Substance use disorder documentation

To capture the full disease burden of a patient's substance condition, follow the documentation guidelines, as applicable.

"The *Diagnostic and Statistical Manual of Mental Disorders"*, Fifth Edition (DSM-5), no longer uses the terms substance abuse and substance dependence, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. ICD-10 terminology is not yet aligned with this.

Definitions

Physical Dependence is an ordinary biological consequence of taking certain medications for weeks or years. Succession can cause withdrawal, but once successfully tapered, patients do not experience recurrent use or cravings.

Substance Use Disorder occurs when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities as work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

Do Document:
Severity and type based on the number of symptoms according to the latest DSM-5 criteria: • No disorder= Fewer than 2 symptoms • Mild= **Abuse (DSM-4)** = 2-3 symptoms • Moderate= **Dependence (DSM-4)** = 4-5 symptoms • Severe= **Dependence (DSM4)** = 6 or more symptoms DSM-5 and Addiction — Understanding Changes Over Time (gatewayfoundation.org)
Pattern of use • Currently Using • Relapsed • In Remission
Whether health conditions are directly related to substance abuse: • The cause-and-effect relationship between the substance and the disorder must be evident • A relationship cannot be assumed between substance abuse and anxiety/mood disorder, sleep disorder, or sexual dysfunction
The current presentation: • Intoxication • Withdrawal
***"History of"* codes describing substance use that is:** • No longer occurring • No longer being treated • No longer being monitored by the provider
The treatment plan • Rehabilitation • Maintenance therapy • Substance support groups

If a patient is taking opioids or cannabis as prescribed and there are no use disorder symptoms or behavioral issues, providers and coders should not report a use disorder. Z79.891, Long term (current) use of opiate analgesic, would be assigned for an opioid, and Z79.899, Other long term (current) drug therapy, would be assigned for cannabis.

*The CMS-HCC Model also incorporates additional relative factors for disease interactions. Certain combinations of diseases have been determined to increase the cost of care. For example, a patient with substance use disorder and psychiatric disorder has higher expected costs than a patient that has only substance use disorder, or a patient only has a psychiatric disorder. Disease interactions result in higher risk scores when the disease pairs are present. The model includes disease-disease interactions as well as disability-disease interactions.

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