

Documentation & Coding Tips: Substance Use Disorder

Substance use disorders involve a pattern of behaviors in which patients continue to use a substance despite experiencing significant problems related to its use. Diagnosis of substance use disorder is based on diagnostic criteria for the pattern of behaviors.

Documentation needs to be clear and detailed using the following terms to allow accurate ICD-10 code selection.

Specificity:

- Substance name
- Type of disorder: use, abuse, dependence, withdrawal
- Severity: mild, moderate, or severe
- Status: current, in remission (partial or full)

Complications and/or associated conditions:

Document & code the relationship between the substance disorder and any associated physical, mental, or behavioral disorder, such as...

- Intoxication, withdrawal, delirium, perceptual disturbance,
- Mood, anxiety, sleep, sexual dysfunction, depressive, psychotic disorders,
- Psychoactive substance withdrawal can occur in individuals who do not have a diagnosis of dependence but who use the substance regularly (i.e., use or abuse) and then reduce or cease the use.

Treatment:

- Document treatment (medication, psychotherapy, or a combination of both) and current response to treatment.
- Document any treatment refusals, or non-compliance.

Use, Abuse, Dependence:

When documentation indicates use, abuse, and dependence of the same substance (alcohol, opioid, cannabis, etc.), only one code should be assigned to report the pattern of use. Follow the hierarchy outlined in the chart below:

Documented pattern of use	Assign only the code for
Use and Abuse	Abuse
Abuse and Dependence	Dependence
Use, Abuse and Dependence	Dependence
Use and Dependence	Dependence

Documentation Best Practices

- Diagnoses must be accurately documented. Diagnosis cannot be assumed based on medication prescribed.
- All conditions that coexist at the time of the encounter and require or affect patient care, treatment, or management should be documented and coded.
- Providers must clearly document the specific substance involved and level of use whenever possible.
- Providers should document each condition to the highest known level of specificity, including:
 - Remission status, when appropriate
 - All related symptoms, such as intoxication, psychotic behavior, sleep disturbance, withdrawal, etc.
- If a patient becomes sober, they still carry a diagnosis of substance use dependence. Document as drug/alcohol/substance dependence, in remission.
- When a substance use disorder is being followed and managed by a different provider, it is still appropriate to include the diagnosis in the final assessment (when the condition impacts patient care, treatment, or management).

ICD-10	Description	Drugs included
F10.XXX	Alcohol-related disorders	
F11.XXX	Opioid-related disorders	ex. heroin, methadone, oxycodone, hydrocodone
F12.XXX	Cannabis-related disorders	
F13.XXX	Sedative, hypnotic, or anxiolytic-related disorders	ex. Ativan, valium, Xanax, lorazepam
F14.XXX	Cocaine related disorders	
F15.XXX	Other stimulant-related disorders	ex. meth, Ritalin, Adderall, Dexedrine, bath salts
F16.XXX	Hallucinogen related disorders	ex. LSD, PCP, ketamine
F18.XXX	Inhalant related disorders	ex. glue, gas, sniff, whippets, rush, bolt
F19.XXX	Other psychoactive substance-related disorders (Inc. polysubstance drug use (indiscriminate drug use))	