adults. A coding note is being added to the diagnostic criteria for rumination disorder as follows: “[The ICD-10-CM codes for rumination disorder are F98.21 in infants, children, and adolescents and F50.84 in adults.](#)”

Rumination disorder in adults – New code: **F50.84**

I.C Anorexia Nervosa

The ICD-10-CM codes for anorexia nervosa, restricting type (F50.01), and anorexia nervosa, binge-eating purging type (F50.02) have been revised to allow current severity or remission status to be indicated in the ICD-10-CM code; these changes will take effect October 1, 2024. Notably, after October 1, 2024, the codes F50.01 and F50.02 will no longer be valid.

Anorexia nervosa, Restricting type – code up to September 30, 2024: **F50.01**

Anorexia nervosa, Restricting type – New codes:

Anorexia nervosa, restricting type, mild: **F50.010**

Anorexia nervosa, restricting type, moderate: **F50.011**

Anorexia nervosa, restricting type, severe: **F50.012**

Anorexia nervosa, restricting type, extreme: **F50.013**

Anorexia nervosa, restricting type, in partial remission: **F50.014**

Anorexia nervosa, restricting type, in full remission: **F50.014**

Anorexia nervosa, restricting type, unspecified: **F50.019**

Anorexia nervosa, Binge-eating/purging type –code up to September 30, 2024: **F50.02**

Anorexia nervosa, Binge-eating/purging type – New codes:

Anorexia nervosa, binge eating/purging type, mild:	F50.020
Anorexia nervosa, binge eating/purging type, moderate:	F50.021
Anorexia nervosa, binge eating/purging type, severe:	F50.022
Anorexia nervosa, binge eating/purging type, extreme:	F50.023
Anorexia nervosa, binge eating/purging type, in partial remission:	F50.024
Anorexia nervosa, binge eating/purging type, in full remission:	F50.024
Anorexia nervosa, binge eating/purging type, unspecified:	F50.029

I.D Bulimia Nervosa

The ICD-10-CM code for bulimia nervosa has been revised to allow current severity or remission status to be indicated in the ICD-10-CM code; these changes will take effect October 1, 2024. Notably, after October 1, 2024, the code F50.2 will no longer be valid.

Bulimia nervosa –code up to September 30, 2024: **F50.2**

Bulimia nervosa – New codes:

Bulimia nervosa, unspecified:	F50.20
Bulimia nervosa, mild:	F50.21
Bulimia nervosa, moderate:	F50.22
Bulimia nervosa, severe:	F50.23
Bulimia nervosa, extreme:	F50.24
Bulimia nervosa, in partial remission:	F50.25
Bulimia nervosa, in full remission:	F50.25

I.E Binge Eating Disorder

The ICD-10-CM code for binge eating disorder has been revised to allow current severity or remission status to be indicated in the ICD-10-CM code; these changes will take effect October 1, 2024. Notably, after October 1, 2024, the code F50.81 will no longer be valid.

Binge eating disorder – code up to September 30, 2024: **F50.81**

Binge eating disorder – New codes:

Binge eating disorder, mild:	F50.810
Binge eating disorder, moderate:	F50.811
Binge eating disorder, severe:	F50.812
Binge eating disorder, extreme:	F50.813
Binge eating disorder, in partial remission:	F50.814
Binge eating disorder, in full remission:	F50.814
Binge eating disorder, unspecified:	F50.819

I.F Insufficient Social or Health Insurance or Welfare Support

The ICD-10-CM category insufficient social or health insurance or welfare support (not a mental disorder) has been split into two categories: 1) insufficient health insurance coverage and 2) insufficient welfare support, with each having new codes (Z59.71 and Z59.72, respectively) that become effective on October 1, 2024.

Original code and text:

Z59.7 Insufficient Social or Health Insurance or Welfare Support

This category may be used for individuals who meet eligibility criteria for social or welfare support but are not receiving such support, who receive support that is insufficient to address their needs, or who otherwise lack access to needed insurance or support programs. Examples include inability to qualify for welfare support because of lack of proper documentation or evidence of address, inability to obtain adequate health insurance because of age or a preexisting condition, and denial of support owing to excessively stringent income or other requirements

Revised codes and text:

Z59.71 Insufficient Health Insurance

This category should be used when insufficient health insurance has an impact on the individual's treatment or prognosis.

Z59.72 Insufficient Welfare Support

This category should be used when insufficient welfare support has an impact on the individual's treatment or prognosis.

II. Criteria Updates

II.A Adjustment Disorders

Reason for change: Subtype definitions were revised to enhance meaning and to define “disturbance of conduct” as shown in the table below.

Current subtypes	Revised subtypes
Specify whether: F43.21 With depressed mood: Low mood, tearfulness, or feelings of hopelessness are predominant.	Specify whether: F43.21 With depressed mood: Depressive symptoms (e.g., low mood, tearfulness, or feelings of hopelessness) are predominant.
F43.22 With anxiety: Nervousness, worry, jitteriness, or separation anxiety is predominant.	F43.22 With anxiety: Anxiety symptoms (e.g., nervousness, worry, jitteriness, or separation anxiety) are predominant.
F43.23 With mixed anxiety and depressed mood: A combination of depression and anxiety is predominant.	F43.23 With mixed anxiety and depressed mood: A combination of depressed mood and anxiety symptoms is predominant.
F43.24 With disturbance of conduct: Disturbance of conduct is predominant.	F43.24 With disturbance of conduct: Behavioral symptoms involving the violation of the rights of others or of major age-appropriate societal norms and rules (e.g., truancy, vandalism, reckless driving, fighting, defaulting on legal responsibilities) are predominant.
F43.25 With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g., depression, anxiety) and a disturbance of conduct are predominant.	F43.25 With mixed disturbance of emotions and conduct: Both emotional symptoms (e.g., depressed mood, anxiety) and a disturbance of conduct are predominant.
F43.20 Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder.	F43.20 Unspecified: For maladaptive reactions that are not classifiable as one of the specific subtypes of adjustment disorder. [no changes]

II.B Major or Mild Neurocognitive Disorder Due to Alzheimer’s Disease

Reason for change: Many cases of neurocognitive disorder (NCD) have mixed etiologies—in such cases, the diagnosis should be major or mild NCD due to multiple etiologies. A particularly common mixed etiology presentation is the combination of NCD due to Alzheimer’s disease and NCD due to vascular disease. However, the requirement in major and mild NCD due to Alzheimer’s disease for the absence of a mixed etiology prevented Alzheimer’s disease from being included among the etiologies comprising

NCD due to multiple etiologies. Thus, the criterion major and mild NCD due to Alzheimer's disease that restricted multiple etiologies has been omitted.

Original criteria:

For major neurocognitive disorder:

Probable Alzheimer's disease is diagnosed if either of the following is present; otherwise, possible Alzheimer's disease should be diagnosed.

1. Evidence of a causative Alzheimer's disease genetic mutation from family history or genetic testing.
2. **All three of** the following are present:
 - a. Clear evidence of decline in memory and learning and at least one other cognitive domain (based on detailed history or serial neuropsychological testing).
 - b. Steadily progressive, gradual decline in cognition, without extended plateaus.
 - c. **No evidence of mixed etiology (i.e., absence of other neurodegenerative or cerebrovascular disease, or another neurological, mental, or systemic disease or condition likely contributing to cognitive decline).**

For mild neurocognitive disorder:

Probable Alzheimer's disease is diagnosed if there is evidence of a causative Alzheimer's disease genetic mutation from either genetic testing or family history.

Possible Alzheimer's disease is diagnosed if there is no evidence of a causative Alzheimer's disease genetic mutation from either genetic testing or family history, and **the** following are present:

1. Clear evidence of decline in memory and learning.
 2. Steadily progressive decline in cognition, without extended plateaus.
 3. **No evidence of mixed etiology (i.e., absence of other neurodegenerative or cerebrovascular disease, or another neurological or systemic disease or condition likely contributing to cognitive decline).**
- D. The disturbance is not better explained by cerebrovascular disease, another neurodegenerative disease, the effects of a substance, or another mental, neurological, or systemic disorder.

Revised criteria:

For major neurocognitive disorder:

Probable Alzheimer's disease is diagnosed if either of the following is present; otherwise, **possible Alzheimer's disease** should be diagnosed.

1. Evidence of a causative Alzheimer's disease genetic mutation from family history or genetic testing.
2. **All three of Both of** the following are present:
 - a. Clear evidence of decline in memory and learning and at least one other cognitive domain (based on detailed history or serial neuropsychological testing).

- b. Steadily progressive, gradual decline in cognition, without extended plateaus.
- ~~c. No evidence of mixed etiology (i.e., absence of other neurodegenerative or cerebrovascular disease, or another neurological, mental, or systemic disease or condition likely contributing to cognitive decline).~~

For mild neurocognitive disorder:

Probable Alzheimer’s disease is diagnosed if there is evidence of a causative Alzheimer’s disease genetic mutation from either genetic testing or family history.

Possible Alzheimer’s disease is diagnosed if there is no evidence of a causative Alzheimer’s disease genetic mutation from either genetic testing or family history, and **all three** [both of](#) following are present:

1. Clear evidence of decline in memory and learning.
2. Steadily progressive decline in cognition, without extended plateaus.
- ~~3. No evidence of mixed etiology (i.e., absence of other neurodegenerative or cerebrovascular disease, or another neurological or systemic disease or condition likely contributing to cognitive decline).~~

- D. The disturbance is not better explained by cerebrovascular disease, another neurodegenerative disease, the effects of a substance, or another mental, neurological, or systemic disorder.

II.C Substance/Medication-Induced Major or Mild Neurocognitive Disorder

Reason for change: To add the specifiers for mild NCD, accidentally omitted in the prior coding note in the criteria (the changes shown below also apply to footnote g in the NCD coding table).

Original coding note:

Substance-induced major or mild neurocognitive disorder: The accompanying symptom specifiers “With agitation,” “With anxiety,” “With mood symptoms,” “With psychotic disturbance,” “With other behavioral or psychological disturbance,” and “Without accompanying behavioral or psychological disturbance” cannot be coded but should still be recorded.

Revised coding note:

Substance-induced major or mild neurocognitive disorder: The accompanying symptom specifiers [for major NCD](#) (“With agitation,” “With anxiety,” “With mood symptoms,” “With psychotic disturbance,” “With other behavioral or psychological disturbance,” and “Without accompanying behavioral or psychological disturbance”) cannot be coded but should still be recorded. [The accompanying symptom specifiers for mild NCD](#) (“With behavioral disturbance” and “Without behavioral disturbance”) also cannot be coded but should still be recorded.

III. Text Updates

III.A Use of the Manual – Subtypes and Specifiers section

Reason for change: To provide a more accurate description.

Original text:

Specifiers **and subtypes provide an opportunity to** define a **more** homogeneous subgrouping of individuals **with the disorder who share certain features (e.g., major depressive disorder, with mixed features) and to** convey information that is relevant to the management of the individual’s disorder, such as the “with other medical comorbidity” specifier in sleep-wake disorders.

Revised text:

Specifiers may define homogeneous subgroupings of individuals along relevant dimensions (e.g., etiology, treatment response) ~~who share certain features (e.g., major depressive disorder, with mixed features);~~ **and to they may also** convey information that is relevant to the management of the individual’s disorder, such as the “with other medical comorbidity” specifier in sleep-wake disorders.

III.B Disruptive Mood Dysregulation Disorder – Differential Diagnosis

Reason for change: According to the first sentence of the note under disruptive mood dysregulation disorder (DMDD) Criterion J, individuals whose symptoms meet criteria for both DMDD and oppositional defiant disorder should only be given the diagnosis of DMDD. Thus, the first sentence of this text section below is incorrect and has been removed.

Original text:

Attention-deficit/hyperactivity disorder, major depressive disorder, anxiety disorders, and autism spectrum disorder. ~~Unlike children diagnosed with bipolar disorder or oppositional defiant disorder— for whom a diagnosis of disruptive mood dysregulation disorder cannot be given even if the symptoms meet diagnostic criteria for that disorder~~ children whose symptoms meet criteria for disruptive mood dysregulation disorder also can receive a comorbid diagnosis of ADHD, major depressive disorder, and/or anxiety disorder. However, children whose irritability is present only in the context of a major depressive episode or persistent depressive disorder should receive one of those diagnoses rather than disruptive mood dysregulation disorder. Children with disruptive mood dysregulation disorder may have symptoms that also meet criteria for an anxiety disorder and can receive both diagnoses, but children whose irritability is manifest only in the context of exacerbation of an anxiety disorder should receive the relevant anxiety disorder diagnosis rather than disruptive mood dysregulation disorder. In addition, children with autism spectrum disorders frequently present with temper outbursts when, for example, their routines are disturbed. In that instance, the temper outbursts would be considered secondary to the autism spectrum disorder, and the child should not receive the diagnosis of disruptive mood dysregulation disorder.

Revised text:

Attention-deficit/hyperactivity disorder, major depressive disorder, anxiety disorders, and autism spectrum disorder. ~~Unlike children diagnosed with bipolar disorder or oppositional defiant disorder—~~

~~for whom a diagnosis of disruptive mood dysregulation disorder cannot be given even if the symptoms meet diagnostic criteria for that disorder—c~~ Children whose symptoms meet criteria for disruptive mood dysregulation disorder also can receive a comorbid diagnosis of ADHD, major depressive disorder, and/or anxiety disorder. However, children whose irritability is present only in the context of a major depressive episode or persistent depressive disorder should receive one of those diagnoses rather than disruptive mood dysregulation disorder. Children with disruptive mood dysregulation disorder may have symptoms that also meet criteria for an anxiety disorder and can receive both diagnoses, but children whose irritability is manifest only in the context of exacerbation of an anxiety disorder should receive the relevant anxiety disorder diagnosis rather than disruptive mood dysregulation disorder. In addition, children with autism spectrum disorders frequently present with temper outbursts when, for example, their routines are disturbed. In that instance, the temper outbursts would be considered secondary to the autism spectrum disorder, and the child should not receive the diagnosis of disruptive mood dysregulation disorder.

III.C Prolonged Grief Disorder – Differential Diagnosis

Reason for change: To provide clarity about the distinction between normal grief and prolonged grief disorders in the Differential Diagnosis section.

Original text:

Normal grief. Prolonged grief disorder is distinguished from normal grief by the presence of severe grief reactions that persist at least 12 months (6 months in children or adolescents) after the death of a person who was close to the bereaved individual. It is only when severe **levels of** grief response persist for the specified duration following the death, interfere with the **individual's capacity to function**, and exceed cultural, social, or religious norms that prolonged grief disorder is diagnosed.

Revised text:

Normal grief. Prolonged grief disorder is distinguished from normal grief by the presence of severe grief reactions that persist at least 12 months (6 months in children or adolescents) after the death of a person who was close to the bereaved individual. It is only when **the** severe ~~levels of~~ grief response persists for the specified duration following the death, **is clinically significant (i.e., causes clinically significant distress or impairment in functioning)** ~~interfere with the individual's capacity to function~~, and exceeds cultural, social, or religious norms that prolonged grief disorder is diagnosed.

IV. DSM Online Assessment Measures

The changes are available on the DSM website (DSM5.org) [Online Assessment Measures page](#).

IV.A LEVEL 2—Mania—Altman Self-Rating Mania Scale [ASRM])

- LEVEL 2—Mania—Adult (Altman Self-Rating Mania Scale [ASRM])
- LEVEL 2—Mania—Child Age 11–17 (Altman Self-Rating Mania Scale [ASRM])
- LEVEL 2—Mania—Parent/Guardian of Child Age 6–17 (adapted from the Altman Self-Rating Mania Scale [ASRM])

Correct the 5-point scale to be consistent with the Altman Mania scale (i.e., 0 to 4) rather than (1-5).

IV.B Alternative Versions of the Cultural Formulation Interview (Military version)

Added an Alternative Version of the core CFI for Active-Duty Members, Veterans, and their Families to the online Assessment measures page.

V. DSM-5-TR Excerpts: Coding Changes

DSM-5-TR Classification

Feeding and Eating Disorders

The following specifiers apply to Feeding and Eating Disorders where indicated:

^a*Specify* if: In remission

^b*Specify* if: ~~In partial remission, In full remission~~

^c*Specify* current severity: ~~Mild, Moderate, Severe, Extreme~~

____.____ Pica^a
F98.3 In children, and adolescents
F50.893 In adults
~~**F98.21**~~ Rumination Disorder^a
~~**F98.21**~~ ~~In infants, children and adolescents~~
~~**F50.84**~~ ~~In adults~~

F50.82 Avoidant/Restrictive Food Intake Disorder^a

____.____ Anorexia Nervosa^{b,c}

Specify whether:

~~**F50.01**~~ ____ Restricting type
~~**F50.010**~~ Mild
~~**F50.011**~~ Moderate
~~**F50.012**~~ Severe
~~**F50.013**~~ Extreme
~~**F50.014**~~ In partial remission
~~**F50.014**~~ In full remission
~~**F50.019**~~ Unspecified

~~**F50.02**~~ ____ Binge-eating/purging type

~~**F50.020**~~ Mild
~~**F50.021**~~ Moderate
~~**F50.022**~~ Severe
~~**F50.023**~~ Extreme
~~**F50.024**~~ In partial remission
~~**F50.024**~~ In full remission
~~**F50.029**~~ Unspecified

~~**F50.2**~~ ____ Bulimia Nervosa^{b,c}

~~**F50.21**~~ Mild
~~**F50.22**~~ Moderate
~~**F50.23**~~ Severe
~~**F50.24**~~ Extreme
~~**F50.25**~~ In partial remission
~~**F50.25**~~ In full remission
~~**F50.20**~~ Unspecified

~~F50.81~~ Binge-Eating Disorder^{b,e}

~~F50.810~~ Mild

~~F50.811~~ Moderate

~~F50.812~~ Severe

~~F50.813~~ Extreme

~~F50.814~~ In partial remission

~~F50.814~~ In full remission

~~F50.819~~ Unspecified

F50.89 Other Specified Feeding or Eating Disorder

F50.9 Unspecified Feeding or Eating Disorder

Other Conditions That May Be a Focus of Clinical Attention

Z59.71 Insufficient Social or Health Insurance ~~or Welfare Support~~

Z59.72 Insufficient Welfare Support

DSM-5-TR Criteria Sets

Pica

Diagnostic Criteria

[unchanged criteria omitted for ease of reference]

Coding note: The ICD-10-CM codes for pica are **F98.3** in children and adolescents and **F50.89** **F50.83** in adults.

Specify if:

In remission: After full criteria for pica were previously met, the criteria have not been met for a sustained period of time.

Rumination Disorder

Diagnostic Criteria

~~**F98.21**~~

[unchanged criteria omitted for ease of reference]

Coding note: The ICD-10-CM codes for rumination disorder are **F98.21** in infants, children, and adolescents and **F50.84** in adults.

Specify if:

In remission: After full criteria for rumination disorder were previously met, the criteria have not been met for a sustained period of time.

Anorexia Nervosa

Diagnostic Criteria

[unchanged criteria omitted for ease of reference]

~~**Coding note:** The ICD-10-CM code depends on the subtype (see below).~~

Specify whether:

~~**F50.01 Restricting type:** During the last 3 months, the individual has not engaged in recurrent episodes of binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas). This subtype describes presentations in which weight loss is accomplished primarily through dieting, fasting, and/or excessive exercise.~~

F50.02 Binge-eating/purging type: During the last 3 months, the individual has engaged in recurrent episodes of binge-eating or purging behavior (i.e., self-induced vomiting or the misuse of laxatives, diuretics, or enemas).

If not current, specify if:

In partial remission: After full criteria for anorexia nervosa were previously met, Criterion A (low body weight) has not been met for a sustained period, but either Criterion B (intense fear of gaining weight or becoming fat or behavior that interferes with weight gain) or Criterion C (disturbances in self-perception of weight and shape) is still met.

In full remission: After full criteria for anorexia nervosa were previously met, none of the criteria have been met for a sustained period of time.

Specify current severity:

The minimum level of severity is based, for adults, on current body mass index (BMI) (see below) or, for children and adolescents, on BMI percentile. The ranges below are derived from World Health Organization categories for thinness in adults; for children and adolescents, corresponding BMI percentiles should be used. The level of severity may be increased to reflect clinical symptoms, the degree of functional disability, and the need for supervision.

Mild: BMI \geq 17 kg/m².

Moderate: BMI 16–16.99 kg/m².

Severe: BMI 15–15.99 kg/m².

Extreme: BMI < 15 kg/m².

Coding note: The ICD-10-CM code depends on the subtype and the current severity/remission status (see below).

Restricting type	Binge-eating/purging type
F50.010 Mild	F50.020 Mild
F50.011 Moderate	F50.021 Moderate
F50.012 Severe	F50.022 Severe
F50.013 Extreme	F50.023 Extreme
F50.014 In partial remission	F50.024 In partial remission
F50.014 In full remission	F50.024 In full remission
F50.019 Unspecified	F50.029 Unspecified

Bulimia Nervosa

Diagnostic Criteria

F50.2

[unchanged criteria omitted for ease of reference]

Coding note: The ICD-10-CM code depends on the current severity/remission status specifier (see below). Code **F50.20** when current severity/remission status of bulimia nervosa is not specified.

If not current, Specify if:

F50.25 In partial remission: After full criteria for bulimia nervosa were previously met, some, but not all, of the criteria have been met for a sustained period of time.

F50.25 In full remission: After full criteria for bulimia nervosa were previously met, none of the criteria have been met for a sustained period of time.

Specify current severity:

The minimum level of severity is based on the frequency of inappropriate compensatory behaviors (see below). The level of severity may be increased to reflect other symptoms and the degree of functional disability.

F50.21 Mild: An average of 1–3 episodes of inappropriate compensatory behaviors per week.

F50.22 Moderate: An average of 4–7 episodes of inappropriate compensatory behaviors per week.

F50.23 Severe: An average of 8–13 episodes of inappropriate compensatory behaviors per week.

F50.24 Extreme: An average of 14 or more episodes of inappropriate compensatory behaviors per week.

F50.20 Unspecified

Binge-Eating Disorder

Diagnostic Criteria

~~F50.81~~

[unchanged criteria omitted for ease of reference]

Coding note: The ICD-10-CM code depends on the current severity/remission status specifier (see below). Code **F50.819** if the current severity/remission status of binge-eating disorder is not specified

If not current, specify if:

F50.814 In partial remission: After full criteria for binge-eating disorder were previously met, binge eating occurs at an average frequency of less than one episode per week for a sustained period of time.

F50.814 In full remission: After full criteria for binge-eating disorder were previously met, none of the criteria have been met for a sustained period of time.

Specify current severity:

The minimum level of severity is based on the frequency of episodes of binge eating (see below). The level of severity may be increased to reflect other symptoms and the degree of functional disability.

F50.810 Mild: 1–3 binge-eating episodes per week.

F50.811 Moderate: 4–7 binge-eating episodes per week.

F50.812 Severe: 8–13 binge-eating episodes per week.

F50.813 Extreme: 14 or more binge-eating episodes per week.

F50.819 Unspecified

Section II: Other Conditions That May Be a Focus of Clinical Attention

Z59.71 Insufficient Health Insurance

This category should be used when insufficient health insurance has an impact on the individual's treatment or prognosis.

Z59.72 Insufficient Welfare Support

This category should be used when insufficient welfare support has an impact on the individual's treatment or prognosis.

DSM-5-TR Alphabetical Listing (Appendix)

	Anorexia nervosa
F50.02	Binge-eating/purging type
F50.024	In full remission
F50.024	In partial remission
F50.023	Extreme
F50.020	Mild
F50.021	Moderate
F50.022	Severe
F50.029	Unspecified
F50.01	Restricting type
F50.014	In full remission
F50.014	In partial remission
F50.013	Extreme
F50.010	Mild
F50.011	Moderate
F50.012	Severe

F50.019	Unspecified
F50.81	Binge-eating disorder
F50.814	In full remission
F50.814	In partial remission
F50.813	Extreme
F50.810	Mild
F50.811	Moderate
F50.812	Severe
F50.819	Unspecified
F50.2	Bulimia nervosa
F50.25	In full remission
F50.25	In partial remission
F50.24	Extreme
F50.21	Mild
F50.22	Moderate
F50.23	Severe
F50.20	Unspecified
Z59.71	Insufficient social or health insurance or welfare support
Z59.72	Insufficient welfare support
	Pica
F50.893	In adults
F98.3	In children and adolescents
F98.21	Rumination disorder
F50.84	In adults
F98.21	In infants, children, and adolescents

DSM-5-TR Numerical Listing (Appendix)

F50.010	Anorexia nervosa, Restricting type, Mild
F50.011	Anorexia nervosa, Restricting type, Moderate
F50.012	Anorexia nervosa, Restricting type, Severe
F50.013	Anorexia nervosa, Restricting type, Extreme
F50.014	Anorexia nervosa, Restricting type, In full remission
F50.014	Anorexia nervosa, Restricting type, In partial remission
F50.019	Anorexia nervosa, Restricting type, Unspecified
F50.020	Anorexia nervosa, Binge-eating/purging type, Mild

- F50.021 Anorexia nervosa, Binge-eating/purging type, Moderate
- F50.022 Anorexia nervosa, Binge-eating/purging type, Severe
- F50.023 Anorexia nervosa, Binge-eating/purging type, Extreme
- F50.024 Anorexia nervosa, Binge-eating/purging type, In full remission
- F50.024 Anorexia nervosa, Binge-eating/purging type, In partial remission
- F50.029 Anorexia nervosa, Binge-eating/purging type, Unspecified
- F50.20 Bulimia nervosa, Unspecified
- F50.21 Bulimia nervosa, Mild
- F50.22 Bulimia nervosa, Moderate
- F50.23 Bulimia nervosa, Severe
- F50.24 Bulimia nervosa, Extreme
- F50.25 Bulimia nervosa, In full remission
- F50.25 Bulimia nervosa, In partial remission
- F50.810 Binge-eating disorder, Mild
- F50.811 Binge-eating disorder, Moderate
- F50.812 Binge-eating disorder, Severe
- F50.813 Binge-eating disorder, Extreme
- F50.814 Binge-eating disorder, In full remission
- F50.814 Binge-eating disorder, In partial remission
- F50.819 Binge-eating disorder, Unspecified
- F50.893 Pica, in adults
- F50.84 Rumination disorder, in adults
- F98.21 Rumination disorder, in infants, children, and adolescents
- F98.3 Pica, in children and adolescents
- Z59.71 Insufficient social or health insurance ~~or welfare support~~
- Z59.72 Insufficient welfare support

VI. Listing of ICD-10-CM Coding Updates in DSM-5-TR – Effective October 1, 2024

Listing of DSM-5-TR Diagnoses and Updated ICD-10-CM Codes		
Disorder/ Condition	ICD-10-CM Code through September 30, 2024	ICD-10-CM Code beginning October 1, 2024
Pica in adults	F50.89	F50.83
Rumination disorder in adults	Not available	F50.84
Anorexia nervosa, restricting type	F50.01	See replacement codes below
Anorexia nervosa, restricting type, mild	Not available	F50.010
Anorexia nervosa, restricting type, moderate	Not available	F50.011
Anorexia nervosa, restricting type, severe	Not available	F50.012
Anorexia nervosa, restricting type, extreme	Not available	F50.013
Anorexia nervosa, restricting type, in partial remission	Not available	F50.014
Anorexia nervosa, restricting type, in full remission	Not available	F50.014
Anorexia nervosa, restricting type, unspecified	Not available	F50.019
Anorexia nervosa, binge eating/purging type	F50.02	See replacement codes below
Anorexia nervosa, binge eating/purging type, mild	Not available	F50.020
Anorexia nervosa, binge eating/purging type, moderate	Not available	F50.021
Anorexia nervosa, binge eating/purging type, severe	Not available	F50.022
Anorexia nervosa, binge eating/purging type, extreme	Not available	F50.023
Anorexia nervosa, binge eating/purging type, in partial remission	Not available	F50.024
Anorexia nervosa, binge eating/purging type, in full remission	Not available	F50.024
Anorexia nervosa, binge eating/purging type, unspecified	Not available	F50.029
Bulimia nervosa	F50.2	See replacement codes below
Bulimia nervosa, mild	Not available	F50.21
Bulimia nervosa, moderate	Not available	F50.22
Bulimia nervosa, severe	Not available	F50.23
Bulimia nervosa, extreme	Not available	F50.24
Bulimia nervosa, in partial remission	Not available	F50.25
Bulimia nervosa, in full remission	Not available	F50.25
Bulimia nervosa, unspecified	Not available	F50.20
Binge eating disorder	F50.81	See replacement codes below
Binge eating disorder, mild	Not available	F50.810
Binge eating disorder, moderate	Not available	F50.811
Binge eating disorder, severe	Not available	F50.812
Binge eating disorder, extreme	Not available	F50.813
Binge eating disorder, in partial remission	Not available	F50.814
Binge eating disorder, in full remission	Not available	F50.814

Binge eating disorder, unspecified	Not available	F50.819
Insufficient health insurance coverage	Z59.7	Z59.71
Insufficient welfare support	Z59.7	Z59.72

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I. Coding Updates:

I.A Parkinson's Disease, Coding Change

The ICD-10-CM code for Parkinson's disease has changed from **G20** to **G20.C**, reflecting a change to the ICD-10-CM code that takes effect on October 1, 2023. Note that G20.C is the code for *Parkinson's disease, unspecified*. Additional codes are also newly available to indicate the presence or absence of dyskinesia, with or without fluctuations, which do not appear in DSM-5-TR.

The ICD-10-CM code for Parkinson's disease (*in the DSM-5-TR Classification [Major or Mild Neurocognitive Disorder Due to Parkinson's Disease], the Neurocognitive Disorders chapter [1] coding table, "Parkinson's disease, probably due to"; and 2) criteria set for Major or Mild Neurocognitive Disorder Due to Parkinson's Disease], Alphabetical Listing and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes of DSM-5-TR Diagnoses and ICD-10-CM Codes [all listings for "Major neurocognitive disorder probably due to Parkinson's disease" and "Mild neurocognitive disorder probably due to Parkinson's disease"]*) is revised as follows:

Parkinson's disease— Original code: **G20**

Parkinson's disease— Updated code: **G20.C**

I.B Inadequate Housing, Coding Change

The ICD-10-CM code for Inadequate Housing (*in the DSM-5-TR Classification [Other Conditions That May Be a Focus of Clinical Attention, "Housing Problems"], the Other Conditions That May Be a Focus of Clinical Attention chapter ["Housing Problems"], Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) is revised as follows:

Inadequate Housing – Original code: **Z59.1**

Inadequate Housing – Updated code: **Z59.10**

II. Text Updates

II.A Delusional Disorder, Differential Diagnosis: pp. 107-108

Reason for change: To clarify the boundary between delusional disorder and psychotic versions of some of the Obsessive-Compulsive and Related Disorders (e.g., body dysmorphic disorder with absent insight/delusional beliefs).

Original text:

Obsessive-compulsive and related disorders. If an individual with obsessive-compulsive disorder is completely convinced that his or her obsessive-compulsive disorder beliefs are true, then the diagnosis of obsessive-compulsive disorder, with absent insight/delusional beliefs specifier, should be given rather than a diagnosis of delusional disorder. Similarly, if an individual with body dysmorphic disorder is completely convinced that his or her body dysmorphic disorder beliefs are true, then the diagnosis of body dysmorphic disorder, with absent insight/delusional beliefs specifier, should be given rather than a diagnosis of delusional disorder.

Revised text:

Obsessive-compulsive and related disorders. If an individual with obsessive-compulsive disorder, body dysmorphic disorder, or hoarding disorder is completely convinced that his or her obsessive-compulsive and related disorder beliefs are true, then the diagnosis is obsessive-compulsive disorder, body dysmorphic disorder, or hoarding disorder, respectively, “with absent insight/delusional beliefs” specifier, rather than delusional disorder.

II.B Schizophrenia, Differential Diagnosis: p. 120

Reason for change: To clarify the boundary between schizophrenia and psychotic versions of some of the Obsessive-Compulsive and Related Disorders.

Original text:

Obsessive-compulsive disorder and body dysmorphic disorder. Individuals with obsessive-compulsive disorder and body dysmorphic disorder may present with poor or absent insight, and the preoccupations may reach delusional proportions. But these disorders are distinguished from schizophrenia by their prominent obsessions, compulsions, preoccupations with appearance or body odor, hoarding, or body-focused repetitive behaviors.

Revised text:

Obsessive compulsive and related disorders with poor or absent insight: When individuals are completely convinced that their obsessive-compulsive beliefs, body dysmorphic disorder beliefs (e.g., defective physical appearance), or hoarding disorder beliefs (e.g., catastrophic consequences of discarding objects) are true, the specifier “with absent insight/delusional beliefs” applies. These disorders are distinguished from schizophrenia by the absence of the other required psychotic features

(hallucinations, disorganized speech, disorganized or catatonic behavior, negative symptoms). Another important differentiating feature between schizophrenia and these disorders is that the latter are characterized by prominent obsessions or preoccupations and the compulsive (repetitive) behaviors that occur in response.

II.C Conduct Disorder, Differential Diagnosis, p. 537

Reason for change: To align the differential diagnosis text for conduct disorder to be consistent with Criterion E of adjustment disorders.

Original text:

Adjustment disorders. The diagnosis of an adjustment disorder (with disturbance of conduct or with mixed disturbance of emotions and conduct) should be considered if clinically significant conduct problems that do not meet the criteria for another specific disorder develop in clear association with the onset of a psychosocial stressor and **do not** resolve within 6 months of the termination of the stressor (or its consequences). Conduct disorder is diagnosed only when the conduct problems represent a repetitive and persistent pattern that is associated with impairment in social, academic, or occupational functioning.

Revised text:

Adjustment disorders. The diagnosis of an adjustment disorder (with disturbance of conduct or with mixed disturbance of emotions and conduct) should be considered if clinically significant conduct problems that do not meet the criteria for another specific disorder develop in clear association with the onset of a psychosocial stressor and resolve within 6 months of the termination of the stressor (or its consequences). Conduct disorder is diagnosed only when the conduct problems represent a repetitive and persistent pattern that is associated with impairment in social, academic, or occupational functioning.

III. Listing of ICD-10-CM Coding Updates in DSM-5-TR - 2023

Listing of DSM-5-TR Diagnoses and New ICD-10-CM Codes		
	Previous Codes	Current Codes
Parkinson's Disease	G20	G20.C
Inadequate Housing	Z59.1	Z59.10

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I. Use of the Manual

I.A Subtypes and Specifiers (Text Update)

Due to coding updates in the [Neurocognitive Disorders](#) chapter listed below, the coding example in the Subtypes and Specifiers section was revised as follows:

Original: “~~(e.g., “0” in the fifth character in the F02.80 diagnostic code for major neurocognitive disorder due to Alzheimer’s disease, to indicate the absence of a behavioral disturbance versus a “1” in the fifth character of the F02.81 diagnostic code for major neurocognitive disorder due to Alzheimer’s disease to indicate the presence of a behavioral disturbance)~~”

Updated: “(e.g., “0” in the fifth character in the F06.70 diagnostic code for mild neurocognitive disorder due to traumatic brain injury, to indicate the absence of a behavioral disturbance versus a “1” in the fifth character of the F06.71 diagnostic code for mild neurocognitive disorder due to traumatic brain injury to indicate the presence of a behavioral disturbance)”

II. Schizophrenia Spectrum and Other Psychotic Disorders

II.A Catatonic Disorder Due to Another Medical Condition (Coding Update to ICD-10-CM Medical Codes Used as Examples)

The ICD-10-CM code for Hepatic Encephalopathy (listed under *Catatonic Disorder Due to Another Medical Condition*) was revised as follows:

Coding note: The code for hepatic encephalopathy was revised as follows:

Hepatic Encephalopathy - Original code (valid through September 30, 2022): **K72.90**

Hepatic Encephalopathy - Updated code (Valid on October 1, 2022): **K76.82**

III. Bipolar and Related Disorders

III.A Bipolar I: Major Depressive Episode, Criterion A9 (Criteria Update)

III.B Bipolar II: Major Depressive Episode, Criterion A9 (Criteria Update)

III.C Bipolar Specifiers, Manic or hypomanic episode, with mixed features, Criterion A6 (Criteria Update)

In the criteria of three disorders listed above, the term “commit suicide” was replaced with more sensitive and less stigmatizing language

Original: “Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, ~~or a suicide attempt or a specific plan for committing suicide.~~”

Updated: “Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, **a specific suicide plan, or a suicide attempt**”

IV. Depressive Disorders

IV.A Major Depressive Disorder

IV.A.1 Major Depressive Disorder, Criterion A.9 (Criteria Update)

The term “commit suicide” was replaced with more sensitive and less stigmatizing language

Original: “Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, ~~or a suicide attempt or a specific plan for committing suicide.~~”

Updated: “Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, **a specific suicide plan, or a suicide attempt**”

IV.A.2 Major Depressive Disorder (Text Update)

Prolonged grief disorder was added as a new entry in the differential diagnosis for Major Depressive Disorder

Prolonged grief disorder. Prolonged grief disorder is a persistent pervasive grief response that continues to cause clinically significant distress or impairment for more than 12 months after the death of someone close. It can be differentiated from a major depressive episode not only by the requirement for intense yearning or longing for, or preoccupation with, the deceased, but also by the requirement that the other symptoms such as emotional pain (e.g., anger, bitterness, sorrow), marked reduction in emotional experiences, feeling that life is meaningless, and difficulty reintegrating socially or feeling engaged in ongoing activities be judged to result from the significant interpersonal loss. By contrast, in a major depressive episode, there is a more generalized depressed mood that is not specifically related to the loss. It should be noted that both prolonged grief disorder and major depressive disorder should be diagnosed if criteria for both are met.

V. Trauma and Stressor-Related Disorders

V.A Prolonged Grief Disorder (Coding Update to ICD-10-CM Disorder Code)

The ICD-10-CM code for Prolonged Grief Disorder (*on DSM-5-TR Classification, the Disorder page, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

Prolonged Grief Disorder - Original code (valid through September 30, 2022): **F43.8**

Prolonged Grief Disorder - Updated code (Valid on October 1, 2022): **F43.81**

V.B Other Specified Trauma- and Stressor-Related Disorder (Coding Update to ICD-10-CM Disorder Code)

The ICD-10-CM code for Other Specified Trauma- and Stressor-Related Disorder (*in the DSM-5-TR Classification, the Disorder page, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

Other Specified Trauma- and Stressor-Related Disorder - Original code (valid through September 30, 2022): ~~F43.8~~

Other Specified Trauma- and Stressor-Related Disorder - Updated code (Valid on October 1, 2022): **F43.89**

VI. Substance-Related and Addictive Disorders

VI.A Opioid-Induced Anxiety Disorder (Coding Update to ICD-10-CM Disorder Code)

Codes to be corrected are found in the DSM-5-TR Classification. (ICD-10-CM codes are correctly listed in all other places where this disorder appears in the manual.)

____.____ Opioid-Induced Anxiety Disorders

~~F11.180~~ **F11.188** With mild use disorder

~~F11.280~~ **F11.288** With moderate or severe use disorder

~~F11.980~~ **F11.988** Without use disorder

VII. Neurocognitive Disorders

VII.A Chapter Introduction (Text Update)

The following text will be added to the chapter introduction before “Neurocognitive Domains” section:

For major and mild NCDs, the diagnostic criteria for several of the etiological subtypes allow for the designation of the degree of certainty regarding the possible presence of the medical conditions, as well the strength of the causal connection between the medical condition and the NCD. For NCD due to Alzheimer’s disease, frontotemporal NCD, and NCD with Lewy bodies, establishing whether these medical conditions are present in the individual can be extremely challenging, and sometimes the etiology can only be firmly established postmortem; for these subtypes, the probable/possible designation precedes the name of the medical condition (e.g., mild NCD due to possible Alzheimer’s disease, major NCD due to probable frontotemporal degeneration). Because the diagnostic criteria for vascular NCD and NCD due to Parkinson’s disease require clear evidence of the presence of vascular disease or Parkinson’s disease, respectively, for those subtypes the uncertainty is about the causal connection between the medical condition and the NCD. For those subtypes, the designations “probably due to” and “possibly due to” apply.

VII.B Delirium (Coding Update to ICD-10-CM Medical Codes Used as Examples)

The ICD-10-CM code for Hepatic Encephalopathy (listed coding note for delirium) was revised as follows:

Coding note: The code for hepatic encephalopathy was revised as follows (occurs in two places):

Hepatic Encephalopathy - Original code (valid through September 30, 2022): ~~K72.90~~

Hepatic Encephalopathy - Updated code (Valid on October 1, 2022): **K76.82**

VII.C Other Specified Delirium (Coding Update to ICD-10-CM Disorder Code)

The ICD-10-CM code for Other Specified Delirium (*in the DSM-5-TR Classification, the Disorder page, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

Other Specified Delirium - Original code: ~~R41.0~~

Other Specified Delirium - Updated code: **F05**

VII.D Unspecified Delirium (Coding Update to ICD-10-CM Disorder Code)

The ICD-10-CM code for Unspecified Delirium (*in the DSM-5-TR Classification, the Disorder page, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

Unspecified Delirium - Original code: ~~R41.0~~

Unspecified Delirium - Updated code: **F05**

VII.E Major Neurocognitive Disorder (Criteria Update – Specifiers, Coding Update to ICD-10-CM Disorder Code)

Effective October 1, 2022, the new ICD-10-CM coding scheme summarized below replaces the current coding approach for major and mild neurocognitive disorders.

For major neurocognitive disorders, F01, F02, or F03 is used depending on the medical etiology, as shown in the table below. The severity specifiers mild, moderate, and severe are now coded in the 4th character (A, B, or C, respectively) as listed below in green type:

Note: NCD subtypes listed in order of appearance in DSM-5-TR.					
Major NCD Due to Probable [Medical Etiology]	Major NCD Due to Possible [Medical Etiology]	Major NCD Due to Probable Vascular Disease	Major NCD Due to Possible Vascular Disease	Major NCD Due to [Medical Etiology]	Major NCD Due to Unknown Etiology
<i>Code first the etiological medical condition^a.</i>	<i>No medical code is needed^a.</i>	<i>No medical code is needed for vascular disease.</i>	<i>No medical code is needed for vascular disease.</i>	<i>Code first the etiological medical condition^b.</i>	<i>No medical code is needed</i>
<ul style="list-style-type: none"> • F02.A- Mild • F02.B- Moderate • F02.C- Severe 	<ul style="list-style-type: none"> • F03.A- Mild • F03.B- Moderate • F03.C- Severe 	<ul style="list-style-type: none"> • F01.A- Mild • F01.B- Moderate • F01.C- Severe 	<ul style="list-style-type: none"> • F03.A- Mild • F03.B- Moderate • F03.C- Severe 	<ul style="list-style-type: none"> • F02.A- Mild • F02.B- Moderate • F02.C- Severe 	<ul style="list-style-type: none"> • F03.A- Mild • F03.B- Moderate • F03.C- Severe
^a Probable and possible medical etiologies comprise the following (with etiological codes used only for the probable diagnoses): Alzheimer’s disease (<i>code first G30.9</i>), frontotemporal degeneration (<i>code first G31.09</i>), Lewy body disease (<i>code first G31.83</i>), Parkinson’s disease (<i>code first G20</i>). Probable and possible vascular disease are listed separately in the table.					
^b Medical etiologies comprise the following (with etiological codes): traumatic brain injury (<i>code first S06.2XAS</i>), HIV infection (<i>code first B20</i>), prion disease (<i>code first A81.9</i>), Huntington’s disease (<i>code first G10</i>), another medical condition (<i>code first the other medical condition</i>), and multiple etiologies (<i>code first all medical conditions that apply, with exception of vascular disease which does not receive a medical code</i>).					

Following the 4th character severity codes (A, B, C) noted above, individual 5th and 6th character codes for accompanying behavioral or psychological disturbances are then added according to the applicable specifier (e.g., major neurocognitive disorder with probable frontotemporal degeneration, severe, with agitation would be coded as **F02.C11**).

When more than one behavioral or psychological disturbance occurs, code each of the disturbances separately as if they were separate conditions. For example, for major neurocognitive disorder with probable Alzheimer’s disease, severe, accompanied by agitation, delusions, and depression, four codes are needed: **G30.9** Alzheimer’s disease; **F02.C11** (major NCD with probable Alzheimer’s disease, severe, with agitation), **F02.C2** (major NCD with probable Alzheimer’s disease, severe, with psychotic disturbance), and **F02.C3** (major NCD with probable Alzheimer’s disease, severe, with mood symptoms).

Original specifiers:

~~**Without behavioral disturbance:** If the cognitive disturbance is not accompanied by any clinically significant behavioral disturbance.~~

~~**With behavioral disturbance (specify disturbance):** If the cognitive disturbance is accompanied by a clinically significant behavioral disturbance (e.g., psychotic symptoms, mood disturbance, agitation, apathy, or other behavioral symptoms).~~

Updated specifiers:

Note: “x” in the 4th character of the codes below represents A, B, or C (for mild, moderate, or severe severity, respectively), as noted in the prior table above.

- .x11 With agitation:** If the cognitive disturbance is accompanied by clinically significant agitation.
- .x4 With anxiety:** If the cognitive disturbance is accompanied by clinically significant anxiety.
- .x3 With mood symptoms:** If the cognitive disturbance is accompanied by clinically significant mood symptoms (e.g., dysphoria, irritability, euphoria).
- .x2 With psychotic disturbance:** If the cognitive disturbance is accompanied by delusions or hallucinations.
- .x18 With other behavioral or psychological disturbance:** If the cognitive disturbance is accompanied by other clinically significant behavioral or psychological disturbance (e.g., apathy, aggression, disinhibition, disruptive behaviors or vocalizations, sleep or appetite/eating disturbance).
- .x0 Without accompanying behavioral or psychological disturbance:** If the cognitive disturbance is not accompanied by any clinically significant behavioral or psychological disturbance.

This table summarizes the new NCD coding approach, combining the components noted above. Note that x in the 4th character represents the severity codes A, B, or C. Finally, code any accompanying behavioral or psychological disturbance (fifth and sixth characters).

Note: NCD subtypes listed in order of appearance in DSM-5-TR.					
Major NCD Due to Probable [Medical Etiology]	Major NCD Due to Possible [Medical Etiology]	Major NCD Due to Probable Vascular Disease	Major NCD Due to Possible Vascular Disease	Major NCD Due to [Medical Etiology]	Major NCD Due to Unknown Etiology
<i>Code first the etiological medical condition^a.</i>	<i>No additional medical code.^a</i>	<i>No additional medical code for vascular disease.</i>	<i>No additional medical code for vascular disease.</i>	<i>Code first the etiological medical condition^b.</i>	<i>No additional medical code</i>
<ul style="list-style-type: none"> • F02.x11 With agitation • F02.x4 With anxiety • F02.x3 With mood symptoms • F02.x2 With psychotic disturbance • F02.x18 With other behavioral or psychological disturbance (e.g., apathy) • F02.x0 Without accompanying behavioral or psychological disturbance 	<ul style="list-style-type: none"> • F03.x11 With agitation • F03.x4 With anxiety • F03.x3 With mood symptoms • F03.x2 With psychotic disturbance • F03.x18 With other behavioral or psychological disturbance (e.g., apathy) • F03.x0 Without accompanying behavioral or psychological disturbance 	<ul style="list-style-type: none"> • F01.x11 With agitation • F01.x4 With anxiety • F01.x3 With mood symptoms • F01.x2 With psychotic disturbance • F01.x18 With other behavioral or psychological disturbance (e.g., apathy) • F01.x0 Without accompanying behavioral or psychological disturbance 	<ul style="list-style-type: none"> • F03.x11 With agitation • F03.x4 With anxiety • F03.x3 With mood symptoms • F03.x2 With psychotic disturbance • F03.x18 With other behavioral or psychological disturbance (e.g., apathy) • F03.x0 Without accompanying behavioral or psychological disturbance 	<ul style="list-style-type: none"> • F02.x11 With agitation • F02.x4 With anxiety • F02.x3 With mood symptoms • F02.x2 With psychotic disturbance • F02.x18 With other behavioral or psychological disturbance (e.g., apathy) • F02.x0 Without accompanying behavioral or psychological disturbance 	<ul style="list-style-type: none"> • F03.x11 With agitation • F03.x4 With anxiety • F03.x3 With mood symptoms • F03.x2 With psychotic disturbance • F03.x18 With other behavioral or psychological disturbance (e.g., apathy) • F03.x0 Without accompanying behavioral or psychological disturbance
<p>^aProbable and possible medical etiologies comprise the following (with etiological codes used only for the probable diagnoses): Alzheimer’s disease (<i>code first G30.9</i>), frontotemporal degeneration (<i>code first G31.09</i>), Lewy body disease (<i>code first G31.83</i>), Parkinson’s disease (<i>code first G20</i>). Probable and possible vascular disease are listed separately in the table.</p> <p>^bMedical etiologies comprise the following (with etiological codes): traumatic brain injury (<i>code first S06.2XAS</i>), HIV infection (<i>code first B20</i>), prion disease (<i>code first A81.9</i>), Huntington’s disease (<i>code first G10</i>), another medical condition (<i>code first the other medical condition</i>), and multiple etiologies (<i>code first all medical conditions that apply, with exception of vascular disease which does not receive a medical code</i>).</p> <p>Coding note: <i>When more than one behavioral or psychological disturbance occurs, code for each of the disturbances. For example, for major neurocognitive disorder with probable Alzheimer’s disease, severe, accompanied by agitation, delusions, and depression, four codes are needed: G30.9 Alzheimer’s disease; F02.C11 (major NCD, severe, with agitation), F02.C2 (major NCD, severe, with psychotic disturbance), and F02.C3 (major NCD, severe, with mood symptoms).</i></p>					

VII.F Mild Neurocognitive Disorders (Coding Update to ICD-10-CM Disorder Code)

In DSM-5-TR Classification, Mild Neurocognitive Disorder Coding and Recording Procedures, Mild Neurocognitive Disorder coding table, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes)

Coding note: Code based on medical or substance etiology. An additional code indicating the etiological medical condition must immediately precede the diagnostic code F06.7z for mild neurocognitive disorder due to a medical etiology. An additional code is not used for medical etiologies that are judged to be “possible” (i.e., mild NCD due to possible Alzheimer’s disease, due to possible frontotemporal degeneration, due to possible Lewy body disease, possibly due to vascular disease, possibly due to Parkinson’s disease). See coding table on pp. 682–683. For substance/medication-induced mild neurocognitive disorder, code based on type of substance; see “Substance/Medication-Induced Major or Mild Neurocognitive Disorder.” Note: G31.84 is used for mild neurocognitive disorder due to unknown etiology and for mild neurocognitive disorder due to a possible medical etiology (e.g., possible Alzheimer’s disease); no additional code for medical or substance etiology is used.

Mild NCD Due to Probable Etiology ^a , Mild NCD Due to [Medical Etiology] ^b	Mild NCD Due to Possible Etiology ^c , Mild NCD Due to Unknown Etiology
<i>Code first the etiological medical condition.</i>	<i>No additional medical code</i>
<ul style="list-style-type: none"> • F06.70 –Without behavioral disturbance • F06.71 –With behavioral disturbance 	<ul style="list-style-type: none"> • G31.84
<p>^aProbable medical etiologies comprise the following (with etiological codes): Alzheimer’s disease (<i>code first G30.9</i>), frontotemporal degeneration (<i>code first G31.09</i>), Lewy body disease (<i>code first G31.83</i>), vascular disease (<i>code first I67.9</i>), Parkinson’s disease (<i>code first G20</i>).</p> <p>^bMedical etiologies comprise the following (with etiological codes): traumatic brain injury (<i>code first S06.2XAS</i>), HIV infection (<i>code first B20</i>), prion disease (<i>code first A81.9</i>), Huntington’s disease (<i>code first G10</i>), another medical condition (<i>code first the other medical condition</i>), and multiple etiologies (<i>code first all medical conditions that apply</i>).</p> <p>^cPossible medical etiologies comprise the following (no additional medical code): Alzheimer’s disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson’s disease.</p>	

VII.G Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury (Coding Update to ICD-10-CM Medical Codes Used as Examples)

The code for Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela (*in DSM-5-TR Classification, Major Neurocognitive Disorder, Coding and Recording Procedures, Major and Mild Neurocognitive Disorders coding table, Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised in DSM-5-TR as follows:

Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela – Original code (valid through September 30, 2022): ~~S06.2X9S~~

Diffuse traumatic brain injury with loss of consciousness of unspecified duration, sequela – Original code (Valid on October 1, 2022): **S06.2XAS**

VII.H Major or Mild Neurocognitive Disorder Due to Unknown Etiology (Newly Added Disorder)

This new diagnosis, major or mild neurocognitive disorder due to unknown etiology, will be added after major or mild neurocognitive disorder due to multiple etiologies.

Diagnostic Criteria:

- A. The criteria are met for major or mild neurocognitive disorder.
- B. There is evidence from the history, physical examination, or laboratory findings that suggest the neurocognitive disorder is the pathophysiological consequence of a presumed medical condition, a combination of medical conditions, or a combination of medical conditions and substances or medications, but there is insufficient information to establish a specific cause.
- C. The cognitive deficits are not better explained by another mental disorder or substance/medication-induced neurocognitive disorder and do not occur exclusively during the course of a delirium.

Coding note (see coding table on pp. 682–683): For major neurocognitive disorder (NCD) due to unknown etiology: 1) code first **F03** (there is no additional medical code). 2) Next, code the current severity of the cognitive disturbance (mild, moderate, severe) and 3) whether or not there is an accompanying behavioral or psychological disturbance. For example, for major NCD due to unknown etiology, moderate, with psychotic disturbance, the ICD-10-CM code is **F03.B2**. For major NCD with multiple clinically significant behavioral and psychological disturbances, multiple ICD-10-CM codes are needed. For example, major NCD with unknown etiology, severe, accompanied by agitation, delusions, and depression, three codes are needed: **F03.C11** (with agitation); **F03.C2** (with psychotic disturbance); and **F03.C3** (with mood symptoms).

For mild NCD due to unknown etiology, code **G31.84**. (**Note:** “With behavioral disturbance” and “Without behavioral disturbance” cannot be coded but should still be recorded.)

This category is included to cover the clinical presentation of a major or mild neurocognitive disorder for which there is evidence from the history, physical examination, or laboratory findings suggestive of a medical etiology or a medical etiology in combination with use of a substance or medication, but there is insufficient information to establish a specific cause.

VII.I Unspecified Neurocognitive Disorder (Change in the Disorder Definition)

Unspecified neurocognitive disorder description was modified following the addition of “Major or Mild Neurocognitive Disorder Due to Unknown Etiology”:

This category applies to presentations in which symptoms characteristic of a neurocognitive disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for any of the disorders in the neurocognitive disorders diagnostic class. ~~The unspecified neurocognitive disorder category is used in situations in which the precise etiology cannot be determined with sufficient certainty to make an etiological attribution.~~

~~Coding note: For unspecified major or mild neurocognitive disorder, code R41.9. (Note: Do not use additional codes for any presumed etiological medical conditions.) “With behavioral disturbance” and “without behavioral disturbance” cannot be coded but should still be recorded.)~~

VIII. Other Conditions That May Be a Focus of Clinical Attention

VIII.A Current Suicidal Behavior, Initial and Subsequent Encounters (Coding Update to ICD-10-CM Condition Code)

For T codes only, the 6th 7th character should be coded as follows:

The code for Current Suicidal Behavior, **Initial encounter** (*in DSM-5-TR Classification, Other Conditions That May Be a Focus of Clinical Attention, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

Current Suicidal Behavior, Initial encounter – As appears in DSM-5-TR: **T14.91A**

Current Suicidal Behavior, Initial encounter – Corrected code (Valid IMMEDIATELY):
T14.91XA

The code for Current Suicidal Behavior, **Subsequent encounter** (*in DSM-5-TR Classification, Other Conditions That May Be a Focus of Clinical Attention, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

Current Suicidal Behavior, Subsequent encounter – As appears in DSM-5-TR: **T14.91D**

Current Suicidal Behavior, Subsequent encounter – Corrected code (Valid IMMEDIATELY): **T14.91XD**

VIII.B Nonadherence to Medical Treatment (Coding Update to ICD-10-CM Condition Code)

The code for Nonadherence to medical treatment (*in DSM-5-TR Classification, Other Conditions That May Be a Focus of Clinical Attention, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised in DSM-5-TR as follows:

Nonadherence to Medical Treatment – Original code (valid through September 30, 2022): **Z91.19**

Nonadherence to Medical Treatment- Updated code (Valid on October 1, 2022):
Z91.199

VIII.C Impairing Emotional Outbursts (Newly Added Condition)

Impairing Emotional Outbursts is being added to *DSM-5-TR Classification, Other Conditions That May Be a Focus of Clinical Attention, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*:

R45.89 Impairing Emotional Outbursts

This category may be used when the focus of clinical attention is displays of anger or distress manifested verbally (e.g., verbal rages, uncontrolled crying) and/or behaviorally (e.g., physical aggression toward people, property, or self) that lead to significant functional impairment. In addition to occurring in the context of a number of different mental disorders (e.g., attention-deficit/hyperactivity disorder, autism spectrum disorder, oppositional defiant disorder, generalized anxiety disorder, posttraumatic stress disorder, mood and psychotic disorders) they can also occur independently of other conditions, as is often the case in young children.

IX. Assessment Measures

IX.A World Health Organization Disability Assessment Schedule 2.0 (Text Update)

A broken link in the WHODAS 2.0 Scoring Instructions provided by WHO on p. 854 and in the Online Assessment Measures was replaced.

CURRENT: “**WHODAS 2.0 population norms**. For the population norms for IRT-based scoring of the WHODAS 2.0 and for the population distribution of IRT-based scores for WHODAS 2.0, please see www.who.int/classifications/icf/Pop_norms_distrib_IRT_scores.pdf”

Correction: “**WHODAS 2.0 population norms**. For the population norms for IRT-based scoring of the WHODAS 2.0 and for the population distribution of IRT-based scores for WHODAS 2.0, see Table 6.1 and Figure 6.1 (p. 43) in the free online PDF manual published by the World Health Organization: “Measuring Health and Disability: Manual for WHO Disability Assessment Schedule (WHODAS 2.0),” June 2012.”

IX.B DSM-5-TR Parent/Guardian-Rated Level 1 Cross-Cutting Symptom Measure—Child Age 6–17 (Update to the Assessment Measure)

The term “commit suicide” was replaced with more sensitive and less stigmatizing language

Original: “24. In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself ~~or about wanting to commit suicide?~~”

Updated: “24. In the past TWO (2) WEEKS, has he/she talked about wanting to kill himself/herself **or about wanting to end their life?**”

IX.C DSM-5-TR Self-Rated Level 1 Cross-Cutting Symptom Measure— Child Age 11–17 (Update to the Assessment Measure)

The term “commit suicide” was replaced with more sensitive and less stigmatizing language

Appears on the DSM website, Online Assessment Measures

Original: “24. In the last 2 weeks, have you thought about killing yourself ~~or committing suicide?~~”

Updated: “24. In the last 2 weeks, have you thought about killing yourself **or ending your life?**”

X. Conditions for Further Study

X.A Depressive Episodes With Short-Duration Hypomania (Section III): Criterion A9 (Criteria Update)

The term “commit suicide” was replaced with more sensitive and less stigmatizing language

Original: “Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, ~~or a suicide attempt or a specific plan for committing suicide.~~”

Updated: “Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, **a specific suicide plan, or a suicide attempt**”

X.B Suicidal Behavior Disorder (Removal of the Condition)

Update

The DSM Steering Committee and the APA’s Assembly and Board of Trustees approved the deletion of Suicidal Behavior Disorder from Section III “Conditions for Further Study.”

The decision was based on concerns that the proposed disorder did not meet the criteria for a mental disorder (required for inclusion in Section III) but constituted a behavior with diverse causes. Moreover, a history of a suicide attempt in the past two years did not necessarily indicate anything about a person’s current risk for suicide, limiting its clinical utility.

Additionally, the decision was influenced by the view of clinicians working to reduce the stigma of suicidal behavior that a diagnostic label based on a single past event could lead to discrimination against a person with a history of suicidal behavior. Lastly, the retention of suicidal behavior disorder in Section III was not necessary to stimulate further research on suicidality, an area that is an intense focus of research activity.

Impact

Suicidal Behavior Disorder has been deleted from Section III, located in “Conditions for Further Study.”

Notes

ICD-10-CM codes for suicidal behavior in the chapter “Other Conditions That May Be a Focus of Clinical Attention” will NOT be affected. They will remain in DSM-5-TR and are valid ICD-10-CM codes.

XI. Alphabetical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes

XI.A Food insecurity (Coding Update to DSM Disorder Code)

Code for correction is found in the Alphabetical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes. (*ICD-10-CM codes are correctly listed in all other places in the manual.*)

F59.41 Z59.41 Food insecurity

XII. DSM-5-TR Coding update table

XII.A Listing of DSM-5-TR Diagnoses and New ICD-10-CM Codes

Listing of DSM-5-TR Diagnoses and New ICD-10-CM Codes		
Disorder	ICD-10-CM Code through September 30, 2022	ICD-10-CM Code beginning October 1, 2022
Diffuse traumatic brain injury with loss of consciousness of unspecified duration, Sequela [Example under Major or Mild Neurocognitive Disorder Due to Traumatic Brain Injury]	S06.2X9S	S06.2XAS
Hepatic encephalopathy [Examples under Catatonic Disorder Due to Another Medical Condition and Delirium]	K72.90	K76.82
Impairing Emotional Outbursts [Condition newly added to DSM-5-TR]	Not applicable	R45.89
Other Specified Delirium	R41.0	F05
Unspecified Delirium	R41.0	F05
^{a,c} Major Neurocognitive Disorder Due to [Medical Etiology], With behavioral disturbance	F02.81	See replacement codes below
^{a,c} Major Neurocognitive Disorder Due to [Medical Etiology], Without behavioral disturbance (renamed Major neurocognitive disorder due to [Medical etiology], unspecified severity, without accompanying behavioral or psychological disturbance)	F02.80	F02.80
^a Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With agitation	Not available	F02.A11
^a Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With anxiety	Not available	F02.A4
^a Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With mood symptoms	Not available	F02.A3
^a Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With psychotic disturbance	Not available	F02.A2
^a Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With other behavioral or psychological disturbance	Not available	F02.A18
^a Major Neurocognitive Disorder Due to [Medical Etiology], Mild, Without accompanying behavioral or psychological disturbance	Not available	F02.A0

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (code first S06.2XAS), HIV infection (code first B20), prion disease (code first A81.9), Huntington's disease (code first G10), another medical condition (code first the other medical condition), and multiple etiologies (code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (code first G30.9), frontotemporal degeneration (code first G31.09), Lewy body disease (code first G31.83), Parkinson's disease (code first G20). If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.

^a Major Neurocognitive Disorder Due to [Medical Etiology], Moderate , With agitation	Not available	F02.B11
^a Major Neurocognitive Disorder Due to [Medical Etiology], Moderate , With anxiety	Not available	F02.B4
^a Major Neurocognitive Disorder Due to [Medical Etiology], Moderate , With mood symptoms	Not available	F02.B3
^a Major Neurocognitive Disorder Due to [Medical Etiology], Moderate , With psychotic disturbance	Not available	F02.B2
^a Major Neurocognitive Disorder Due to [Medical Etiology], Moderate , With other behavioral or psychological disturbance	Not available	F02.B18
^a Major Neurocognitive Disorder Due to [Medical Etiology], Moderate , Without accompanying behavioral or psychological disturbance	Not available	F02.B0
^a Major Neurocognitive Disorder Due to [Medical Etiology], Severe , With agitation	Not available	F02.C11
^a Major Neurocognitive Disorder Due to [Medical Etiology], Severe , With anxiety	Not available	F02.C4
^a Major Neurocognitive Disorder Due to [Medical Etiology], Severe , With mood symptoms	Not available	F02.C3
^a Major Neurocognitive Disorder Due to [Medical Etiology], Severe , With psychotic disturbance	Not available	F02.C2
^a Major Neurocognitive Disorder Due to [Medical Etiology], Severe , With other behavioral or psychological disturbance	Not available	F02.C18
^a Major Neurocognitive Disorder Due to [Medical Etiology], Severe , Without accompanying behavioral or psychological disturbance	Not available	F02.C0
^a Major Neurocognitive Disorder Due to [Medical Etiology], Unspecified severity , With agitation	Not available	F02.811
^a Major Neurocognitive Disorder Due to [Medical Etiology], Unspecified severity , With anxiety	Not available	F02.84
^a Major Neurocognitive Disorder Due to [Medical Etiology], Unspecified severity , With mood symptoms	Not available	F02.83
^a Major Neurocognitive Disorder Due to [Medical Etiology], Unspecified severity , With psychotic disturbance	Not available	F02.82
^a Major Neurocognitive Disorder Due to [Medical Etiology], Unspecified severity , With other behavioral or psychological disturbance	Not available	F02.818

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (*code first S06.2XAS*), HIV infection (*code first B20*), prion disease (*code first A81.9*), Huntington's disease (*code first G10*), another medical condition (*code first the other medical condition*), and multiple etiologies (*code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease*).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (*code first G30.9*), frontotemporal degeneration (*code first G31.09*), Lewy body disease (*code first G31.83*), Parkinson's disease (*code first G20*). *If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.*

^a Major Neurocognitive Disorder Due to [Medical Etiology], Unspecified severity, Without accompanying behavioral or psychological disturbance	F02.80	F02.80
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Mild, With agitation	Not available	F03.A11
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Mild, With anxiety	Not available	F03.A4
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Mild, With mood symptoms	Not available	F03.A3
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Mild, With psychotic disturbance	Not available	F03.A2
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Mild, With other behavioral or psychological disturbance	Not available	F03.A18
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Mild, Without accompanying behavioral or psychological disturbance	Not available	F03.A0
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Moderate, With agitation	Not available	F03.B11
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Moderate, With anxiety	Not available	F03.B4
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Moderate, With mood symptoms	Not available	F03.B3
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Moderate, With psychotic disturbance	Not available	F03.B2
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Moderate, With other behavioral or psychological disturbance	Not available	F03.B18
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Moderate, Without accompanying behavioral or psychological disturbance	Not available	F03.B0
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Severe, With agitation	Not available	F03.C11
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Severe, With anxiety	Not available	F03.C4
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Severe, With mood symptoms	Not available	F03.C3

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (code first **S06.2XAS**), HIV infection (code first **B20**), prion disease (code first **A81.9**), Huntington's disease (code first **G10**), another medical condition (code first the other medical condition), and multiple etiologies (code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first **I67.9** for vascular disease).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (code first **G30.9**), frontotemporal degeneration (code first **G31.09**), Lewy body disease (code first **G31.83**), Parkinson's disease (code first **G20**). If mild neurocognitive disorder due to probable vascular disease is present, code first **I67.9** for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.

^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Severe, With psychotic disturbance	Not available	F03.C2
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Severe, With other behavioral or psychological disturbance	Not available	F03.C18
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Severe, Without accompanying behavioral or psychological disturbance	Not available	F03.C0
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Unspecified severity, With agitation	Not available	F03.911
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Unspecified severity, With anxiety	Not available	F03.94
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Unspecified severity, With mood symptoms	Not available	F03.93
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Unspecified severity, With psychotic disturbance	Not available	F03.92
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Unspecified severity, With other behavioral or psychological disturbance	Not available	F03.918
^b Major Neurocognitive Disorder Due to Possible [Medical Etiology], Unspecified severity, Without accompanying behavioral or psychological disturbance	Not available	F03.90
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Mild, With agitation	Not available	F02.A11
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Mild, With anxiety	Not available	F02.A4
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Mild, With mood symptoms	Not available	F02.A3
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Mild, With psychotic disturbance	Not available	F02.A2
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Mild, With other behavioral or psychological disturbance	Not available	F02.A18
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Mild, Without accompanying behavioral or psychological disturbance	Not available	F02.A0
^c Major Neurocognitive Disorder Due to Probable [Medical Etiology], Moderate, With agitation	Not available	F02.B11

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (code first S06.2XAS), HIV infection (code first B20), prion disease (code first A81.9), Huntington's disease (code first G10), another medical condition (code first the other medical condition), and multiple etiologies (code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (code first G30.9), frontotemporal degeneration (code first G31.09), Lewy body disease (code first G31.83), Parkinson's disease (code first G20). If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.

Major Neurocognitive Disorder Due to Probable [Medical Etiology], Moderate, With anxiety	Not available	F02.B4
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Moderate, With mood symptoms	Not available	F02.B3
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Moderate, With psychotic disturbance	Not available	F02.B2
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Moderate, With other behavioral or psychological disturbance	Not available	F02.B18
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Moderate, Without accompanying behavioral or psychological disturbance	Not available	F02.B0
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Severe, With agitation	Not available	F02.C11
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Severe, With anxiety	Not available	F02.C4
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Severe, With mood symptoms	Not available	F02.C3
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Severe, With psychotic disturbance	Not available	F02.C2
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Severe, With other behavioral or psychological disturbance	Not available	F02.C18
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Severe, Without accompanying behavioral or psychological disturbance	Not available	F02.C0
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Unspecified severity, With agitation	Not available	F02.811
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Unspecified severity, With anxiety	Not available	F02.84
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Unspecified severity, With mood symptoms	Not available	F02.83
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Unspecified severity, With psychotic disturbance	Not available	F02.82
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Unspecified severity, With other behavioral or psychological disturbance	Not available	F02.818
Major Neurocognitive Disorder Due to Probable [Medical Etiology], Unspecified severity, Without accompanying behavioral or psychological disturbance	Not available	F02.80

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (code first S06.2XAS), HIV infection (code first B20), prion disease (code first A81.9), Huntington's disease (code first G10), another medical condition (code first the other medical condition), and multiple etiologies (code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (code first G30.9), frontotemporal degeneration (code first G31.09), Lewy body disease (code first G31.83), Parkinson's disease (code first G20). If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.

Major Neurocognitive Disorder Due to Vascular Disease, With behavioral disturbance	F01.51	See new F01 codes below
Major Neurocognitive Disorder Due to Probable Vascular Disease, Mild, With agitation	Not available	F01.A11
Major Neurocognitive Disorder Due to Probable Vascular Disease, Mild, With anxiety	Not available	F01.A4
Major Neurocognitive Disorder Due to Probable Vascular Disease, Mild, With mood symptoms	Not available	F01.A3
Major Neurocognitive Disorder Due to Probable Vascular Disease, Mild, With psychotic disturbance	Not available	F01.A2
Major Neurocognitive Disorder Due to Probable Vascular Disease, Mild, With other behavioral or psychological disturbance	Not available	F01.A18
Major Neurocognitive Disorder Due to Probable Vascular Disease, Mild, Without accompanying behavioral or psychological disturbance	Not available	F01.A0
Major Neurocognitive Disorder Due to Probable Vascular Disease, Moderate, With agitation	Not available	F01.B11
Major Neurocognitive Disorder Due to Probable Vascular Disease, Moderate, With anxiety	Not available	F01.B4
Major Neurocognitive Disorder Due to Probable Vascular Disease, Moderate, With mood symptoms	Not available	F01.B3
Major Neurocognitive Disorder Due to Probable Vascular Disease, Moderate, With psychotic disturbance	Not available	F01.B2
Major Neurocognitive Disorder Due to Probable Vascular Disease, Moderate, With other behavioral or psychological disturbance	Not available	F01.B18
Major Neurocognitive Disorder Due to Probable Vascular Disease, Moderate, Without other behavioral or psychological disturbance	Not available	F01.B0
Major Neurocognitive Disorder Due to Probable Vascular Disease, Severe, With agitation	Not available	F01.C11
Major Neurocognitive Disorder Due to Probable Vascular Disease, Severe, With anxiety	Not available	F01.C4
Major Neurocognitive Disorder Due to Probable Vascular Disease, Severe, With mood symptoms	Not available	F01.C3
Major Neurocognitive Disorder Due to Probable Vascular Disease, Severe, With psychotic disturbance	Not available	F01.C2

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (*code first S06.2XAS*), HIV infection (*code first B20*), prion disease (*code first A81.9*), Huntington's disease (*code first G10*), another medical condition (*code first the other medical condition*), and multiple etiologies (*code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease*).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (*code first G30.9*), frontotemporal degeneration (*code first G31.09*), Lewy body disease (*code first G31.83*), Parkinson's disease (*code first G20*). *If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.*

Major Neurocognitive Disorder Due to Probable Vascular Disease, Severe, With other behavioral or psychological disturbance	Not available	F01.C18
Major Neurocognitive Disorder Due to Probable Vascular Disease, Severe, Without accompanying behavioral or psychological disturbance	Not available	F01.C0
Major Neurocognitive Disorder Due to Probable Vascular Disease, Unspecified severity, With agitation	Not available	F01.511
Major Neurocognitive Disorder Due to Probable Vascular Disease, Unspecified severity, With anxiety	Not available	F01.54
Major Neurocognitive Disorder Due to Probable Vascular Disease, Unspecified severity, With mood symptoms	Not available	F01.53
Major Neurocognitive Disorder Due to Probable Vascular Disease, Unspecified severity, With psychotic disturbance	Not available	F01.52
Major Neurocognitive Disorder Due to Probable Vascular Disease, Unspecified severity, With other behavioral or psychological disturbance	Not available	F01.518
Major Neurocognitive Disorder Due to Probable Vascular Disease, Unspecified severity, Without accompanying behavioral or psychological disturbance	F01.50	F01.50
Major Neurocognitive Disorder Due to Unknown Etiology, Mild, With agitation	Not available	F03.A11
Major Neurocognitive Disorder Due to Unknown Etiology, Mild, With anxiety	Not available	F03.A4
Major Neurocognitive Disorder Due to Unknown Etiology, Mild, With mood symptoms	Not available	F03.A3
Major Neurocognitive Disorder Due to Unknown Etiology, Mild, With psychotic disturbance	Not available	F03.A2
Major Neurocognitive Disorder Due to Unknown Etiology, Mild, With other behavioral or psychological disturbance	Not available	F03.A18
Major Neurocognitive Disorder Due to Unknown Etiology, Mild, Without accompanying behavioral or psychological disturbance	Not available	F03.A0
Major Neurocognitive Disorder Due to Unknown Etiology, Moderate, With agitation	Not available	F03.B11
Major Neurocognitive Disorder Due to Unknown Etiology, Moderate, With anxiety	Not available	F03.B4

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (code first **S06.2XAS**), HIV infection (code first **B20**), prion disease (code first **A81.9**), Huntington's disease (code first **G10**), another medical condition (code first the other medical condition), and multiple etiologies (code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first **I67.9** for vascular disease).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (code first **G30.9**), frontotemporal degeneration (code first **G31.09**), Lewy body disease (code first **G31.83**), Parkinson's disease (code first **G20**). If mild neurocognitive disorder due to probable vascular disease is present, code first **I67.9** for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.

Major Neurocognitive Disorder Due to Unknown Etiology, <i>Moderate</i> , <i>With mood symptoms</i>	Not available	F03.B3
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Moderate</i> , <i>With psychotic disturbance</i>	Not available	F03.B2
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Moderate</i> , <i>With other behavioral or psychological disturbance</i>	Not available	F03.B18
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Moderate</i> , <i>Without accompanying behavioral or psychological disturbance</i>	Not available	F03.B0
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Severe</i> , <i>With agitation</i>	Not available	F03.C11
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Severe</i> , <i>With anxiety</i>	Not available	F03.C4
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Severe</i> , <i>With mood symptoms</i>	Not available	F03.C3
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Severe</i> , <i>With psychotic disturbance</i>	Not available	F03.C2
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Severe</i> , <i>With other behavioral or psychological disturbance</i>	Not available	F03.C18
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Severe</i> , <i>Without accompanying behavioral or psychological disturbance</i>	Not available	F03.C0
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Unspecified severity</i> , <i>With agitation</i>	Not available	F03.911
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Unspecified severity</i> , <i>With anxiety</i>	Not available	F03.94
Major Neurocognitive Disorder Due to Unknown Etiology, <i>unspecified severity</i> , <i>With mood symptoms</i>	Not available	F03.93
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Unspecified severity</i> , <i>With psychotic disturbance</i>	Not available	F03.92
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Unspecified severity</i> , <i>With other behavioral or psychological disturbance</i>	Not available	F03.918
Major Neurocognitive Disorder Due to Unknown Etiology, <i>Unspecified severity</i> , <i>Without accompanying behavioral or psychological disturbance</i>	Not available	F03.90

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (*code first S06.2XAS*), HIV infection (*code first B20*), prion disease (*code first A81.9*), Huntington's disease (*code first G10*), another medical condition (*code first the other medical condition*), and multiple etiologies (*code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease*).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (*code first G30.9*), frontotemporal degeneration (*code first G31.09*), Lewy body disease (*code first G31.83*), Parkinson's disease (*code first G20*). *If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.*

^a Mild Neurocognitive Disorder Due to [Medical Etiology], With behavioral disturbance	G31.84	F06.71
^a Mild Neurocognitive Disorder Due to [Medical Etiology], Without behavioral disturbance	G31.84	F06.70
^b Mild Neurocognitive Disorder Due to Possible [Medical Etiology], With behavioral disturbance	G31.84	G31.84
^b Mild Neurocognitive Disorder Due to Possible [Medical Etiology], Without behavioral disturbance	G31.84	G31.84
^c Mild Neurocognitive Disorder Due to Probable [Medical Etiology], With behavioral disturbance	G31.84	F06.71
^c Mild Neurocognitive Disorder Due to Probable [Medical Etiology], Without behavioral disturbance	G31.84	F06.70
Mild Neurocognitive Disorder Due to Unknown Etiology	G31.84	G31.84
Nonadherence to Medical Treatment	Z91.19	Z91.199
Other Specified Trauma- and Stressor-Related Disorder	F43.8	F43.89
Prolonged Grief Disorder	F43.8	F43.81

^aMedical etiologies comprise the following (with etiological codes): traumatic brain injury (*code first S06.2XAS*), HIV infection (*code first B20*), prion disease (*code first A81.9*), Huntington's disease (*code first G10*), another medical condition (*code first the other medical condition*), and multiple etiologies (*code first all medical conditions that apply; for major neurocognitive disorder, vascular disease does not receive a medical code; if mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease*).

^bPossible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

^cProbable medical etiologies comprise the following (use etiological codes for **probable** diagnoses only; do not use with the possible etiologies): Alzheimer's disease (*code first G30.9*), frontotemporal degeneration (*code first G31.09*), Lewy body disease (*code first G31.83*), Parkinson's disease (*code first G20*). *If mild neurocognitive disorder due to probable vascular disease is present, code first I67.9 for vascular disease. Major neurocognitive disorder due to probable vascular disease is not included here (see separate listings); vascular disease does not receive a medical code for major neurocognitive disorder.*

XII.B Coding Corrections (Effective Immediately)

Coding Corrections (Effective Immediately)		
Disorder	Prior Code	Correct Code
Food insecurity	F59.41	Z59.41
Opioid-Induced Anxiety Disorder, With mild use disorder	F11.180	F11.188
Opioid-Induced Anxiety Disorder, With moderate or severe use disorder	F11.280	F11.288
Opioid-Induced Anxiety Disorder, Without use disorder	F11.980	F11.988
Current Suicidal Behavior, Initial encounter	T14.91A	T14.91XA
Current Suicidal Behavior, Subsequent encounter	T14.91D	T14.91XD