

ICD-10 F Code Cheat Sheet: Advanced Clinical Reference



F01-F09: Organic Mental Disorders

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

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

F10-F19: Substance Use Disorders

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

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

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

F20-F29: Schizophrenia and Other Psychotic Disorders

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

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

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

F30-F39: Mood [Affective] Disorders

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

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
		disorders • F31.9: Unspecified		
 F32	Depressive Episode	• F32.0: Mild • F32.1: Moderate • F32.2: Severe without psychosis • F32.3: Severe with psychosis • F32.8: Other depressive episodes • F32.9: Unspecified	• PHQ-9 • MADRS • HAM-D • QIDS	• Screen for bipolar history • Assess suicide risk (C-SSRS) • Evaluate for atypical features • Consider TRD after 2 failed trials • Document functional impairment
 F33	Recurrent Depressive Disorder	• F33.0: Current mild • F33.1: Current moderate • F33.2: Current severe without psychosis • F33.3: Current severe with psychosis • F33.4: Currently in remission • F33.8: Other recurrent depressive disorders • F33.9: Unspecified	• PHQ-9 • MADRS • HAM-D • QIDS	• Maintenance treatment after 3+ episodes • Longer duration with each episode • Consider prophylactic strategies • Psychotherapy reduces recurrence risk • Monitor for cognitive effects
 F34	Persistent Mood Disorders	• F34.0: Cyclothymia • F34.1: Dysthymia • F34.8: Other persistent mood disorders • F34.9: Unspecified	• Specific dysthymia scales	• Cyclothymia: 2+ years of hypomanic/depressive symptoms • Dysthymia: 2+ years of depressive symptoms • Often comorbid with major depression ("double depression") • Consider psychotherapy as first-line
 F38	Other Mood Disorders	• F38.0: Single mixed affective episode • F38.1: Recurrent brief depressive disorder • F38.8: Other specified mood disorders	• Mood charting	• Mixed states increase suicide risk • Brief recurrent depression: episodes <2 weeks • Consider mood stabilizers for mixed states
 F39	Unspecified Mood Disorder	• Mood disturbance not meeting specific criteria	• Comprehensive mood assessment	• Temporary diagnosis pending information • Continue diagnostic assessment

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
				<ul style="list-style-type: none"> • Document specific mood symptoms

😢 F40-F48: Anxiety, Dissociative, Stress-Related, and Somatoform Disorders

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

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

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

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

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

F60-F69: Disorders of Adult Personality and Behavior

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

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

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
		transvestism • F65.2: Exhibitionism • F65.3: Voyeurism • F65.4: Pedophilia • F65.5: Sadomasochism • F65.6: Multiple disorders of sexual preference • F65.8: Other disorders of sexual preference • F65.9: Unspecified		paraphilic disorder • Assess for distress/ impairment • Consider legal/ ethical implications • CBT can address problematic behaviors • Medication may reduce urges in some cases
🧠 F66	Psychological and Behavioral Disorders Associated with Sexual Development and Orientation	• F66.0: Sexual maturation disorder • F66.1: Egodystonic sexual orientation • F66.2: Sexual relationship disorder • F66.8: Other psychosexual development disorders • F66.9: Unspecified	• Sexual identity measures	• Sexual orientation not a disorder • Focus on distress, not orientation • Afirming therapy approach • Address minority stress • Consider cultural/religious factors
❓ F68	Other Disorders of Adult Personality and Behavior	• F68.0: Elaboration of physical symptoms for psychological reasons • F68.1: Intentional production/feigning of symptoms (factitious disorder) • F68.8: Other specified disorders	• Comprehensive assessment	• Factitious: distinguish from malingering • Avoid confrontation • Focus on reducing harm • Consider team approach • Document patterns objectively
❓ F69	Unspecified Disorder of Adult Personality and Behavior	• Insufficient information for specific diagnosis	• Comprehensive assessment	• Temporary diagnosis pending information • Continue diagnostic assessment • Document specific symptoms

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

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

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

F80-F89: Disorders of Psychological Development

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

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

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

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

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

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

Code	Diagnosis	Key Diagnostic Features	Assessment Tools	Clinical Pearls
	in Childhood and Adolescence	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
?	Mental Disorder, Not Otherwise Specified	• 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

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