



DSM-5-TR™ Update  
*Supplement to*  
*Diagnostic and Statistical Manual of*  
*Mental Disorders, Fifth Edition,*  
*Text Revision*

September 2023

Previous updates:

September 2022

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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 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 not be applied mechanically by individuals without clinical training. The specific diagnostic criteria included in DSM-5 are meant to serve as guidelines to be informed by clinical judgment and are not meant to be used in a rigid cookbook fashion.*

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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**

<b>Listing of DSM-5-TR Diagnoses and New ICD-10-CM Codes</b>		
	<b>Previous Codes</b>	<b>Current Codes</b>
<b>Parkinson's Disease</b>	G20	G20.C
<b>Inadequate Housing</b>	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 4<sup>th</sup> 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
Code first the etiological medical condition <sup>a</sup> .	No medical code is needed <sup>a</sup> .	No medical code is needed for vascular disease.	No medical code is needed for vascular disease.	Code first the etiological medical condition <sup>b</sup> .	No medical code is needed
<ul style="list-style-type: none"> <li>• F02.A- Mild</li> <li>• F02.B- Moderate</li> <li>• F02.C- Severe</li> </ul>	<ul style="list-style-type: none"> <li>• F03.A- Mild</li> <li>• F03.B- Moderate</li> <li>• F03.C- Severe</li> </ul>	<ul style="list-style-type: none"> <li>• F01.A- Mild</li> <li>• F01.B- Moderate</li> <li>• F01.C- Severe</li> </ul>	<ul style="list-style-type: none"> <li>• F03.A- Mild</li> <li>• F03.B- Moderate</li> <li>• F03.C- Severe</li> </ul>	<ul style="list-style-type: none"> <li>• F02.A- Mild</li> <li>• F02.B- Moderate</li> <li>• F02.C- Severe</li> </ul>	<ul style="list-style-type: none"> <li>• F03.A- Mild</li> <li>• F03.B- Moderate</li> <li>• F03.C- Severe</li> </ul>
<sup>a</sup> Probable and possible medical etiologies comprise the following (with etiological codes used only for the <b>probable</b> diagnoses): Alzheimer’s disease (code first <b>G30.9</b> ), frontotemporal degeneration (code first <b>G31.09</b> ), Lewy body disease (code first <b>G31.83</b> ), Parkinson’s disease (code first <b>G20</b> ). Probable and possible vascular disease are listed separately in the table.					
<sup>b</sup> Medical etiologies comprise the following (with etiological codes): traumatic brain injury (code first <b>S06.2XAS</b> ), HIV infection (code first <b>B20</b> ), prion disease (code first <b>A81.9</b> ), Huntington’s disease (code first <b>G10</b> ), another medical condition (code first the other medical condition), and multiple etiologies (code first all medical conditions that apply, with exception of vascular disease which does not receive a medical code).					

Following the 4<sup>th</sup> character severity codes (A, B, C) noted above, individual 5<sup>th</sup> and 6<sup>th</sup> 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 4<sup>th</sup> 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 4<sup>th</sup> character represents the severity codes A, B, or C. Finally, code any accompanying behavioral or psychological disturbance (fifth and sixth characters).

<b>Note:</b> NCD subtypes listed in order of appearance in DSM-5-TR.					
<b>Major NCD Due to Probable [Medical Etiology]</b>	<b>Major NCD Due to Possible [Medical Etiology]</b>	<b>Major NCD Due to Probable Vascular Disease</b>	<b>Major NCD Due to Possible Vascular Disease</b>	<b>Major NCD Due to [Medical Etiology]</b>	<b>Major NCD Due to Unknown Etiology</b>
<i>Code first the etiological medical condition<sup>a</sup>.</i>	<i>No additional medical code.<sup>a</sup></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<sup>b</sup>.</i>	<i>No additional medical code</i>
<ul style="list-style-type: none"> <li>• F02.x11 With agitation</li> <li>• F02.x4 With anxiety</li> <li>• F02.x3 With mood symptoms</li> <li>• F02.x2 With psychotic disturbance</li> <li>• F02.x18 With other behavioral or psychological disturbance (e.g., apathy)</li> <li>• F02.x0 Without accompanying behavioral or psychological disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• F03.x11 With agitation</li> <li>• F03.x4 With anxiety</li> <li>• F03.x3 With mood symptoms</li> <li>• F03.x2 With psychotic disturbance</li> <li>• F03.x18 With other behavioral or psychological disturbance (e.g., apathy)</li> <li>• F03.x0 Without accompanying behavioral or psychological disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• F01.x11 With agitation</li> <li>• F01.x4 With anxiety</li> <li>• F01.x3 With mood symptoms</li> <li>• F01.x2 With psychotic disturbance</li> <li>• F01.x18 With other behavioral or psychological disturbance (e.g., apathy)</li> <li>• F01.x0 Without accompanying behavioral or psychological disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• F03.x11 With agitation</li> <li>• F03.x4 With anxiety</li> <li>• F03.x3 With mood symptoms</li> <li>• F03.x2 With psychotic disturbance</li> <li>• F03.x18 With other behavioral or psychological disturbance (e.g., apathy)</li> <li>• F03.x0 Without accompanying behavioral or psychological disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• F02.x11 With agitation</li> <li>• F02.x4 With anxiety</li> <li>• F02.x3 With mood symptoms</li> <li>• F02.x2 With psychotic disturbance</li> <li>• F02.x18 With other behavioral or psychological disturbance (e.g., apathy)</li> <li>• F02.x0 Without accompanying behavioral or psychological disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• F03.x11 With agitation</li> <li>• F03.x4 With anxiety</li> <li>• F03.x3 With mood symptoms</li> <li>• F03.x2 With psychotic disturbance</li> <li>• F03.x18 With other behavioral or psychological disturbance (e.g., apathy)</li> <li>• F03.x0 Without accompanying behavioral or psychological disturbance</li> </ul>
<p><sup>a</sup>Probable and possible medical etiologies comprise the following (with etiological codes used only for the <b>probable</b> 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><sup>b</sup>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>).</p> <p><b>Coding note:</b> <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 <b>Probable</b> Etiology <sup>a</sup> , Mild NCD Due to [Medical Etiology] <sup>b</sup>	Mild NCD Due to <b>Possible</b> Etiology <sup>c</sup> , 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"> <li>• F06.70 –Without behavioral disturbance</li> <li>• F06.71 –With behavioral disturbance</li> </ul>	<ul style="list-style-type: none"> <li>• G31.84</li> </ul>
<p><sup>a</sup>Probable 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><sup>b</sup>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</i>).</p> <p><sup>c</sup>Possible 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.)

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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 6<sup>th</sup> 7<sup>th</sup> 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](http://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
<sup>a,c</sup> Major Neurocognitive Disorder Due to [Medical Etiology], With behavioral disturbance	F02.81	See replacement codes below
<sup>a,c</sup> 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
<sup>a</sup> Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With agitation	Not available	F02.A11
<sup>a</sup> Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With anxiety	Not available	F02.A4
<sup>a</sup> Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With mood symptoms	Not available	F02.A3
<sup>a</sup> Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With psychotic disturbance	Not available	F02.A2
<sup>a</sup> Major Neurocognitive Disorder Due to [Medical Etiology], Mild, With other behavioral or psychological disturbance	Not available	F02.A18
<sup>a</sup> Major Neurocognitive Disorder Due to [Medical Etiology], Mild, Without accompanying behavioral or psychological disturbance	Not available	F02.A0

<sup>a</sup>Medical 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).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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.

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

<sup>a</sup>Medical 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*).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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.*

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

<sup>a</sup>Medical 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).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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.

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

<sup>a</sup>Medical 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).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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

<sup>a</sup>Medical 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).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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

<sup>a</sup>Medical 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).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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

<sup>a</sup>Medical 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).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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

<sup>a</sup>Medical 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*).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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.*



<sup>a</sup> Mild Neurocognitive Disorder Due to [Medical Etiology], With behavioral disturbance	G31.84	F06.71
<sup>a</sup> Mild Neurocognitive Disorder Due to [Medical Etiology], Without behavioral disturbance	G31.84	F06.70
<sup>b</sup> Mild Neurocognitive Disorder Due to <b>Possible</b> [Medical Etiology], With behavioral disturbance	G31.84	G31.84
<sup>b</sup> Mild Neurocognitive Disorder Due to <b>Possible</b> [Medical Etiology], Without behavioral disturbance	G31.84	G31.84
<sup>c</sup> Mild Neurocognitive Disorder Due to <b>Probable</b> [Medical Etiology], With behavioral disturbance	G31.84	F06.71
<sup>c</sup> Mild Neurocognitive Disorder Due to <b>Probable</b> [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

<sup>a</sup>Medical 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*).

<sup>b</sup>Possible medical etiologies comprise the following (no additional medical code): Alzheimer's disease, frontotemporal degeneration, Lewy body disease, vascular disease, Parkinson's disease.

<sup>c</sup>Probable 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