

Clinical overview

Definition

American Psychiatric Association:

- Substance use disorders: A cluster of cognitive, behavioral and physiological symptoms indicating the individual continues using the substance despite significant substance-related problems.¹

The most common drug classifications associated with substance use disorders are:²

- Alcohol
- Cannabis (marijuana)
- Prescription medicines (e.g., pain pills, stimulants, or anxiety pills)
- Methamphetamine
- Cocaine
- Opiates
- Hallucinogens
- Inhalants

Causes/Risk Factors³

The exact cause of substance use disorder is not known. The main factors are:

- Environment
- Genetics

Substance use disorders and mental health problems⁴

Mental health problems and substance use disorders sometimes coexist for the following reasons:

- Mental health problems and substance use disorders share some underlying causes.
- Some people with mental health problems may turn to substance use to self-medicate.
- Use of certain substances can cause people with addiction to experience mental health issues.

Signs and symptoms⁵

Signs and symptoms are variable, depending on the particular substance being used. Examples include:

- Intoxication – feeling sleepy, calm, excited, intense emotions, impaired judgment and decision-making, or physical and mental functioning
- Withdrawal – nausea and vomiting, diarrhea, sweating, difficulty sleeping, muscle cramping and mood changes

Diagnostic tools⁶

The main diagnostic tools are:

- Thorough evaluation by a psychiatrist, psychologist, or licensed alcohol and drug counselor

Treatment⁵

- Withdrawal management (detoxification)
- Therapy (inpatient, outpatient, behavioral, family, individual, group, etc.)
- Medication(s)

Best documentation practices for healthcare providers

Subjective

In the subjective section of the office note, document the presence or absence of all current symptoms related to substance use disorder. If there are no current symptoms, this section should show the patient was screened for symptoms.

Objective

The objective section should describe current physical exam findings related to substance use (e.g., dilated pupils, nasal irritation, slurred speech, etc.) and its complications or manifestations. Results of related laboratory and other diagnostic testing (that may have been ordered to assess current substance use) should be included.

Assessment

Specificity: Document each condition to the highest level of specificity. Include all of the following:

- Remission – partial or full, early or sustained
- Specific substance involved and whether there is use versus abuse versus dependence
- Any related symptoms/manifestations, such as with intoxication, psychotic behavior, sleep disturbance, withdrawal, etc. with clear cause-and-effect linkage.

Plan

Document a specific and concise treatment plan for substance use disorder, for example:

- Medication dosage and instructions, linked to the condition
- Orders for laboratory or other diagnostic testing
- Referral or consultation request to other specialist, therapist, counselor, rehab center, or other program
- Document when the patient will be seen again, even if only on an as-needed basis

Coding tips

“History of” should not be used to describe a condition in remission. Remission should be documented.

- Substance use disorders in early or sustained remission are classified to the appropriate codes for substance abuse in remission.⁷

Use, abuse and dependence hierarchy:

When the provider documentation refers to use, abuse and dependence of the same substance (e.g., alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:⁷

- If both use and abuse are documented, assign only the code for abuse.
- If both abuse and dependence are documented, assign only the code for dependence.
- If use, abuse and dependence are all documented, assign only the code for dependence.
- If both use and dependence are documented, assign only the code for dependence.

Substance-induced disorders

Do not assume a causal relationship between substance abuse and/or dependence (including alcohol abuse and/or dependence) and anxiety, mood disorder, sleep disorder or sexual dysfunction.⁸ Although these conditions appear under “with” in the alphabetic index, the respective code descriptions in tabular list indicate these codes are reported when these conditions are described as substance-induced or alcohol-induced disorders and such a relationship is documented by the provider.⁹

Coding examples

Example 1	
Medical record documentation	<p>Pleasant 60-year-old female here for routine follow-up for hypertension. Reports she has been feeling well and has no specific complaints today. Leaving in two weeks for vacation in Montana.</p> <p>Patient denies recurrence of lightheadedness/dizziness and states that, per my instructions at her last visit, she is no longer taking her opioid pain medication more often than prescribed by her pain management specialist for chronic low back pain. She has been on long-term prescribed opioid continuously for past six months. Blood pressure today is 118/82.</p>
Assessment	<p>1. Hypertension, stable. Continue same medication.</p> <p>2. Low back pain, stable.</p> <p>3. Long term opioid use – doing better since decreasing pain medication intake. Previous complaint of lightheadedness has resolved.</p>
ICD-10-CM codes	<p>I10 Essential (primary) hypertension</p> <p>M54.50 Low back pain, unspecified</p> <p>Z79.891 Long-term (current) use of opiate analgesic</p>
Rationale	<ul style="list-style-type: none"> Code F11.90 Opioid use, unspecified, uncomplicated is not assigned for prescribed opioid use as described in this record. Per the ICD-10-CM Official Guidelines for Coding and Reporting (Section I.C.5.b.3), code F11.90 should be used only when the opioid use is associated with an opioid related disorder (chapter 5 disorders such as sexual dysfunction, sleep disorder or a mental or behavioral disorder) or medical condition, and such a relationship is documented by the provider.^{7,10} Long-term opioid use is reported with code Z79.891.
Example 2	
Medical record documentation	<p>67-year-old male brought to the emergency department by his colleague. They had attended a holiday party, and the patient consumed a large amount of alcohol. Now he is difficult to arouse. Exam reveals patient in semiconscious state with cold, clammy skin; respirations slow at 8-10 per minute. Blood alcohol level 22mg/100 ml. Admitted to 12 East.</p>
Assessment	Acute alcohol intoxication
ICD-10-CM codes	<p>F10.129 Alcohol abuse with intoxication, unspecified^{11,12}</p> <p>Y90.1 Blood alcohol level of 20-39 mg/100 ml</p>
Rationale	Category F10 , Alcohol related disorders, advises to "Use additional code for blood alcohol level, if applicable (Y90.-)." ¹¹
Example 3	
Medical record documentation	<p>72-year-old male presents with complaints of irritability, nervousness and insomnia. States he has lost his appetite and has lost 5 pounds in the last two weeks. Admits he has been a regular marijuana smoker since age 16. His wife has been upset about his marijuana use, so he stopped cold turkey about 2-½ weeks ago.</p>
Assessment	Marijuana use withdrawal
ICD-10-CM code	F12.93 Cannabis use, unspecified with withdrawal
Rationale	Code F12.93 is used to report cases of physiological withdrawal from cannabis occurring in a person who is using cannabis regularly in contexts that are not defined as cannabis dependence.

Example 4	
Medical record documentation	68-year-old male presents to primary care physician's office for follow-up regarding alcoholic gastritis. He is attending AA meetings and seeing his psychiatrist for his alcohol dependence. Reports his symptoms of burning pain in the upper abdomen have subsided somewhat since he is now consistently taking omeprazole 20 mg daily as prescribed. He has also cut back on his alcohol consumption – reports drinking only on Saturdays and Sundays, – 2 beers each day. Social History states "History of cocaine dependence but has not used in 5 years."
Assessment	Alcoholic gastritis, improved. Continue omeprazole 20 mg one capsule daily before breakfast. Alcohol dependence History of cocaine dependence
ICD-10-CM codes	K29.20 Alcoholic gastritis without bleeding F10.20 Alcohol dependence, uncomplicated F14.21 Cocaine dependence, in remission
Rationale	Code K29.20 has an instructional note advising to "Use additional code to identify alcohol abuse and dependence (F10.-)." ¹¹ Following the path in the ICD-10-CM manual, "Alcohol dependence" with no further specification codes to F10.20 and cocaine dependence in remission codes to F14.21 . ¹¹

References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th-TR. American Psychiatric Association; 2022.
2. Johns Hopkins Medicine. Substance Abuse/Chemical Dependency. John Hopkins Medicine. Published 2019. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/substance-abuse-chemical-dependency>
3. Mayo Clinic. Drug addiction (substance use disorder) - symptoms and causes. Mayo Clinic. Published October 4, 2022. Accessed October 1, 2024. <https://www.mayoclinic.org/diseases-conditions/drug-addiction/symptoms-causes/syc-20365112>
4. MedlinePlus. Dual Diagnosis. Medlineplus.gov. Published 2019. Accessed October 21, 2024. <https://medlineplus.gov/dualdiagnosis.html>
5. Cleveland Clinic. Substance use disorder (SUD): Symptoms & treatment. Cleveland Clinic. Published 2022. <https://my.clevelandclinic.org/health/diseases/16652-drug-addiction-substance-use-disorder-sud>
6. Mayo Clinic. Drug addiction (substance use disorder) - Diagnosis and treatment - Mayo Clinic. Mayoclinic.org. Published October 4, 2022. <https://www.mayoclinic.org/diseases-conditions/drug-addiction/diagnosis-treatment/drc-20365113>
7. CMS. *ICD-10-CM Official Guidelines for Coding and Reporting*; 2024. Accessed October 3, 2024. <https://www.cms.gov/files/document/fy-2025-icd-10-cm-coding-guidelines.pdf>
8. American Hospital Association (AHA). Substance abuse/dependence with anxiety, mood disorder, sleep disorder, or sexual dysfunction. *ICD-10-CM/PCS Coding Clinic, First Quarter*. Published online 2022:34.
9. American Hospital Association (AHA). Anxiety with alcohol abuse. *ICD-10-CM/PCS Coding Clinic, First Quarter*. Published online 2022:33-34.
10. American Hospital Association (AHA). Prescribed opioids for pain management. *ICD-10-CM/PCS Coding Clinic, Second Quarter*. Published online 2018:11-12.
11. AAPC. *ICD-10-CM Complete Code Set 2025*. AAPC; 2024.
12. Leon-Chisen N. *ICD-10-CM and ICD-10-PCS Coding Handbook with Answers*. Health Forum, Inc; 2023.