

Substance Use Disorders



This is a 15 minute webinar session for CNC physicians and staff

CNC holds webinars monthly to address topics related to risk adjustment documentation and coding

Next scheduled webinar:

- November
- Topic: Diabetic Complications

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Use is irregular or low frequency use of a substance that is not habitual

Abuse is habitual use of a substance that negatively impacts a patient's health or social functioning but has not arrived at the point of physical and/or mental dependency; assigned for mild use disorder

Dependence is a chronic mental and physical state where the patient has to use a substance in order to function normally; generally these patients experience signs of withdrawal upon cessation of the substance; assigned for moderate or severe use disorder

Codes from category Z79 indicate a patient's continuous use of a prescribed drug for the long-term treatment of a chronic condition (such as arthritis pain) or for an extended period as a prophylactic measure (such as prevention of DVT). **It is appropriate to assign a code from category Z79 if a patient is taking a drug as prescribed and without psychological/physical addiction.**

This subcategory is not for use of medications for detoxification or maintenance programs to prevent withdrawal symptoms in patients with an established drug dependence diagnosis (e.g. methadone maintenance for heroin addiction or Suboxone for treatment of opioid dependence). Assign the appropriate code for the drug dependence instead.

The correct ICD-10-CM codes for long-term use of opiates, sedatives, hypnotics or anxiolytics as part of care for another condition are:

Z79.891 Long-term (current) use of opiate analgesic
Z79.899 Other long-term (current) drug therapy

There are 10 classes of substance use disorders and the diagnosis of substance use disorder can be applied to all 10 classes included in this chapter except caffeine. The nine substance use disorders, not including caffeine, follow the same criteria 1-11 below. Each substance-induced disorder also has specific criteria for each condition.

1. Alcohol
2. Caffeine (**only considered a disorder with intoxication or withdrawal**)
3. Cannabis
4. Hallucinogens
5. Inhalants
6. Opioids
7. Sedatives, hypnotics, and anxiolytics
8. Stimulants
9. Tobacco (**not included for RISK**)
10. Other (or unknown) substance

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

1. Substance are 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

1. Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home.
2. Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.
3. Important social, occupational, or recreational activities are given up or reduced because of substance use.

Criterion (8-9): Risky use of substance

1. Recurrent opioid use in situations in which it is physically hazardous.
2. Continued opioid 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 criteria

1. **Tolerance**, as defined by either of the following:
 - a. A need for markedly increased amounts of substance to achieve intoxication or desired effect.
 - b. A markedly diminished effect with continued use of the same amount of a substance.
2. **Withdrawal**, as manifested by either of the following:
 - a. The characteristic substance withdrawal syndrome (refer to Criteria A and B of the criteria set for substance withdrawal).
 - b. Substances (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

Note: Neither tolerance or withdrawal is necessary for a diagnosis of substance use disorder. Tolerance & Withdrawal is not considered to be met for those taking prescribed substances solely under appropriate medical supervision. **However, prescription medications can be used inappropriately, and a substance use disorder can be correctly diagnosed when there are other symptoms of compulsive, drug seeking behavior.**

Substance use disorders occur in a broad range of severity, from mild to severe, with severity based on the number of symptom criteria endorsed.

As a general estimate of severity:

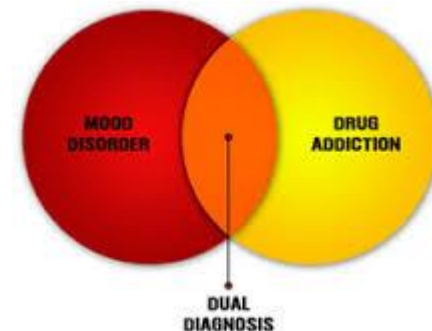
- **Mild** substance use disorder is suggested by the presence of **two** to **three** symptoms (**codes to Abuse**)
- **Moderate** by **four** to **five** symptoms (**codes to Dependence**)
- **Severe** by **six** or **more** symptoms (**codes to Dependence**)

Changing severity across time is also reflected by reductions or increases in the frequency and/or dose of substance use, as assessed by the individual's own report, report of knowledgeable others, clinician's observations, and biological testing.

Substance Induced Disorder – DSM V Criteria

The following conditions may be classified as substance-induced:

1. Intoxication
2. Withdrawal
3. Other/substance/medication-induced mental disorder
 1. Psychotic disorder, bipolar and related disorder, depressive disorder, anxiety disorder, obsessive-compulsive and related disorder, sleep disorder, sexual dysfunction, delirium, and neurocognitive disorders



- 1. Criterion A:** The essential feature is the development of a reversible substance-specific syndrome due to the recent ingestion of a substance.
- 2. Criterion B:** The clinically significant problematic behavioral or psychological changes associate with intoxication (i.e. mood liability, impaired judgment) are attributable to the physiological effects of the substance on the CNS and develop during or shortly after the use of the substance.
- 3. Criterion D:** The symptoms are not attributable to another medical condition and are not better explained by another mental disorder.

- 1. Criterion A:** The essential feature is the development of a substance-specific problematic behavior change, with physiological and cognitive concomitants, that is due to the cessation of, or reduction in, heavy and prolonged substance use.
- 2. Criterion C:** The substance-specific syndrome causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- 3. Criterion D:** The symptoms are not attributable to another medical condition and are not better explained by another mental disorder.

Note: ICD-10-CM coding rules require that all withdrawal codes imply a comorbid moderate to severe substance use disorder for that substance. If there are symptoms or problems associated with a particular substance, that cause clinically significant distress or impairment in social, occupational or other important areas of functioning, but do not meet the full criteria for any of the substance-specific disorders, the unspecified category can be used (i.e. F12.99 Cannabis use, unspecified with unspecified cannabis-induced disorder)

All substance/medication-induced disorders share common characteristics:

1. The disorder represents a clinically significant symptomatic presentation of a relevant mental disorder
2. There is evidence from the history, physical exam, or lab findings of both of the following:
 1. The disorder developed during or within 1 month of a substance intoxication or withdrawal or taking a medication; **and**
 2. The involved substance/medication is capable of producing the mental disorder
3. The disorder is not better explained by an independent mental disorder. Such evidence should include:
 1. The disorder preceded the onset of severe intoxication or withdrawal or exposure to the medication; **or**
 2. The full mental disorder persisted for substantial period of time (at least 1 month) after the cessation of acute withdrawal or severe intoxication or taking the medication.
4. The disorder does not occur exclusively during the course of a delirium
 1. When symptoms are only observed during a delirium, the mental disorder should be diagnosed as delirium. The psychiatric syndrome should not be reported separately.
5. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Substance-induced mental disorders *develop in the context of intoxication and withdrawal* from substance of abuse, and medication-induced mental disorders are seen with prescribed or over the counter medications that are taken at the suggested doses. Usually temporary and likely to disappear within 1 month or so of cessation of acute withdrawal, severe intoxication, or use of the medication.

Exception to these generalizations occur for certain long-duration substance induced disorders:

1. Alcohol-induced neurocognitive disorder
2. Inhalant-induced neurocognitive disorder
3. Sedative, hypnotic, or anxiolytic-induced neurocognitive disorder
4. Hallucinogen persisting perception disorder

1. Psychoactive Substance Use, Unspecified

1. As with all other unspecified diagnoses, the codes for unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-, F18.9-, F19.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). These codes are to be used only when the psychoactive substance use is associated with a physical, mental or behavioral disorder, and such a relationship is documented by the provider.



Please submit coding and documentation questions to
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