

Substance use disorders

Risk adjustment coding and documentation



Samaritan
Health Plans

The diagnosis of a **substance use disorder** is based on a pathological pattern of behaviors related to use of the substance. DSM-5 outlines 11 specific criteria (see Table 1) for diagnosing a substance use disorder and allows clinicians to specify the severity of the disorder as follows:

- **Mild:** 2-3 criteria met (codes to Abuse in ICD-10).
- **Moderate:** 4-5 criteria met (codes to dependence in ICD-10).
- **Severe:** 6 or more criteria met (codes to dependence in ICD-10).

Substance-induced disorders includes intoxication, withdrawal and other substance/medication-induced mental disorders (e.g., substance-induced psychotic disorder, substance-induced depressive disorder).

Coding example

DSM-5 diagnosis	ICD-10 description	Code	HCC
Alcohol use disorder-mild	Alcohol abuse, uncomplicated	F10.10	None
Alcohol use disorder-moderate or severe	Alcohol dependence, uncomplicated	F10.20	55
Alcohol use disorder, severe, in sustained remission	Alcohol dependence, in remission	F10.21	55

Documentation guidance

When documenting substance use disorders, include the following:

- **Substance** — alcohol, opioid, cannabis, etc.
- **Severity** — mild, moderate, severe.
- **Pattern of use** — continuous use, in remission, relapsed, etc.
- **Substance-induced** mood/psychotic symptoms — depression, hallucination, anxiety, etc.
- **Current presentation** — intoxication, withdrawal, etc.
- **Treatment plan** — rehabilitation, maintenance therapy (specify drug), AA, etc.

Best practices

- When the condition is current, include it in the final assessment along with any associated physical, mental or behavioral disorder.
- Link the final diagnosis to any medications currently being used to treat the condition.
- Do not use “history of” to describe a condition in remission. Instead, document partial or full remission. State the substance that is inducing the disorder, for example: [insert substance] abuse/dependence/use with [insert substance]-induced anxiety disorder.
- When the SUD is being followed and managed by a different provider, it is still appropriate to include the diagnosis in the final assessment when the condition has impact on patient care, treatment and management.

Table 1. DSM-5 criteria

Criterion (1-4): impaired control over substance use

1. Substance is often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.
3. A great deal of time is spent in activities necessary to obtain the substance, use the substance or recover from its effects.
4. Craving or a strong desire or urge to use substance.

Criterion (5-7): social impairment

5. Failure to fulfill major obligation roles at work, school or home.
6. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.
7. Withdrawal from family activities and hobbies in order to use the substance.

Criterion (8-9): risky using of the substance

8. Recurrent substance use in situations in which it is physically hazardous.
9. The individual may continue to use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Criterion (10-11): pharmacological

10. Tolerance is signaled by the increased dose of the substance to achieve the desired effect or the reduced effect when usual dose is consumed.
11. Withdrawal is a syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who has maintained prolonged heavy use of the substance.

Reference

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth edition.
American Psychiatric Association, 2013

Table 2. Documentation examples

Example 1: using A/P to report diagnosis with HCC value:



Joe is here today to refill meds, continued back pain, increased difficulty falling and staying asleep.

Assessment/plan (no HCC)

1. Insomnia — schedule polysomnogram to evaluate for possible sleep apnea.
2. Chronic back pain — refill oxycodone.
3. Opioid use — patient taking oxycodone as prescribed. No signs of abuse.

Diagnosis	ICD-10-CM	HCC
Insomnia	G47.00	No
Back pain	M54.9	No
Long term (current) use of opiate analgesic	Z79.891	No

Assessment/plan (with HCC 55)

1. Opioid use with opioid induced sleep disorder — schedule polysomnogram to evaluate for possible sleep apnea.
2. Chronic back pain — refill oxycodone.

Diagnosis	ICD-10-CM	HCC
Opioid use, unspecified, with opioid-induced sleep disorder	F11.982	55
Back pain	M54.9	No

Example 2: High quality documentation statement

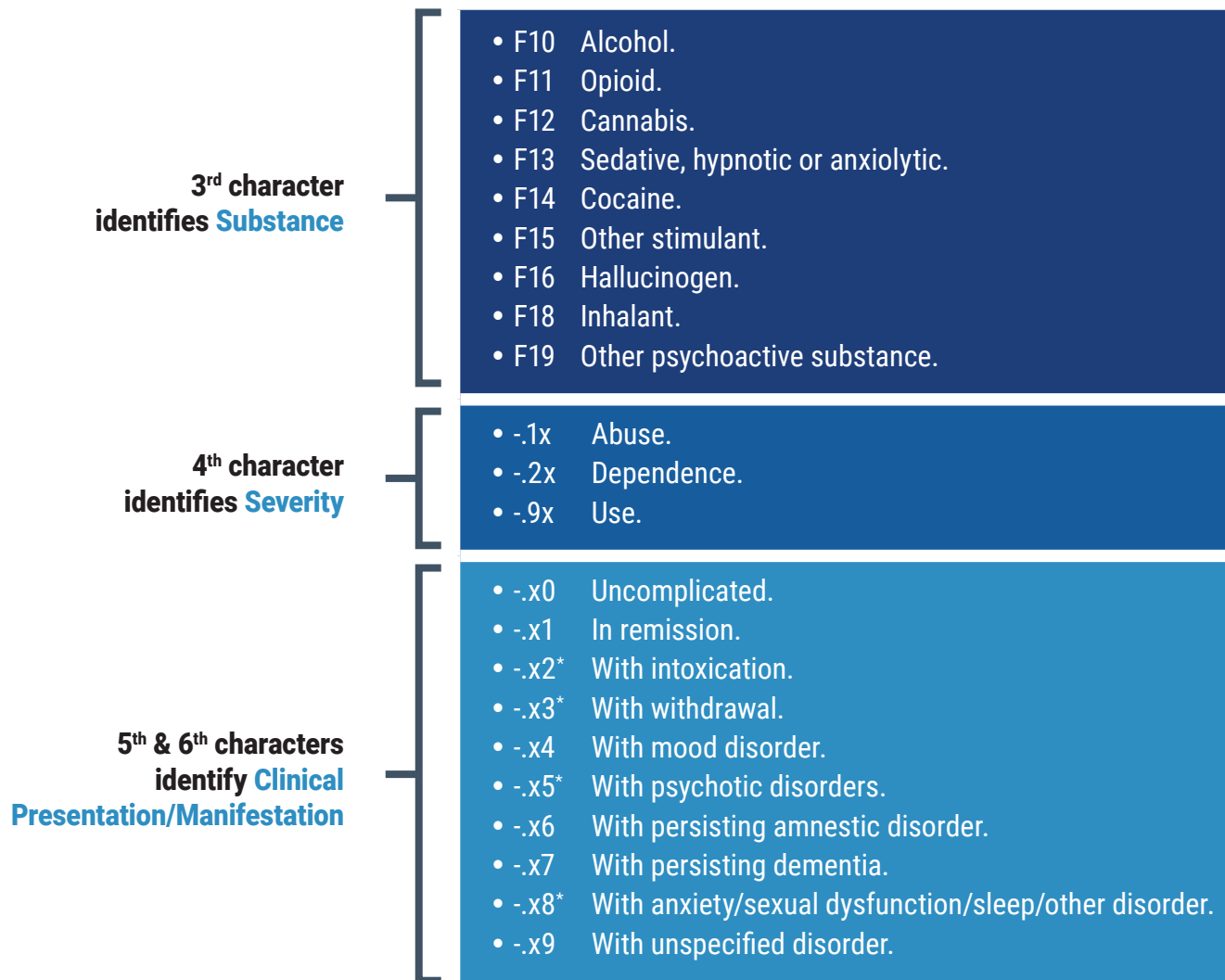
(Fill in age and gender)	(Fill in one of the following)	with opioid	(Fill in one of the following)	(Fill in one of the following)	(Fill in one of the following)	and	(Fill in one of the following)
	<ul style="list-style-type: none"> • Admitted. • Assessed. • Examined. 		<ul style="list-style-type: none"> • Use. • Abuse. • Dependency. 	<ul style="list-style-type: none"> • With intoxication. • Without intoxication. 	<ul style="list-style-type: none"> • With withdrawal. • Without withdrawal. 		<ul style="list-style-type: none"> • Without a mental disorder. • Type 1 bipolar. • Type 2 bipolar. • Major depressive disorder.

* 56-year-old male **examined** with opioid abuse, **without intoxication**, **with withdrawal**, and **with type II bipolar disorder**.

Reference

Opioid addiction-documentation tip sheet — Journal of AHIMA. (n.d.). Retrieved January 17, 2022 from journal.ahima.org/wp-content/uploads/2017/11/AHIMA-Opioid-Addiction-Tip-Sheet.pdf.

Table 3. ICD-10-CM substance use disorder's code structure – F1X.XX*



Abuse, uncomplicated		HCC	Dependence, uncomplicated		HCC
F11.10	Opioid	56	F13.20	Sedative, hypnotic or anxiolytic	55
F12.10	Cannabis	—	F14.20	Cocaine	55
F15.10	Other stimulant	56	F19.20	Other psychoactive	55

Abuse, in remission		HCC	Dependence, in remission		HCC
F10.11	Alcohol	—	F10.21	Alcohol	55
F11.11	Opioid	56	F11.21	Opioid	55
F12.11	Cannabis	—	F12.21	Cannabis	55
F13.11	Sedative, hypnotic or anxiolytic	56	F15.21	Other stimulant	55