Addendum to the Reference List of Psychiatric Diagnoses from ICD-10-CM

We have to start with a disclaimer: This *Reference List* is to aid already-skilled clinicians in finding the diagnostic label when they receive only the number and when they want the precise wording of the diagnoses. Entries are for reference use by trained mental health clinicians, not for precise diagnostic decisions or differential diagnosing and, remember, the map is not the territory. ICD does not contain diagnostic criteria or similar information.

ICD and DSM

The whole ICD-10 has about 68,000 primary codes organized into 21 sections such as "Diseases of the eye and adnexa (H00-H59)." Each section's codes begin with a letter and become more specific with more digits/places. Those most relevant to mental health are the F-codes: "Mental and behavioral disorders" F01-F99." Some codes from from the G, N, R, T and especially Z sections are included in *DSM-5*. This *Reference List* offers all of those in *DSM-5* and many more codes from these sections because I think they are clinically useful (see below). ICD separates medical and mental conditions and so treats Alzheimer's as an "underlying" medical condition coded G30 and then we can add F02.x as additional, "manifesting" diagnoses.

DSM-5 has no unique codes and instead offers both ICD-9 and ICD-10 codes for each of its diagnoses but they are sometimes not good matches. *DSM-5's* codes are a subset – perhaps half – of the much larger ICD-10 list. This *Reference List*'s organization follows ICD's numerical sequence and familiar clusters (and not the *DSM-5* book's sequence) for ease in looking up diagnoses when you receive only the code numbers.

Format of the *Reference List*

This *Reference List* consists of both the *codes* (the numbers) and their associated labels or *diagnoses*. The codes in just **boldface** are from the ICD and **the codes in italics are those in the DSM-5 as well.** The diagnoses in a plain typeface are from the ICD but for use after Oct. 1, 2016 the ICD adopted a few hundred diagnostic labels from *DSM-5*. Based on the layout of the ICD these are clearly secondary but have been added in a SMALL CAPS TYPEFACE. Both *DSM-5* and ICD-10 allow several diagnoses to be associated with a single code number.

In order to save space (and reduce cost to you) **some very repetitive general diagnoses have been abbreviated. "**Major neurocognitive disorder" uses "Mncd/o." "Sedative, hypnotic, or anxiolytic" is abbreviated as "S, h, a," "Other stimulant" is "Os, "Other psychoactive substance " is "Ops" and "Amphetamine or other stimulant" is "Aoos." This actually makes it easer to find the meaningful part of the diagnosis you are seeking when you are scanning the listings. Of course, when you use or write these diagnoses you should replace the abbreviation with the longer version.

For clarity each diagnosis usually starts on a new line. ICD capitalizes only the first letter of the first word of a diagnosis (and we will be writing only ICD-10 diagnoses). The convention is to write any medical diagnoses first and the rest in order of how you will treat them. Since we are encouraged to offer diagnoses at the most specific level I have deleted the whole 4th digit entry when all of its words are present in a 5th digit diagnosis.

Content of the *Reference List*

This list contains almost all of the F-codes in the ICD-10; some are omitted because they are no longer used in the US (e.g. various "neuroses") and others are rare or archaic - e.g. pseudopsychopatic schizophrenia. A few incorrect but historical diagnoses from the full ICD-10 have been retained here, for example, "senility" where it is used as a synonym for dementia although this is pejorative and an inaccurate association.

While the F codes will be the most commonly used, the **Z codes** (which replace and extend the ICD-9's V codes) address the context of disorders and of providing healthcare. These are "Factors influencing health status and contact with health services." I believe they are essential for **a biopsychosocial case formulation** and I encourage you to employ them. An advantage of providing Z code diagnoses is to qualify and explain the symptom-based F-code diagnoses. Z code diagnoses will be retained in a client's permanent medical record when the clinician's notes are omitted and information is simplified or condensed as occurs in electronic health records systems and the Medical Information Bureau's records. A few Z-codes not relevant to mental health professionals have been omitted but all of those in DSM-5 are included.

Some ICD diagnoses have two kinds of "Excludes" qualifications to reduce duplications or assist with differential diagnoses. These are too detailed for this listing and so are omitted.