DSM-5 codes

This article gives an overview of diagnostic codes from DSM-5, the fifth edition of the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*.

**Neurodevelopmental disorders**

Disorders with onset in the developmental period, often before starting school, and characterized by a range of developmental deficits that impair normal functioning.[1]

- **Intellectual developmental disorder**
  Deficits in intellectual functioning and every day adaptive functioning with onset during the developmental period.

  *Specifiers*
  - Mild
  - Moderate
  - Severe
  - Profound

- **315.8 Global developmental delay**
  Pertains to those under 5 years old whose intellectual functioning can not be systematically assessed.

- **319 Unspecified intellectual disability (Intellectual developmental disorder)**
  Used in exceptional circumstances for individuals over 5 years old whose intellectual disability cannot be assessed because of sensory or physical impairments.

- **Communication disorders**
  Deficits in language, speech, or in any behaviors affecting verbal and nonverbal communications

- **315.39 Language disorder**
  Persistent deficits in comprehension or production of language (e.g. spoken, written, sign language) substantially below age level, beginning in the early developmental period, and not due to other disorders or conditions

- **315.39 Speech sound disorder**
  Persistent deficits in speech sound production, below that expected of age and developmental level, not due to other impairments such a physical, neurological or hearing disorders or conditions

- **315.35 Childhood-onset fluency disorder (stuttering)**
  Disturbance in normal speech patterns and fluency that interferes with normal achievement

- **315.39 Social (Pragmatic) communication disorder**
  Primary deficits in understanding and following social practices of verbal and nonverbal communication in normal settings that functionally impair the individual; not better explained by other deficits

- **307.9 Unspecified communication disorder**
  Clinically significant symptoms of a communication disorder, but fails to meet the full criteria for any of the communication or neurodevelopmental disorders and the clinician does not specify the reason

- **299.00 Autism spectrum disorder**
  Persistent communication and social interaction deficits in multiple situations; restricted, repetitive behavior and interests, originally manifested in the early developmental period and causing significant impairment
Specify if:
- With or without accompanying intellectual impairment
- With or without accompanying language impairment
- Associated with a known medical or genetic condition or environmental factor
- Associated with another neurodevelopmental, mental, or behavioral disorder
- With catatonia

- **Attention-deficit/Hyperactivity disorder (ADHD)**
  "Persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development" beginning in childhood, and present across more than one setting\[1\]

  Specify whether:
  - **314.01 Combined presentation**
  - **314.00 Predominantly inattentive presentation**
  - **314.01 Predominantly hyperactive/impulsive presentation**

  Specify if:
  - In partial remission

  Specify current severity:
  - Mild
  - Moderate
  - Severe

- **314.01 Other specified attention-deficit/Hyperactivity disorder**
  Symptoms of ADHD are present and cause significant impairment in important functional areas, but do not meet the full criteria, and where the reason for failing the criteria is specified.

- **314.01 Unspecified attention-deficit/Hyperactivity disorder**
  Same as 314.01 above but with no reason specified or insufficient information is available to provide one

- **Specific learning disorder**
  A neurodevelopmental disorder of biological origin manifested in learning difficulty and problems in acquiring academic skills markedly below age level and manifested in the early school years, lasting for at least 6 months; not attributed to intellectual disabilities, developmental disorders, or neurological or motor disorders

  Specify if:
  - **315.00 With impairment in reading**
  - **315.2 With impairment in written expression**
  - **315.1 With impairment in mathematics**

  Specify current severity:
  - Mild
  - Moderate
  - Severe

- **Motor disorders**\[1\]
- **315.4 Developmental coordination disorder**
  Motor skill development substantially below age group, interfere with normal activities, and begin in "early developmental period". Not better accounted for by intellectual disabilities, visual problems, or a neurological
condition such as cerebral palsy, or a degenerative disorder.

- **307.3 Stereotypic movement disorder**
  Repetitive, seemingly purposeless, often rhythmical motor behavior that interferes with normal activities, with onset in the "early developmental period".
  
  Specify if:
  - With self-injurious behavior
  - Without self-injurious behavior

  Specify if:
  - Associated with a known medical or genetic condition, neurodevelopmental disorder, or environmental factor

  Specify current severity:
  - Mild
  - Moderate
  - Severe

- **Tic disorders**
  "A tic is a sudden, rapid, recurrent, nonrhythmic motor movement or vocalization". Tic disorders are not due to use of a substance or to another medical condition; the diagnosis depends on the lack of any known cause.[1]

- **307.23 Tourette's disorder**
  Multiple motor tics and at least one vocal tic present for more than one year, though not necessarily at the same time, with onset before age 18.

- **307.22 Persistent (Chronic) motor or vocal tic disorder**
  At least one motor or vocal tic, but not both; must be present for more than one year with onset before age 18.

  Specify if:
  - With motor tics only
  - With vocal tics only

- **307.21 Provisional tic disorder**
  One or more motor and/or vocal tics, present for less than one year; onset before age 18.

- **307.20 Other specified tic disorder**
  Characteristic tic disorder symptoms causing distress or impairment but not meeting the "criteria for a tic disorder or any specific neurodevelopmental disorder"; the specific reason given e.g. onset over the age of 18

- **307.20 Unspecified tic disorder[1]**
  Same as "307.20 Other specified tic disorder", but the reason is not specified

- Other neurodevelopmental disorders

- **315.8 Other specified neurodevelopmental disorder**
  A category that pertains to characteristic symptoms of a neurodevelopmental disorder causing significant impairment but does not fulfill the criteria of a specific diagnostic class.

  Specify: Specific reason, such as "associated with prenatal alcohol exposure"

- **315.9 Unspecified neurodevelopmental disorder**
  A category similar to 315.8, but without a specified reason.
Schizophrenia spectrum and other psychotic disorders

Key features that define the psychotic disorders in DSM-5 are:\(^1\)

- **Delusions** - fixed beliefs not open to change even when evidence contradicts them; termed *bizarre* if implausible and not derived from ordinary experience
- **Hallucinations** - involuntary sensory experiences not related to external stimuli
- **Disorganized thinking (speech)** - derailment of focal topic or loose associations, incoherence
- **Grossly disorganized or abnormal motor behavior (including catatonia)**
- **Negative symptoms** - reduced emotional expression, avolition, alogia, anhedonia, asociality

- **297.1 Delusional disorder** - presence of one or more fixed delusions, but otherwise functioning usually is not noticeably impaired.\(^1\)
  
  *Specify whether:*
  - Erotomanic type
  - Grandiose type
  - Jealous type
  - Persecutory type
  - Somatic type
  - Mixed type
  - Unspecified type

  *Specify if:*
  - With bizarre content

  *Specify if:*
  - First episode, currently in acute episode
  - First episode, currently in partial remission
  - First episode, currently in full remission
  - Multiple episodes, currently in acute episode
  - Multiple episodes, currently in partial remission
  - Multiple episodes, currently in full remission
  - Unspecified

  *Specify current severity:*

- **298.8 Brief psychotic disorder** - sudden onset of at least one positive psychotic symptom, such as delusions, hallucinations, disorganized speech, lasting at least one day but less than one month

  *Specify if:*
  - With marked stressor(s)
  - Without marked stressor(s)
  - With postpartum onset

  *Specify if:*
  - With catatonia

  *Specify current severity:*

- **295.40 Schizophreniform disorder**

  Symptoms identical to schizophrenia but lasting less than 6 months
Specify if:
   With good prognostic features
   Without good prognostic features

Specify if:
   With catatonia

Specify current severity:

• **295.90 Schizophrenia**
   At least two of the following: (one of which must be delusions, hallucinations or disorganized speech), grossly disorganized or catatonic behavior, negative symptoms

   Specify if:
      First episode, currently in acute episode
      First episode, currently in partial remission
      First episode, currently in full remission
      Multiple episodes, currently in acute episode
      Multiple episodes, currently in partial remission
      Multiple episodes, currently in full remission
      Unspecified

   Specify if:
      With catatonia

   Specify current severity

• **Schizoaffective disorder**
   Major depressive or manic mood disorder concurrent with primary symptoms of schizophrenia

   Specify whether:
      295.70 Bipolar type
      295.70 Depressive type

   Specify if:
      With catatonia

   Specify current severity

• **Substance/Medication-induced psychotic disorder**

• **Psychotic disorder due to another medical condition**
   293.81 With delusion as the predominant symptom
293.82 With hallucinations as the predominant symptom

Catatonia
Marked psychomotor disturbance including decreased motor activity, or excessive and peculiar motor activity, ranging from unresponsiveness to agitation. Can include stupor, catalepsy and waxy flexibility, mutism and other puzzling behaviors. Rather than being a separate diagnosis, catatonia is associated with other mental disorders, other medical conditions, or can be unspecified.

- 293.89 Catatonia associated with another mental disorder (Catatonia specifier)
  Specifier is defined by three or more of 12 listed symptoms

- 293.89 Catatonic disorder due to another medical condition
  Criteria include three or more of 12 listed symptoms

- 293.89 Unspecified catatonia
  Characteristic symptoms of catatonia are present but the underlying disorder is unclear, the full criteria are not met, or the information available is insufficient.
  
  **Coding note:** Code first 781.99 "Other symptoms involving nervous and musculoskeletal systems", followed by 293.89

- 298.8 Other specified schizophrenia spectrum and other psychotic disorder
  Characteristic symptoms of schizophrenia spectrum and other psychotic disorder are present but full criteria for a diagnostic class are not met. The other specified is used to describe the presentation.

- 298.9 Unspecified schizophrenia spectrum and other psychotic disorder
  Characteristic symptoms of schizophrenia spectrum and other psychotic disorder are present but full criteria for a diagnostic class are not met, but the clinician does not specify the reason.

Trauma- and stressor-related disorders
A new category has been created for those disorders that explicitly list in their criteria exposure to a traumatic or catastrophic event, emphasizing the close connection between disorders listed in this category and those in the categories of anxiety disorders, obsessive-compulsive disorders, and dissociative disorders. However, in this category's disorders the dominating characteristics are symptoms of anhedonia and dysphoria, anger and aggression, or symptoms of dissociation, or some combination of these, and vary considerably with heterogeneous presentations.[1]

- 313.89 Reactive attachment disorder
  A disorder of infancy or early childhood in which the child, though thought to be capable of forming selective attachments, does not seek comfort, protection or other nurturance associated with attachment to caregiving adults, and does not respond adequately to nurturing behaviors from caregivers when it is offered.
  
  Specify if:
  
  Persistent (more than 12 months)

  Specify current severity:

- 313.89 Disinhibited social engagement disorder
  A behavioral pattern in children of overly familiar and culturally inappropriate interactions with relative strangers that violated social boundaries.
  
  Specify if:
  
  Persistent (over 12 months)

  Specify current severity:
• **309.81 Posttraumatic stress disorder[^1]**
  
  There is a separate section for Posttraumatic stress disorder for children 6 years and younger
  
  **Specify whether:**
  
  With dissociative symptoms
  1. Depersonalization
  2. Derealization
  
  **Specify if:**
  
  With delayed expression (full criteria not expressed at least 6 months after traumatic event)

• **308.3 Acute stress disorder**

• **Adjustment disorder**
  
  **Specify whether:**
  
  309.0 With depressed mood
  309.24 With anxiety
  309.28 With mixed anxiety and depressed mood
  309.3 With disturbance of conduct
  309.4 With mixed disturbance of emotions and conduct
  309.9 Unspecified

• **309.89 Other specified Trauma- and stressor-related disorder**

• **309.9 Unspecified trauma- and stressor-related disorder[^1]**

**Dissociative disorders in DSM-5[^1]**

Common to these disorders are disruptions or gaps in the normal integration of subjective experience resulting in discontinuities in affect, memory, behavior.

• **300.14 Dissociative identity disorder**
  
  The primary feature is the presence of two or more distinct personalities, self-reported or observed by others, resulting in failure to recall everyday events and/or important autobiographical information, and impairing continuity in the sense of self. The "experience of possession" is included as a "personality".

• **300.12 Dissociative amnesia**
  
  The primary feature is the inability to remember important life history information, usually traumatic, that has been successfully stored but is inaccessible to the individual, causing significant distress or impairment in life functioning.

  **Specify if:**
  
  300.13 With dissociative fugue: Travel or wandering associated with amnesia for identity or important autobiographical information

• **300.6 Depersonalization/Derealization disorder**
  
  The primary feature is recurrent episodes of depersonalization and/or derealization that have functional consequences.

• **300.15 Other specified dissociative disorder**
  
  Symptoms of a dissociative disorder are present but do not meet the full criteria for a specific disorder. The clinician specifies the reason.

• **300.15 Unspecified dissociative disorder**
As 300.15 above, but the clinician does not specify the reason

Elimination disorders

- The elimination disorders, included in the chapter on early diagnosis in DSM-IV, is an independent class in DSM-5.
- **307.6 Enuresis**
  
  *Specify if:*
  
  - Nocturnal only
  - Diurnal only
  - Nocturnal and diurnal
- **307.7 Encopresis**

  *Specify if:*
  
  - With constipation and overflow incontinence
  - Without constipation and overflow incontinence

- Other specified elimination disorder

Gender dysphoria in DSM-5

- **302.6 Gender dysphoria in children**

  *Specify if:*
  
  - With a disorder of sex development (e.g. such as congenital adrenogenital disorder)

- **302.85 Gender dysphoria in adolescents and adults**

  *Specify if:*
  
  - With a disorder of sex development (e.g. congenital adrenal conditions such as congenital adrenogenital disorder)
  
  - Posttransitional (the specifics of the person's degree of transition, medical procedures undergone or planned etc. to attain the desired gender)

Comment on subtypes and specifiers

- The sexual orientation subtyping has been removed as unrelated to gender dysphoria and therefore not useful clinically.
- The posttransition specifier has been added because after gender transition, although many people no longer meet criteria for gender dysphoria they still remain in need of treatments to improve life in the desired gender and this specifier recognizes that need.
Disruptive, impulse-control, and conduct disorders in DSM-5

DSM-5 has a new chapter on disruptive, impulse-control, and conduct disorders to bring under one unique category those behavioral conditions that violate the rights of others and/or cause significant conflict with society or draw the attention of authority figures.[1] This DSM-5 category contains the following:[1]

- **313.81 Oppositional defiant disorder**
  Frequent, persistent pattern of angry/irritable mood, argumentative/defiant behavior, or vindictiveness exhibited over the course of at least six months, and with at least one non-sibling, and should exceed normal behavior for the individual's age, gender and culture.
  
  **Specify current severity:**
  - Mild - symptoms occur in one setting only, such as home or school or work
  - Moderate - some symptoms present in at least two settings
  - Severe - some symptoms present in three or more settings

- **312.34 Intermittent explosive disorder**
  Rapid onset of recurrent impulsive, verbally or physically aggressive outbursts typically lasting less than 30 minutes, usually in response to minimal provocation by an intimate or associate, and causing marked impairment in functioning or legal consequences.

- **Conduct disorder**
  Repetitive pattern of behavior that violates the basic rights of others, falling in to four categories:
  - Aggressive behavior causing or threatening harm to people or animals
  - Non-aggressive behavior causing property damage or loss
  - Deceitfulness or theft
  - Serious violations of rules, such as running away from home
  
  **Specify whether:**
  - 312.81 Childhood-onset type - before age 10
  - 312.82 Adolescent-onset type - no symptoms before age 10
  - 312.89 Unspecified onset - not enough information available

  **Specify if:**
  - With limited prosocial emotions:
    - Lack of remorse or guilt
    - Callous - lack of empathy
    - Unconcerned about performance
    - Shallow or deficient affect

  **Specify current severity:**
  - Mild - causes relatively minor harm to others, such as lying, staying out late, etc.
  - Moderate - intermediate harm such as stealing without confrontation, vandalism
  - Severe - cause considerable harm to others (e.g. forced sex, physical cruelty, use of a weapon, breaking and entering, stealing while confronting victim)

- **301.7 Antisocial personality disorder**
  Coded here as well as in "Personality disorders" because of this disorder's close connected with the "externalizing" conduct disorders in this chapter.[1]

- **312.33 Pyromania**
- 312.32 Kleptomania
- 312.89 Other specified disruptive, impulse-control, and conduct disorder
- 312.9 Unspecified disruptive, impulse-control, and conduct disorder

**Personality disorders in DSM-5**

Criteria for a General personality disorder is provided with an emphasis on personality traits and relationship of the specific personality disorder criteria to other mental disorders in which those behaviors also occur. The criteria for the specific personality disorders in Section II of DSM-5 have not changed from DSM-IV.

The ten personality disorders in DSM-IV remain:

- Cluster A personality disorders
  - 301.0 Paranoid personality disorder
  - 301.2 Schizoid personality disorder
  - 301.22 Schizotypal personality disorder
- Cluster B personality disorders
  - 301.7 Antisocial personality disorder
  - 301.83 Borderline personality disorder
  - 301.50 Histrionic personality disorder
  - 301.81 Narcissistic personality disorder
- Cluster C personality disorders
  - 301.82 Avoidant personality disorder
  - 301.6 Dependent personality disorder
  - 301.4 Obsessive-compulsive personality disorder

The multiaxial system has been dropped in favor of a system evaluating psychosocial and contextual factors, although the category classification remains. Under consideration is a new trait-specific diagnostic method that views personality traits on a continuum. The relationship of personality traits to general personality dysfunction is under active investigation in another section of DSM-5, entitled "Alternative DSM-5 Model for Personality Disorders".

**Paraphilic disorders in DSM-5**

Eight disorders were chosen for listing in DSM-5 because of their frequency and because some of them are listed as criminal offenses due to their potential for public harm. It is recognized that many more paraphilias than those listed have been identified and described, and could be considered as paraphilic disorders because of their negative impact on the individual and others. The eight paraphilic disorders described in DSM-5 are the following:

- 302.82 Voyeuristic disorder
- 302.4 Exhibitionistic disorder
- 302.89 Frotteuristic disorder
- 302.83 Sexual masochism disorder
- 302.84 Sexual sadism disorder
- 302.2 Pedophilic disorder
- 302.81 Fetishistic disorder
- 302.3 Transvestic disorder

Specify if:

With fetishism
With autogynephilia

Specify if:

In a controlled environment

In full remission

- 302.89 Other specified paraphilic disorder
- 302.9 Unspecified paraphilic disorder

References