Substance Use Coding

How to Assign Proper Codes

by Monica Leisch, RHIA, CDIP, CCS
and Vilena Boussarova, MS, RHIA, CCS, CHDA

The inception of ICD-10-CM brought changes to the substance abuse coding classification section. A new concept, "substance use, unspecified" was added. This article will discuss how substance abuse codes should be applied and will review the American Hospital Association (AHA) Coding Clinic second quarter 2018 issue, the Centers for Medicare and Medicaid Services (CMS) Official Coding Guidelines that govern their use, and the tabular updates for fiscal year 2019.

From the guidelines published in the AHA Coding Clinic, the following can be concluded regarding substance use coding:

- No code for a psychoactive substance use should be assigned without a provider's documentation of a mental, physical, or behavioral disorder (examples: documented "recreational marijuana use" or "opioid use" in case of pain management);
- A substance use code can be assigned (for example "cocaine use, unspecified, uncomplicated – F14.90") without a provider's related mental, physical, or behavioral disorder in a pregnancy case, unless the provider explicitly indicates that the substance use is not affecting the pregnancy.

The above advices were reflected in the revised ICD-10-CM coding guidelines for 2019, released by the National Center for Health Statistics, taking effect October 1, 2018. The following update to chapter 5 for the reporting of mental, behavioral, and neurodevelopmental disorders is indicated under section I.C.5.3.b.3:

b. Mental and behavioral disorders due to psychoactive substance use

3) Psychoactive substance use, unspecified

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.

Non-obstetric substance use differs from substance abuse and substance dependence because the physician must document a physical or mental condition associated with the use. As we previously know from the Official Guidelines and the tabular, the term "mild" is associated with "abuse" and the terms "moderate" and "severe" are associated with "dependence." For example:

- a mental condition - a cocaine induced anxiety disorder from the self-administration of injected cocaine (F14.980), or
- a physical condition - an acute pancreatitis secondary to heavy consumptions of alcohol (K85.20)

The coding guidelines update I.C.15.l.3 providing clarification on the substance use coding for obstetrics cases:

l. Alcohol, tobacco and drug use during pregnancy, childbirth and the puerperium

3) Drug use during pregnancy, childbirth and the puerperium

Codes under subcategory O99.32, drug use complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a mother uses drugs during the pregnancy or postpartum. This can involve illegal drugs, or inappropriate use or abuse of prescription drugs. Secondary code(s) from categories F11-F16 and F18-F19 should also be assigned to identify manifestations of the drug use.

As stated previously, the physician must document that the use is causing a physical or mental condition in order to assign the code. Documentation of "drinks a glass of wine daily" or recreational cannabis use alone does not warrant the reporting of the substance use codes. Obstetrics substance use is the exception to this rule. Any use of a non-prescribed drug or alcohol during pregnancy is reported using the codes from the obstetric complications (O99.31,

O99.32), followed by the secondary codes from category F10 or categories F11-F16 and F18-F19 to identify the manifestations of the alcohol/drug use.

In addition to the Official Coding Guidelines changes, two new codes were added in the tabular to capture cannabis withdrawal requested by the American Psychiatric Association:

- F12.23 - cannabis dependence with withdrawal
- F12.93 - cannabis use with withdrawal

The codes were created to differentiate between cases involving individuals with cannabis dependence who experience cannabis withdrawal, recognizing that the marijuana can be addictive, and individuals who experience substance withdrawal while taking cannabis regularly but are not dependent on it (i.e., under appropriate medical supervision).

Marijuana withdrawal symptoms could be feelings of anger, irritability, sleep and mood disturbance, feelings of restlessness and general malaise, fever, chills, sweating, tremors, headaches. The start, length, and severity of the withdrawal symptoms depend on the substance amount, and how often and how long the individual has been using the cannabis.

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Monica Leisch, RHIA, CDIP, CCS and Vilena Boussarova, MS, RHIA, CCS, CHDA; Members, CHIA Coding and Data Quality Committee