






# ICD-10 F Code Cheat Sheet: Advanced Clinical Reference

## F01-F09: Organic Mental Disorders




Code	Diagnosis	Key Diagnostic Features	Differential Considerations	Clinical Pearls
 F01	<b>Vascular Dementia</b>	<ul style="list-style-type: none"> <li>• Stepwise progression</li> <li>• Focal neurological signs</li> <li>• Evidence of cerebrovascular disease</li> <li>• Executive dysfunction prominent</li> </ul>	<ul style="list-style-type: none"> <li>• Alzheimer's dementia</li> <li>• Mixed dementia</li> <li>• Depression</li> </ul>	<ul style="list-style-type: none"> <li>• Screen for modifiable vascular risk factors</li> <li>• Neuroimaging essential for diagnosis</li> <li>• Consider antiplatelet therapy</li> </ul>
 F02	<b>Dementia in Other Diseases</b>	<ul style="list-style-type: none"> <li>• F02.0: Alzheimer's (early/late onset)</li> <li>• F02.1: Pick's disease</li> <li>• F02.2: Dementia in Huntington's</li> <li>• F02.3: Dementia in Parkinson's</li> </ul>	<ul style="list-style-type: none"> <li>• Medication effects</li> <li>• Metabolic disorders</li> <li>• Normal pressure hydrocephalus</li> </ul>	<ul style="list-style-type: none"> <li>• Document specific etiology</li> <li>• Consider genetic testing for familial forms</li> <li>• Tailor management to underlying pathology</li> </ul>
 F03	<b>Unspecified Dementia</b>	<ul style="list-style-type: none"> <li>• Cognitive decline in multiple domains</li> <li>• Functional impairment</li> <li>• No clear etiology established</li> </ul>	<ul style="list-style-type: none"> <li>• Delirium</li> <li>• Depression</li> <li>• MCI</li> </ul>	<ul style="list-style-type: none"> <li>• Use only when workup incomplete</li> <li>• Continue diagnostic evaluation</li> <li>• Update diagnosis when etiology identified</li> </ul>
 F04	<b>Amnestic Disorder, Not Induced by Substances</b>	<ul style="list-style-type: none"> <li>• Prominent memory impairment</li> <li>• Preserved consciousness</li> <li>• Non-substance etiology</li> </ul>	<ul style="list-style-type: none"> <li>• Dissociative amnesia</li> <li>• TGA</li> <li>• Early dementia</li> </ul>	<ul style="list-style-type: none"> <li>• Evaluate for structural lesions</li> <li>• Consider autoimmune encephalitis</li> <li>• Assess for vitamin deficiencies</li> </ul>
 F05	<b>Delirium</b>	<ul style="list-style-type: none"> <li>• Acute onset</li> <li>• Fluctuating course</li> <li>• Inattention</li> <li>• Altered consciousness</li> </ul>	<ul style="list-style-type: none"> <li>• Dementia</li> <li>• Acute psychosis</li> <li>• Nonconvulsive status</li> </ul>	<ul style="list-style-type: none"> <li>• Identify and treat underlying cause</li> <li>• Avoid anticholinergics</li> <li>• Monitor with CAM/4AT</li> <li>• Environmental modifications</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Differential Considerations	Clinical Pearls
		<ul style="list-style-type: none"> <li>• Perceptual disturbances</li> </ul>		
 <b>F06</b>	<b>Other Mental Disorders Due to Brain Damage/ Dysfunction</b>	<ul style="list-style-type: none"> <li>• F06.0: Organic hallucinosis</li> <li>• F06.2: Organic delusional disorder</li> <li>• F06.3: Organic mood disorder</li> <li>• F06.4: Organic anxiety disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Primary psychiatric disorders</li> <li>• Substance-induced disorders</li> <li>• Medication effects</li> </ul>	<ul style="list-style-type: none"> <li>• Document temporal relationship to brain pathology</li> <li>• Neuroimaging often indicated</li> <li>• Consider EEG for seizure-related presentations</li> </ul>
 <b>F07</b>	<b>Personality/ Behavioral Disorders Due to Brain Disease</b>	<ul style="list-style-type: none"> <li>• F07.0: Organic personality disorder</li> <li>• F07.2: Postconcussional syndrome</li> </ul>	<ul style="list-style-type: none"> <li>• Primary personality disorders</li> <li>• Mood disorders</li> <li>• PTSD</li> </ul>	<ul style="list-style-type: none"> <li>• Frontal lobe assessment crucial</li> <li>• Collateral history essential</li> <li>• Consider neuropsychological testing</li> </ul>
 <b>F09</b>	<b>Unspecified Organic Mental Disorder</b>	<ul style="list-style-type: none"> <li>• Clear evidence of cerebral etiology</li> <li>• Insufficient information for specific diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Primary psychiatric disorders</li> <li>• Substance-induced disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending workup</li> <li>• Document suspected organic basis</li> </ul>


## F10-F19: Substance Use Disorders





Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F10</b>	<b>Alcohol-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F10.1: Harmful use</li> <li>• F10.2: Dependence syndrome</li> <li>• F10.3: Withdrawal state</li> <li>• F10.4: Withdrawal with delirium</li> <li>• F10.5: Psychotic disorder</li> <li>• F10.6: Amnestic syndrome</li> <li>• F10.7: Residual disorder</li> </ul>	<ul style="list-style-type: none"> <li>• AUDIT</li> <li>• CIWA-Ar</li> <li>• Liver function tests</li> <li>• CDT, GGT, MCV</li> </ul>	<ul style="list-style-type: none"> <li>• Assess for withdrawal risk (CIWA)</li> <li>• Consider thiamine before glucose</li> <li>• Monitor for Wernicke-Korsakoff</li> <li>• Pharmacotherapy options: naltrexone, acamprosate, disulfiram</li> </ul>
 <b>F11</b>	<b>Opioid-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F11.1-F11.7: As above for opioids</li> <li>• Withdrawal: autonomic hyperactivity, myalgia, craving, lacrimation, rhinorrhea, diarrhea</li> </ul>	<ul style="list-style-type: none"> <li>• COWS</li> <li>• OOWS</li> <li>• Urine drug screen</li> <li>• DAST-10</li> </ul>	<ul style="list-style-type: none"> <li>• Buprenorphine induction requires moderate withdrawal</li> <li>• Methadone requires QTc monitoring</li> <li>• Naltrexone requires</li> </ul>



Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
				full detoxification • Consider naloxone prescription
 <b>F12</b>	<b>Cannabis-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F12.1-F12.7: As above for cannabis</li> <li>• F12.5: Psychotic disorder with hallucinations/delusions</li> </ul>	<ul style="list-style-type: none"> <li>• CUDIT-R</li> <li>• Timeline followback</li> </ul>	<ul style="list-style-type: none"> <li>• Cannabinoid hyperemesis syndrome</li> <li>• Assess for amotivational syndrome</li> <li>• Higher potency associated with psychosis risk</li> <li>• Consider CBD:THC ratio in assessment</li> </ul>
 <b>F13</b>	<b>Sedative/Hypnotic-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F13.1-F13.7: As above for sedatives</li> <li>• F13.3: Potentially life-threatening withdrawal</li> </ul>	<ul style="list-style-type: none"> <li>• CIWA-B</li> <li>• Benzodiazepine withdrawal scale</li> </ul>	<ul style="list-style-type: none"> <li>• Cross-tolerance with alcohol</li> <li>• Gradual taper essential (10-25% q1-2 weeks)</li> <li>• Seizure risk during withdrawal</li> <li>• Consider flumazenil challenge only in controlled settings</li> </ul>
 <b>F14</b>	<b>Cocaine-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F14.1-F14.7: As above for cocaine</li> <li>• F14.5: Paranoid psychosis common</li> </ul>	<ul style="list-style-type: none"> <li>• Urine drug screen</li> <li>• Cardiac assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Short half-life, frequent cravings</li> <li>• Cardiac complications common</li> <li>• Consider EKG monitoring</li> <li>• Dopamine depletion causes post-use crash</li> </ul>
 <b>F15</b>	<b>Other Stimulant-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F15.1-F15.7: As above for stimulants (amphetamines, methamphetamine)</li> <li>• F15.5: Psychosis may persist beyond intoxication</li> </ul>	<ul style="list-style-type: none"> <li>• Urine drug screen</li> <li>• Methamphetamine craving scale</li> </ul>	<ul style="list-style-type: none"> <li>• Longer-acting than cocaine</li> <li>• Neurotoxicity with chronic use</li> <li>• Dental complications common</li> <li>• Psychosis may require antipsychotic treatment</li> </ul>
 <b>F16</b>	<b>Hallucinogen-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F16.1-F16.7: As above for hallucinogens</li> <li>• F16.7: Flashbacks/HPPD</li> </ul>	<ul style="list-style-type: none"> <li>• Specific hallucinogen assessment</li> </ul>	<ul style="list-style-type: none"> <li>• HPPD may persist for years</li> <li>• Supportive care during "bad trips"</li> <li>• Low physiological dependence</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
				<ul style="list-style-type: none"> <li>• Serotonin syndrome risk with MDMA</li> </ul>
 <b>F17</b>	<b>Nicotine-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F17.1-F17.7: As above for nicotine</li> <li>• F17.3: Withdrawal (irritability, anxiety, concentration difficulties)</li> </ul>	<ul style="list-style-type: none"> <li>• Fagerström test</li> <li>• CO monitoring</li> <li>• Cotinine levels</li> </ul>	<ul style="list-style-type: none"> <li>• NRT dosing based on cigarettes/day</li> <li>• Combination NRT more effective</li> <li>• Varenicline requires 1-week lead-in</li> <li>• Monitor for neuropsychiatric effects</li> </ul>
 <b>F18</b>	<b>Volatile Solvent-Related Disorders</b>	<ul style="list-style-type: none"> <li>• F18.1-F18.7: As above for inhalants</li> <li>• Cognitive impairment common</li> </ul>	<ul style="list-style-type: none"> <li>• Specific inhalant assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Cardiac arrhythmias ("sudden sniffing death")</li> <li>• Permanent neurological damage risk</li> <li>• Screen for renal/hepatic damage</li> <li>• Often underdiagnosed</li> </ul>
 <b>F19</b>	<b>Multiple Drug Use Disorders</b>	<ul style="list-style-type: none"> <li>• F19.1-F19.7: As above for polysubstance</li> <li>• Complex interactions between substances</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive substance assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Identify primary substance</li> <li>• Complex withdrawal management</li> <li>• Higher overdose risk</li> <li>• Treatment hierarchy based on risk</li> </ul>



## F20-F29: Schizophrenia and Other Psychotic Disorders

Code	Diagnosis	Key Diagnostic Features	Differential Considerations	Clinical Pearls
 <b>F20</b>	<b>Schizophrenia</b>	<ul style="list-style-type: none"> <li>• F20.0: Paranoid</li> <li>• F20.1: Hebephrenic/Disorganized</li> <li>• F20.2: Catatonic</li> <li>• F20.3: Undifferentiated</li> <li>• F20.4: Post-schizophrenic depression</li> <li>• F20.5: Residual</li> <li>• F20.6: Simple</li> <li>• F20.8: Other</li> <li>• F20.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Substance-induced psychosis</li> <li>• Mood disorders with psychosis</li> <li>• Organic psychosis</li> <li>• Personality disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Duration criterion: 1 month of active symptoms</li> <li>• Negative symptoms predict functional outcome</li> <li>• DUP correlates with prognosis</li> <li>• Consider clozapine after 2 failed trials</li> <li>• Monitor metabolic parameters q3 months</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Differential Considerations	Clinical Pearls
 <b>F21</b>	<b>Schizotypal Disorder</b>	<ul style="list-style-type: none"> <li>• Odd beliefs/magical thinking</li> <li>• Unusual perceptual experiences</li> <li>• Paranoid ideation</li> <li>• Odd thinking/speech</li> <li>• Social isolation</li> </ul>	<ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• Autism spectrum</li> <li>• Schizoid PD</li> <li>• Paranoid PD</li> </ul>	<ul style="list-style-type: none"> <li>• Not used in DSM (classified as personality disorder)</li> <li>• May be prodromal to schizophrenia</li> <li>• Low-dose antipsychotics may help</li> <li>• Psychotherapy focuses on social skills</li> </ul>
 <b>F22</b>	<b>Persistent Delusional Disorders</b>	<ul style="list-style-type: none"> <li>• F22.0: Delusional disorder</li> <li>• Non-bizarre delusions</li> <li>• Functioning not markedly impaired</li> <li>• No prominent hallucinations</li> </ul>	<ul style="list-style-type: none"> <li>• Paranoid schizophrenia</li> <li>• OCD</li> <li>• Body dysmorphic disorder</li> <li>• Organic delusional disorder</li> </ul>	<ul style="list-style-type: none"> <li>• Lower antipsychotic doses often effective</li> <li>• Challenging therapeutic alliance</li> <li>• CBT may help insight development</li> <li>• Better prognosis than schizophrenia</li> </ul>
 <b>F23</b>	<b>Acute and Transient Psychotic Disorders</b>	<ul style="list-style-type: none"> <li>• Acute onset (&lt; 2 weeks)</li> <li>• Polymorphic presentation</li> <li>• Complete recovery within 1-3 months</li> </ul>	<ul style="list-style-type: none"> <li>• Brief psychotic disorder</li> <li>• Substance-induced psychosis</li> <li>• Mood disorders with psychosis</li> </ul>	<ul style="list-style-type: none"> <li>• Good prognosis</li> <li>• May not require long-term antipsychotics</li> <li>• Stress often precipitates</li> <li>• 50% may develop schizophrenia/mood disorders</li> </ul>
 <b>F24</b>	<b>Induced Delusional Disorder</b>	<ul style="list-style-type: none"> <li>• Delusions shared with another person</li> <li>• Close relationship with primary case</li> <li>• Delusions resolve with separation</li> </ul>	<ul style="list-style-type: none"> <li>• Independent psychotic disorders</li> <li>• Folie à deux</li> </ul>	<ul style="list-style-type: none"> <li>• Separation from primary case often necessary</li> <li>• Secondary case may not need antipsychotics</li> <li>• Assess for coercion/control dynamics</li> <li>• Family therapy beneficial</li> </ul>
 <b>F25</b>	<b>Schizoaffective Disorders</b>	<ul style="list-style-type: none"> <li>• F25.0: Manic type</li> <li>• F25.1: Depressive type</li> <li>• F25.2: Mixed type</li> <li>• Concurrent mood and schizophrenia symptoms</li> <li>• Mood-independent psychotic symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Schizophrenia</li> <li>• Bipolar with psychotic features</li> <li>• MDD with psychotic features</li> </ul>	<ul style="list-style-type: none"> <li>• Mood stabilizer + antipsychotic typical</li> <li>• Worse prognosis than mood disorders</li> <li>• Better prognosis than schizophrenia</li> <li>• Diagnostic stability lower than other psychoses</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Differential Considerations	Clinical Pearls
 <b>F28</b>	<b>Other Nonorganic Psychotic Disorders</b>	<ul style="list-style-type: none"> <li>• Psychotic symptoms not meeting other criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Attenuated psychosis syndrome</li> <li>• Culture-bound syndromes</li> </ul>	<ul style="list-style-type: none"> <li>• Consider for atypical presentations</li> <li>• Reassess diagnosis over time</li> <li>• Cultural formulation important</li> </ul>
 <b>F29</b>	<b>Unspecified Nonorganic Psychosis</b>	<ul style="list-style-type: none"> <li>• Insufficient information for specific diagnosis</li> <li>• Psychosis NOS</li> </ul>	<ul style="list-style-type: none"> <li>• All psychotic disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending information</li> <li>• Continue diagnostic assessment</li> <li>• Document psychotic symptoms specifically</li> </ul>





## **F30-F39: Mood [Affective] Disorders**




Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F30</b>	<b>Manic Episode</b>	<ul style="list-style-type: none"> <li>• F30.0: Hypomania</li> <li>• F30.1: Mania without psychosis</li> <li>• F30.2: Mania with psychosis</li> <li>• F30.8: Other manic episodes</li> <li>• F30.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• YMRS</li> <li>• ASRM</li> <li>• MDQ (screening)</li> </ul>	<ul style="list-style-type: none"> <li>• Distinguish from substance-induced</li> <li>• Assess for mixed features</li> <li>• Evaluate suicide risk</li> <li>• Consider medical causes (thyroid, steroids)</li> <li>• Document functional impairment</li> </ul>
 <b>F31</b>	<b>Bipolar Affective Disorder</b>	<ul style="list-style-type: none"> <li>• F31.0: Current hypomanic</li> <li>• F31.1: Current manic without psychosis</li> <li>• F31.2: Current manic with psychosis</li> <li>• F31.3: Current mild/moderate depression</li> <li>• F31.4: Current severe depression without psychosis</li> <li>• F31.5: Current severe depression with psychosis</li> <li>• F31.6: Current mixed episode</li> <li>• F31.7: Currently in remission</li> <li>• F31.8: Other bipolar</li> </ul>	<ul style="list-style-type: none"> <li>• YMRS</li> <li>• MADRS/QIDS</li> <li>• MDQ</li> <li>• HCL-32</li> <li>• BSDS</li> </ul>	<ul style="list-style-type: none"> <li>• Antidepressant monotherapy contraindicated</li> <li>• Mood stabilizer + antipsychotic for acute mania</li> <li>• Lithium superior for suicide prevention</li> <li>• Monitor for metabolic syndrome</li> <li>• Assess for rapid cycling (<math>\geq 4</math> episodes/year)</li> <li>• Screen first-degree relatives</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
		disorders • F31.9: Unspecified		
 <b>F32</b>	<b>Depressive Episode</b>	<ul style="list-style-type: none"> <li>• F32.0: Mild</li> <li>• F32.1: Moderate</li> <li>• F32.2: Severe without psychosis</li> <li>• F32.3: Severe with psychosis</li> <li>• F32.8: Other depressive episodes</li> <li>• F32.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• PHQ-9</li> <li>• MADRS</li> <li>• HAM-D</li> <li>• QIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Screen for bipolar history</li> <li>• Assess suicide risk (C-SSRS)</li> <li>• Evaluate for atypical features</li> <li>• Consider TRD after 2 failed trials</li> <li>• Document functional impairment</li> </ul>
 <b>F33</b>	<b>Recurrent Depressive Disorder</b>	<ul style="list-style-type: none"> <li>• F33.0: Current mild</li> <li>• F33.1: Current moderate</li> <li>• F33.2: Current severe without psychosis</li> <li>• F33.3: Current severe with psychosis</li> <li>• F33.4: Currently in remission</li> <li>• F33.8: Other recurrent depressive disorders</li> <li>• F33.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• PHQ-9</li> <li>• MADRS</li> <li>• HAM-D</li> <li>• QIDS</li> </ul>	<ul style="list-style-type: none"> <li>• Maintenance treatment after 3+ episodes</li> <li>• Longer duration with each episode</li> <li>• Consider prophylactic strategies</li> <li>• Psychotherapy reduces recurrence risk</li> <li>• Monitor for cognitive effects</li> </ul>
 <b>F34</b>	<b>Persistent Mood Disorders</b>	<ul style="list-style-type: none"> <li>• F34.0: Cyclothymia</li> <li>• F34.1: Dysthymia</li> <li>• F34.8: Other persistent mood disorders</li> <li>• F34.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Specific dysthymia scales</li> </ul>	<ul style="list-style-type: none"> <li>• Cyclothymia: 2+ years of hypomanic/depressive symptoms</li> <li>• Dysthymia: 2+ years of depressive symptoms</li> <li>• Often comorbid with major depression ("double depression")</li> <li>• Consider psychotherapy as first-line</li> </ul>
 <b>F38</b>	<b>Other Mood Disorders</b>	<ul style="list-style-type: none"> <li>• F38.0: Single mixed affective episode</li> <li>• F38.1: Recurrent brief depressive disorder</li> <li>• F38.8: Other specified mood disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Mood charting</li> </ul>	<ul style="list-style-type: none"> <li>• Mixed states increase suicide risk</li> <li>• Brief recurrent depression: episodes &lt;2 weeks</li> <li>• Consider mood stabilizers for mixed states</li> </ul>
 <b>F39</b>	<b>Unspecified Mood Disorder</b>	<ul style="list-style-type: none"> <li>• Mood disturbance not meeting specific criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive mood assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending information</li> <li>• Continue diagnostic assessment</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
				• Document specific mood symptoms

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Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 F40	<b>Phobic Anxiety Disorders</b>	<ul style="list-style-type: none"> <li>• F40.0: Agoraphobia</li> <li>• F40.1: Social phobias</li> <li>• F40.2: Specific phobias</li> <li>• F40.8: Other phobic anxiety disorders</li> <li>• F40.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• LSAS (social)</li> <li>• Mobility Inventory (agoraphobia)</li> <li>• Specific phobia scales</li> </ul>	<ul style="list-style-type: none"> <li>• Agoraphobia can occur without panic history</li> <li>• Social anxiety: performance vs. interactional</li> <li>• Exposure therapy gold standard</li> <li>• SSRIs first-line pharmacotherapy</li> <li>• Beta-blockers for performance anxiety</li> </ul>
 F41	<b>Other Anxiety Disorders</b>	<ul style="list-style-type: none"> <li>• F41.0: Panic disorder</li> <li>• F41.1: Generalized anxiety disorder</li> <li>• F41.2: Mixed anxiety and depression</li> <li>• F41.3: Other mixed anxiety disorders</li> <li>• F41.8: Other specified anxiety disorders</li> <li>• F41.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• GAD-7</li> <li>• PDSS</li> <li>• BAI</li> <li>• PSWQ</li> </ul>	<ul style="list-style-type: none"> <li>• Panic: rule out medical mimics (cardiac, thyroid)</li> <li>• GAD: excessive worry &gt;6 months</li> <li>• Mixed anxiety-depression: subsyndromal</li> <li>• Consider SNRIs for comorbid pain</li> <li>• CBT as effective as medication</li> </ul>
 F42	<b>Obsessive-Compulsive Disorder</b>	<ul style="list-style-type: none"> <li>• F42.0: Predominantly obsessions</li> <li>• F42.1: Predominantly compulsions</li> <li>• F42.2: Mixed obsessions and compulsions</li> <li>• F42.8: Other OCD</li> <li>• F42.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Y-BOCS</li> <li>• OCI-R</li> <li>• DOCS</li> </ul>	<ul style="list-style-type: none"> <li>• Higher SSRI doses often needed</li> <li>• ERP most effective psychotherapy</li> <li>• Consider TMS/DBS for refractory cases</li> <li>• Screen for tic disorders</li> <li>• Assess insight (good to absent)</li> </ul>
 F43	<b>Reaction to Severe Stress and</b>	<ul style="list-style-type: none"> <li>• F43.0: Acute stress reaction</li> <li>• F43.1: PTSD</li> </ul>	<ul style="list-style-type: none"> <li>• PCL-5 (PTSD)</li> <li>• CAPS-5 (PTSD)</li> </ul>	<ul style="list-style-type: none"> <li>• Acute stress: transient (&lt;1 month)</li> <li>• PTSD: symptoms &gt;1</li> </ul>



Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
	<b>Adjustment Disorders</b>	<ul style="list-style-type: none"> <li>• F43.2: Adjustment disorders</li> <li>• F43.8: Other reactions to severe stress</li> <li>• F43.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Adjustment disorder scales</li> </ul>	<ul style="list-style-type: none"> <li>• month post-trauma</li> <li>• Adjustment: within 3 months of stressor</li> <li>• Trauma-focused therapies (PE, CPT) first-line</li> <li>• Prazosin for nightmares</li> </ul>
 <b>F44</b>	<b>Dissociative Disorders</b>	<ul style="list-style-type: none"> <li>• F44.0: Dissociative amnesia</li> <li>• F44.1: Dissociative fugue</li> <li>• F44.2: Dissociative stupor</li> <li>• F44.3: Trance and possession disorders</li> <li>• F44.4: Dissociative motor disorders</li> <li>• F44.5: Dissociative convulsions</li> <li>• F44.6: Dissociative anesthesia/sensory loss</li> <li>• F44.7: Mixed dissociative disorders</li> <li>• F44.8: Other dissociative disorders</li> <li>• F44.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• DES</li> <li>• SDQ-20</li> <li>• SCID-D</li> </ul>	<ul style="list-style-type: none"> <li>• Rule out neurological conditions</li> <li>• Trauma history common but not universal</li> <li>• Psychotherapy first-line</li> <li>• Limited evidence for pharmacotherapy</li> <li>• Cultural context important</li> </ul>
 <b>F45</b>	<b>Somatoform Disorders</b>	<ul style="list-style-type: none"> <li>• F45.0: Somatization disorder</li> <li>• F45.1: Undifferentiated somatoform disorder</li> <li>• F45.2: Hypochondriacal disorder</li> <li>• F45.3: Somatoform autonomic dysfunction</li> <li>• F45.4: Persistent somatoform pain disorder</li> <li>• F45.8: Other somatoform disorders</li> <li>• F45.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• PHQ-15</li> <li>• WI-7 (health anxiety)</li> <li>• SSS-8</li> </ul>	<ul style="list-style-type: none"> <li>• Validate symptoms while avoiding unnecessary tests</li> <li>• Regular scheduled visits (not symptom-contingent)</li> <li>• CBT effective for health anxiety</li> <li>• Address comorbid anxiety/depression</li> <li>• Collaborative care model beneficial</li> </ul>
 <b>F48</b>	<b>Other Neurotic Disorders</b>	<ul style="list-style-type: none"> <li>• F48.0: Neurasthenia</li> <li>• F48.1: Depersonalization-derealization syndrome</li> <li>• F48.8: Other specified</li> </ul>	<ul style="list-style-type: none"> <li>• CDS (depersonalization)</li> </ul>	<ul style="list-style-type: none"> <li>• Neurasthenia: persistent fatigue after mental effort</li> <li>• Depersonalization: detachment from self/</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
		neurotic disorders • F48.9: Unspecified		surroundings • Consider cultural concepts of distress • Rule out organic causes


## F50-F59: Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors






Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F50</b>	<b>Eating Disorders</b>	<ul style="list-style-type: none"> <li>• F50.0: Anorexia nervosa</li> <li>• F50.1: Atypical anorexia nervosa</li> <li>• F50.2: Bulimia nervosa</li> <li>• F50.3: Atypical bulimia nervosa</li> <li>• F50.4: Overeating associated with other psychological disturbances</li> <li>• F50.5: Vomiting associated with other psychological disturbances</li> <li>• F50.8: Other eating disorders</li> <li>• F50.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• EAT-26</li> <li>• EDI-3</li> <li>• SCOFF (screening)</li> <li>• EDE-Q</li> </ul>	<ul style="list-style-type: none"> <li>• Medical stabilization priority in AN</li> <li>• Assess for refeeding syndrome risk</li> <li>• Monitor electrolytes in purging behaviors</li> <li>• FBT for adolescents with AN</li> <li>• CBT-E effective for BN and BED</li> <li>• Consider higher level of care for BMI &lt;16</li> </ul>
 <b>F51</b>	<b>Nonorganic Sleep Disorders</b>	<ul style="list-style-type: none"> <li>• F51.0: Nonorganic insomnia</li> <li>• F51.1: Nonorganic hypersomnia</li> <li>• F51.2: Nonorganic disorder of sleep-wake schedule</li> <li>• F51.3: Sleepwalking</li> <li>• F51.4: Sleep terrors</li> <li>• F51.5: Nightmares</li> <li>• F51.8: Other nonorganic sleep disorders</li> <li>• F51.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• ISI (insomnia)</li> <li>• ESS (sleepiness)</li> <li>• PSQI</li> <li>• Sleep diaries</li> </ul>	<ul style="list-style-type: none"> <li>• CBT-I first-line for chronic insomnia</li> <li>• Sleep hygiene alone insufficient</li> <li>• Limit hypnotic use to short-term</li> <li>• Assess for comorbid sleep disorders</li> <li>• Consider circadian rhythm disorders</li> </ul>




Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F52</b>	<b>Sexual Dysfunction, Not Caused by Organic Disorder or Disease</b>	<ul style="list-style-type: none"> <li>• F52.0: Lack or loss of sexual desire</li> <li>• F52.1: Sexual aversion and lack of sexual enjoyment</li> <li>• F52.2: Failure of genital response</li> <li>• F52.3: Orgasmic dysfunction</li> <li>• F52.4: Premature ejaculation</li> <li>• F52.5: Nonorganic vaginismus</li> <li>• F52.6: Nonorganic dyspareunia</li> <li>• F52.7: Excessive sexual drive</li> <li>• F52.8: Other sexual dysfunction</li> <li>• F52.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• FSFI (female)</li> <li>• IIEF (male)</li> <li>• SFQ</li> </ul>	<ul style="list-style-type: none"> <li>• Rule out medical/ medication causes</li> <li>• Assess relationship factors</li> <li>• Sex therapy often beneficial</li> <li>• Consider sensate focus techniques</li> <li>• Address performance anxiety</li> </ul>
 <b>F53</b>	<b>Mental and Behavioral Disorders Associated with the Puerperium</b>	<ul style="list-style-type: none"> <li>• F53.0: Mild disorders associated with the puerperium</li> <li>• F53.1: Severe disorders associated with the puerperium</li> <li>• F53.8: Other puerperal mental disorders</li> <li>• F53.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• EPDS</li> <li>• PDSS</li> <li>• PHQ-9</li> </ul>	<ul style="list-style-type: none"> <li>• Screen at 2, 4, and 6 months postpartum</li> <li>• Consider rapid-acting treatments for severe cases</li> <li>• Assess infant safety and bonding</li> <li>• Evaluate for psychosis/ suicidality</li> <li>• Consider mother-baby unit when available</li> </ul>
 <b>F54</b>	<b>Psychological and Behavioral Factors Associated with Disorders or Diseases Classified Elsewhere</b>	<ul style="list-style-type: none"> <li>• Psychological factors affecting medical conditions</li> <li>• Psychogenic aggravation of physical symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• Illness-specific measures</li> </ul>	<ul style="list-style-type: none"> <li>• Document specific psychological contribution</li> <li>• Avoid implying symptoms are "not real"</li> <li>• Consider integrated care approach</li> <li>• Address illness beliefs and behaviors</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
				<ul style="list-style-type: none"> <li>• CBT effective for many conditions</li> </ul>
 <b>F55</b>	<b>Abuse of Non-Dependence-Producing Substances</b>	<ul style="list-style-type: none"> <li>• Habitual use of: antacids, herbal remedies, steroids, vitamins, laxatives, etc.</li> <li>• Harmful physical effects</li> <li>• Not meeting criteria for dependence</li> </ul>	<ul style="list-style-type: none"> <li>• Substance-specific assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Assess for underlying psychiatric disorders</li> <li>• Evaluate for body image concerns</li> <li>• Consider gradual taper when appropriate</li> <li>• Address health anxiety</li> <li>• Motivational interviewing helpful</li> </ul>
 <b>F59</b>	<b>Unspecified Behavioral Syndromes Associated with Physiological Disturbances and Physical Factors</b>	<ul style="list-style-type: none"> <li>• Psychogenic physiological dysfunction not classified elsewhere</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending information</li> <li>• Continue diagnostic assessment</li> <li>• Document specific symptoms</li> </ul>

## F60-F69: Disorders of Adult Personality and Behavior



Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F60</b>	<b>Specific Personality Disorders</b>	<ul style="list-style-type: none"> <li>• F60.0: Paranoid</li> <li>• F60.1: Schizoid</li> <li>• F60.2: Dissocial/Antisocial</li> <li>• F60.3: Emotionally unstable/Borderline</li> <li>• F60.4: Histrionic</li> <li>• F60.5: Anankastic/Obsessive-compulsive</li> <li>• F60.6: Anxious/Avoidant</li> <li>• F60.7: Dependent</li> <li>• F60.8: Other specific personality disorders</li> <li>• F60.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• SCID-5-PD</li> <li>• PID-5</li> <li>• IPDE</li> <li>• PDQ-4</li> </ul>	<ul style="list-style-type: none"> <li>• Enduring patterns evident by early adulthood</li> <li>• Assess functional impairment</li> <li>• Avoid diagnosis during acute illness</li> <li>• Consider dimensional approach</li> <li>• DBT for borderline PD</li> <li>• MBT for borderline/antisocial PD</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F61</b>	<b>Mixed and Other Personality Disorders</b>	<ul style="list-style-type: none"> <li>• Mixed personality disorder</li> <li>• Troublesome personality changes</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive personality assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Common to meet criteria for multiple PDs</li> <li>• Consider trait-specific interventions</li> <li>• Focus on functional domains</li> <li>• Psychotherapy primary treatment</li> </ul>
 <b>F62</b>	<b>Enduring Personality Changes, Not Attributable to Brain Damage and Disease</b>	<ul style="list-style-type: none"> <li>• F62.0: After catastrophic experience</li> <li>• F62.1: After psychiatric illness</li> <li>• F62.8: Other</li> <li>• F62.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Trauma assessment</li> <li>• Personality change measures</li> </ul>	<ul style="list-style-type: none"> <li>• Document pre-existing personality</li> <li>• Distinguish from PTSD</li> <li>• Consider trauma-focused therapy</li> <li>• Assess for organic factors</li> </ul>
 <b>F63</b>	<b>Habit and Impulse Disorders</b>	<ul style="list-style-type: none"> <li>• F63.0: Pathological gambling</li> <li>• F63.1: Pathological fire-setting</li> <li>• F63.2: Pathological stealing</li> <li>• F63.3: Trichotillomania</li> <li>• F63.8: Other impulse disorders</li> <li>• F63.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Disorder-specific scales</li> <li>• Impulsivity measures</li> </ul>	<ul style="list-style-type: none"> <li>• Consider comorbid conditions (ADHD, bipolar)</li> <li>• Assess for substance use</li> <li>• CBT effective for many impulse disorders</li> <li>• Consider habit reversal training</li> <li>• SSRIs may help some conditions</li> </ul>
 <b>F64</b>	<b>Gender Identity Disorders</b>	<ul style="list-style-type: none"> <li>• F64.0: Transsexualism</li> <li>• F64.1: Dual-role transvestism</li> <li>• F64.2: Gender identity disorder of childhood</li> <li>• F64.8: Other gender identity disorders</li> <li>• F64.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Gender dysphoria measures</li> </ul>	<ul style="list-style-type: none"> <li>• Affirming approach recommended</li> <li>• Consider referral to specialized services</li> <li>• Assess for minority stress</li> <li>• Support during transition process</li> <li>• Address comorbid conditions</li> </ul>
 <b>F65</b>	<b>Disorders of Sexual Preference</b>	<ul style="list-style-type: none"> <li>• F65.0: Fetishism</li> <li>• F65.1: Fetishistic</li> </ul>	<ul style="list-style-type: none"> <li>• Specific paraphilia measures</li> </ul>	<ul style="list-style-type: none"> <li>• Distinguish paraphilia from</li> </ul>



Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
		transvestism <ul style="list-style-type: none"> <li>• F65.2: Exhibitionism</li> <li>• F65.3: Voyeurism</li> <li>• F65.4: Pedophilia</li> <li>• F65.5: Sadomasochism</li> <li>• F65.6: Multiple disorders of sexual preference</li> <li>• F65.8: Other disorders of sexual preference</li> <li>• F65.9: Unspecified</li> </ul>		paraphilic disorder <ul style="list-style-type: none"> <li>• Assess for distress/impairment</li> <li>• Consider legal/ethical implications</li> <li>• CBT can address problematic behaviors</li> <li>• Medication may reduce urges in some cases</li> </ul>
 <b>F66</b>	<b>Psychological and Behavioral Disorders Associated with Sexual Development and Orientation</b>	<ul style="list-style-type: none"> <li>• F66.0: Sexual maturation disorder</li> <li>• F66.1: Egodystonic sexual orientation</li> <li>• F66.2: Sexual relationship disorder</li> <li>• F66.8: Other psychosexual development disorders</li> <li>• F66.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual identity measures</li> </ul>	<ul style="list-style-type: none"> <li>• Sexual orientation not a disorder</li> <li>• Focus on distress, not orientation</li> <li>• Affirming therapy approach</li> <li>• Address minority stress</li> <li>• Consider cultural/religious factors</li> </ul>
 <b>F68</b>	<b>Other Disorders of Adult Personality and Behavior</b>	<ul style="list-style-type: none"> <li>• F68.0: Elaboration of physical symptoms for psychological reasons</li> <li>• F68.1: Intentional production/feigning of symptoms (factitious disorder)</li> <li>• F68.8: Other specified disorders</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Factitious: distinguish from malingering</li> <li>• Avoid confrontation</li> <li>• Focus on reducing harm</li> <li>• Consider team approach</li> <li>• Document patterns objectively</li> </ul>
 <b>F69</b>	<b>Unspecified Disorder of Adult Personality and Behavior</b>	<ul style="list-style-type: none"> <li>• Insufficient information for specific diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending information</li> <li>• Continue diagnostic assessment</li> <li>• Document specific symptoms</li> </ul>





## F70-F79: Mental Retardation [Intellectual Disability]


Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F70</b>	<b>Mild Mental Retardation [Intellectual Disability]</b>	<ul style="list-style-type: none"> <li>• IQ 50-69</li> <li>• Conceptual: concrete thinking, academic skills at elementary level</li> <li>• Social: immature social interactions</li> <li>• Practical: independent with basic needs, support for complex tasks</li> </ul>	<ul style="list-style-type: none"> <li>• WAIS/WISC</li> <li>• Vineland-3</li> <li>• ABAS-3</li> </ul>	<ul style="list-style-type: none"> <li>• Can usually achieve independent living</li> <li>• May need support during stress</li> <li>• Can benefit from vocational training</li> <li>• Consider comorbid conditions</li> <li>• Assess adaptive functioning</li> </ul>
 <b>F71</b>	<b>Moderate Mental Retardation [Intellectual Disability]</b>	<ul style="list-style-type: none"> <li>• IQ 35-49</li> <li>• Conceptual: basic literacy, time, money concepts</li> <li>• Social: distinguishes friends from strangers, social cues</li> <li>• Practical: self-care with reminders, supervised independent living</li> </ul>	<ul style="list-style-type: none"> <li>• WAIS/WISC</li> <li>• Vineland-3</li> <li>• ABAS-3</li> </ul>	<ul style="list-style-type: none"> <li>• Usually requires daily living support</li> <li>• Can perform simple work tasks</li> <li>• May develop secondary psychiatric conditions</li> <li>• Assess communication abilities</li> <li>• Consider group home placement</li> </ul>
 <b>F72</b>	<b>Severe Mental Retardation [Intellectual Disability]</b>	<ul style="list-style-type: none"> <li>• IQ 20-34</li> <li>• Conceptual: limited symbolic communication</li> <li>• Social: limited verbal expression, enjoys relationships</li> <li>• Practical: requires daily supervision, assistance with all complex tasks</li> </ul>	<ul style="list-style-type: none"> <li>• Bayley Scales</li> <li>• Vineland-3</li> <li>• ABAS-3</li> </ul>	<ul style="list-style-type: none"> <li>• Requires extensive support</li> <li>• May have associated neurological conditions</li> <li>• Assess for sensory impairments</li> <li>• Consider behavioral phenotypes</li> <li>• Focus on functional communication</li> </ul>
 <b>F73</b>	<b>Profound Mental Retardation [Intellectual Disability]</b>	<ul style="list-style-type: none"> <li>• IQ under 20</li> <li>• Conceptual: rudimentary nonverbal communication</li> <li>• Social: enjoys relationships with caregivers</li> <li>• Practical: dependent for all aspects of care</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental scales</li> <li>• Observational assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Requires 24-hour support</li> <li>• Often has associated medical conditions</li> <li>• Focus on quality of life</li> <li>• Assess for pain/discomfort</li> <li>• Consider sensory stimulation programs</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F78</b>	<b>Other Mental Retardation [Intellectual Disability]</b>	<ul style="list-style-type: none"> <li>• Assessment difficult due to sensory/physical impairments</li> <li>• Evidence of intellectual disability present</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptive behavior scales</li> <li>• Modified assessment techniques</li> </ul>	<ul style="list-style-type: none"> <li>• Adapt assessment to capabilities</li> <li>• Consider assistive technology</li> <li>• Focus on functional abilities</li> <li>• Multidisciplinary assessment essential</li> </ul>
 <b>F79</b>	<b>Unspecified Mental Retardation [Intellectual Disability]</b>	<ul style="list-style-type: none"> <li>• Evidence of intellectual disability</li> <li>• Insufficient information for specific diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Screening measures</li> <li>• Observational assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending assessment</li> <li>• Continue diagnostic evaluation</li> <li>• Document specific limitations</li> </ul>




## **F80-F89: Disorders of Psychological Development**





Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F80</b>	<b>Specific Developmental Disorders of Speech and Language</b>	<ul style="list-style-type: none"> <li>• F80.0: Specific speech articulation disorder</li> <li>• F80.1: Expressive language disorder</li> <li>• F80.2: Receptive language disorder</li> <li>• F80.3: Acquired aphasia with epilepsy</li> <li>• F80.8: Other speech and language disorders</li> <li>• F80.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• CELF-5</li> <li>• PLS-5</li> <li>• GFTA-3</li> </ul>	<ul style="list-style-type: none"> <li>• Early intervention improves outcomes</li> <li>• Rule out hearing impairment</li> <li>• Consider comorbid conditions</li> <li>• Speech therapy essential</li> <li>• Assess impact on social functioning</li> </ul>
 <b>F81</b>	<b>Specific Developmental Disorders of Scholastic Skills</b>	<ul style="list-style-type: none"> <li>• F81.0: Specific reading disorder</li> <li>• F81.1: Specific spelling disorder</li> <li>• F81.2: Specific disorder of arithmetical skills</li> <li>• F81.3: Mixed disorder of scholastic skills</li> <li>• F81.8: Other developmental disorders of scholastic skills</li> <li>• F81.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• WIAT-4</li> <li>• KTEA-3</li> <li>• Specific reading/math assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Discrepancy from intellectual ability</li> <li>• Educational accommodations important</li> <li>• Consider multimodal teaching approaches</li> <li>• Screen for comorbid ADHD</li> <li>• Evidence-based interventions available</li> </ul>
	<b>Specific Developmental</b>	<ul style="list-style-type: none"> <li>• Developmental coordination disorder</li> </ul>		<ul style="list-style-type: none"> <li>• Often persists into adolescence/</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 <b>F82</b>	<b>Disorder of Motor Function</b>	<ul style="list-style-type: none"> <li>• Dyspraxia</li> <li>• Significant motor coordination difficulties</li> <li>• Not due to neurological condition</li> </ul>	<ul style="list-style-type: none"> <li>• MABC-2</li> <li>• BOT-2</li> <li>• DCDQ</li> </ul>	adulthood <ul style="list-style-type: none"> <li>• Physical/occupational therapy beneficial</li> <li>• Consider adaptive physical education</li> <li>• Assess impact on self-esteem</li> <li>• Screen for learning disorders</li> </ul>
 <b>F83</b>	<b>Mixed Specific Developmental Disorders</b>	<ul style="list-style-type: none"> <li>• Combination of specific developmental disorders</li> <li>• No single disorder predominant</li> </ul>	<ul style="list-style-type: none"> <li>• Comprehensive developmental assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Requires multidisciplinary approach</li> <li>• Individualized education planning</li> <li>• Consider developmental trajectory</li> <li>• Address all affected domains</li> <li>• Regular reassessment recommended</li> </ul>
 <b>F84</b>	<b>Pervasive Developmental Disorders</b>	<ul style="list-style-type: none"> <li>• F84.0: Childhood autism</li> <li>• F84.1: Atypical autism</li> <li>• F84.2: Rett's syndrome</li> <li>• F84.3: Other childhood disintegrative disorder</li> <li>• F84.4: Overactive disorder with mental retardation and stereotyped movements</li> <li>• F84.5: Asperger's syndrome</li> <li>• F84.8: Other pervasive developmental disorders</li> <li>• F84.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• ADOS-2</li> <li>• ADI-R</li> <li>• SCQ</li> <li>• CARS-2</li> </ul>	<ul style="list-style-type: none"> <li>• Early intervention improves outcomes</li> <li>• Consider genetic testing</li> <li>• Structured teaching approaches helpful</li> <li>• Address comorbid conditions</li> <li>• Support family/caregivers</li> <li>• Transition planning for adolescents</li> </ul>
 <b>F88</b>	<b>Other Disorders of Psychological Development</b>	<ul style="list-style-type: none"> <li>• Developmental disorders not meeting specific criteria</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Document specific developmental concerns</li> <li>• Consider atypical presentations</li> <li>• Monitor developmental trajectory</li> <li>• Early intervention beneficial</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 F89	<b>Unspecified Disorder of Psychological Development</b>	<ul style="list-style-type: none"> <li>• Evidence of developmental disorder</li> <li>• Insufficient information for specific diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>• Developmental screening</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary diagnosis pending assessment</li> <li>• Continue diagnostic evaluation</li> <li>• Document specific developmental concerns</li> </ul>

## **F90-F98: Behavioral and Emotional Disorders with Onset Usually Occurring in Childhood and Adolescence**

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
 F90	<b>Hyperkinetic Disorders</b>	<ul style="list-style-type: none"> <li>• F90.0: Disturbance of activity and attention</li> <li>• F90.1: Hyperkinetic conduct disorder</li> <li>• F90.8: Other hyperkinetic disorders</li> <li>• F90.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• Conners-3</li> <li>• ADHD-RS-5</li> <li>• SNAP-IV</li> <li>• BRIEF-2</li> </ul>	<ul style="list-style-type: none"> <li>• Symptoms before age 12</li> <li>• Consider comorbidities (40-60%)</li> <li>• Multimodal treatment approach</li> <li>• Medication + behavioral intervention</li> <li>• Educational accommodations important</li> </ul>
 F91	<b>Conduct Disorders</b>	<ul style="list-style-type: none"> <li>• F91.0: Conduct disorder confined to family context</li> <li>• F91.1: Unsocialized conduct disorder</li> <li>• F91.2: Socialized conduct disorder</li> <li>• F91.3: Oppositional defiant disorder</li> <li>• F91.8: Other conduct disorders</li> <li>• F91.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• CBCL</li> <li>• SDQ</li> <li>• ICU (callous-unemotional)</li> <li>• ECBI</li> </ul>	<ul style="list-style-type: none"> <li>• Distinguish from normal developmental behavior</li> <li>• Parent management training effective</li> <li>• Consider family therapy</li> <li>• Assess for trauma history</li> <li>• Early intervention critical</li> </ul>
 F92	<b>Mixed Disorders of Conduct and Emotions</b>	<ul style="list-style-type: none"> <li>• Combination of persistent aggressive/antisocial behavior with emotional symptoms</li> </ul>	<ul style="list-style-type: none"> <li>• CBCL</li> <li>• YSR</li> <li>• Comprehensive assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Worse prognosis than either disorder alone</li> <li>• Address both behavioral and</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
				emotional components <ul style="list-style-type: none"> <li>• Consider trauma-informed approach</li> <li>• Family involvement essential</li> <li>• Monitor for substance use</li> </ul>
 <b>F93</b>	<b>Emotional Disorders with Onset Specific to Childhood</b>	<ul style="list-style-type: none"> <li>• F93.0: Separation anxiety disorder</li> <li>• F93.1: Phobic anxiety disorder of childhood</li> <li>• F93.2: Social anxiety disorder of childhood</li> <li>• F93.3: Sibling rivalry disorder</li> <li>• F93.8: Other childhood emotional disorders</li> <li>• F93.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• SCARED</li> <li>• MASC-2</li> <li>• Specific anxiety measures</li> </ul>	<ul style="list-style-type: none"> <li>• Often precedes adult anxiety disorders</li> <li>• CBT effective for most childhood anxiety</li> <li>• Parent involvement improves outcomes</li> <li>• Consider developmental appropriateness</li> <li>• School refusal requires prompt intervention</li> </ul>
 <b>F94</b>	<b>Disorders of Social Functioning with Onset Specific to Childhood and Adolescence</b>	<ul style="list-style-type: none"> <li>• F94.0: Elective mutism</li> <li>• F94.1: Reactive attachment disorder of childhood</li> <li>• F94.2: Disinhibited attachment disorder of childhood</li> <li>• F94.8: Other childhood disorders of social functioning</li> <li>• F94.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• DAWBA-RAD</li> <li>• Attachment measures</li> <li>• Observational assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Elective mutism: anxiety-based, not oppositional</li> <li>• RAD: requires history of pathogenic care</li> <li>• Attachment-focused interventions</li> <li>• Consider trauma history</li> <li>• Caregiver involvement essential</li> </ul>
 <b>F95</b>	<b>Tic Disorders</b>	<ul style="list-style-type: none"> <li>• F95.0: Transient tic disorder</li> <li>• F95.1: Chronic motor or vocal tic disorder</li> <li>• F95.2: Combined vocal and multiple motor tic disorder (Tourette's)</li> <li>• F95.8: Other tic disorders</li> <li>• F95.9: Unspecified</li> </ul>	<ul style="list-style-type: none"> <li>• YGTSS</li> <li>• PUTS</li> <li>• TIC-P</li> </ul>	<ul style="list-style-type: none"> <li>• Often wax and wane</li> <li>• Peak severity 10-12 years</li> <li>• CBIT effective behavioral intervention</li> <li>• Consider PANDAS/ PANS</li> <li>• Screen for OCD, ADHD (common comorbidities)</li> </ul>
 <b>F98</b>	<b>Other Behavioral and Emotional Disorders with Onset Usually Occurring</b>	<ul style="list-style-type: none"> <li>• F98.0: Nonorganic enuresis</li> <li>• F98.1: Nonorganic</li> </ul>	<ul style="list-style-type: none"> <li>• Disorder-specific measures</li> </ul>	<ul style="list-style-type: none"> <li>• Enuresis: alarm therapy most effective</li> <li>• Encopresis: requires</li> </ul>

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
	<b>in Childhood and Adolescence</b>	encopresis • F98.2: Feeding disorder of infancy and childhood • F98.3: Pica of infancy and childhood • F98.4: Stereotyped movement disorders • F98.5: Stuttering • F98.6: Cluttering • F98.8: Other specified disorders • F98.9: Unspecified	• Functional assessment	medical evaluation • Pica: screen for nutritional deficiencies • Stuttering: early intervention important • Consider developmental context

## ? F99: Unspecified Mental Disorder

Code	Diagnosis	Key Diagnostic Features	Assessment Approach	Clinical Pearls
<b>? F99</b>	<b>Mental Disorder, Not Otherwise Specified</b>	• Mental disturbance present • Insufficient information for specific diagnosis • Temporary diagnostic assignment	• Comprehensive psychiatric assessment • Collateral information • Longitudinal observation	• Continue diagnostic assessment • Document specific symptoms • Update diagnosis when more information available • Consider cultural factors • Avoid premature diagnostic closure