

August 2023: DSM-5-TR Changes at a Glance

Parkinson's Disease, Coding Change

The ICD-10-CM code for Parkinson's disease (*in the DSM-5-TR Classification, the Neurocognitive disorders chapter, Alphabetical and Numerical Listing of DSM-5-TR Diagnoses and ICD-10-CM Codes*) was revised as follows:

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

Parkinson's disease— Updated code: G20.C

Inadequate Housing, Coding Change

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

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

Inadequate Housing – Updated code: Z59.10

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.

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.

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.