



# Substance-Related Use Disorder

While it is always important to identify and get your patients the support they need for alcohol and other substance use, you may not always have the information you need to provide diagnosis or treatment. If you do not have all the pieces you need, we recommend the following criteria guidelines and alternative codes.

Address substance use disorders (SUDs) only if you are going to fully address and do perform initiation and engagement of SUD treatment (IET). HEDIS® IET requires an initiation visit within 14 days of a SUD episode (more than 60 days since last visit), as well as at least two more visits addressing SUD within 34 days of the initiation visit.

## DSM-V Substance Use Disorder Criteria

DSM-V SUD<sup>1</sup> is defined as a problematic pattern of substance use leading to clinically significant impairment or distress, as manifested by at least two of the following and occurring within a 12-month period:

- 1. Hazardous use:** The patient has used the substance in ways that are dangerous to themselves and/or others, such as overdosing, driving while under the influence, or blacking out.
- 2. Social or interpersonal problems related to use:** The patient's substance use has caused relationship problems or conflicts with others.
- 3. Neglected major roles to use:** The patient has failed or to meet their responsibilities at work, school, or home because of substance use.
- 4. Withdrawal:** When the patient stops using the substance, they experience withdrawal symptoms.
- 5. Tolerance:** The patient has built up a tolerance to the substance so that they have to use more to get the same effect.
- 6. Used larger amounts/longer:** The patient has started to use larger amounts or use the substance for longer amounts of time.
- 7. Repeated attempts to control use or quit:** The patient has tried to cut back or quit entirely but has not been successful.
- 8. Much time spent using:** The patient spends a great deal of their time using the substance.
- 9. Physical or psychological problems related to use:** The patient's substance use has led to physical health problems, such as liver damage or lung cancer, or psychological issues, such as depression or anxiety.
- 10. Activities given up to use:** The patient has skipped ceased activities they once enjoyed in order to use the substance.
- 11. Craving:** The patient has experienced cravings for the substance.

### Levels of Severity

Codes are based on current severity: Note that, for ICD-10 codes, if substance intoxication, withdrawal, or another substance-induced mental disorder is also present, there are also comorbid codes used. Specify the severity as follows:

**Mild:** Presence of 2-3 symptoms

**Moderate:** Presence of 4-5 symptoms

**Severe:** Presence of 6 or more symptoms

<sup>1</sup>Substance use disorder can be applied to all classes of substances, including caffeine. See table for ICD-10 Codes: Other stimulant abuse.

## ICD-10 Alternative Diagnosis Code Information

If a patient does not currently meet SUD diagnosis criteria, or if you are unable to completely diagnose the SUD and would like to document counseling on the issue, alternative diagnostic codes should be used. When there is no current SUD or SUD history and the goal is to counsel, watch, or refer to treat the member further, include specific details regarding the member's issue and use the below codes:

### ICD-10 Codes: When there is no current SUD or SUD history

<b>Z71.89</b>	Counseling on substance use and abuse	<b>Z71.89</b>	Drug or alcohol risk assessment or counseling
<b>Z72.0</b>	Tobacco use NOS	<b>Z78.9</b>	Consumption of alcohol

If a patient does not currently meet SUD diagnosis criteria, or if you are unable to completely diagnose the SUD and would like to document counseling on the issue, alternative diagnostic codes should be used. When there is only a history of SUD and the goal is to counsel, watch, refer, or treat the member further, include specific details regarding the member's issue and use the below codes:

### ICD-10 Codes: When there is only a history of SUD

<b>F10.11</b>	Alcohol abuse, in remission	<b>F10.21</b>	Alcohol dependence, in remission
<b>F11.11</b>	Opioid abuse, in remission	<b>F11.21</b>	Opioid dependence, in remission
<b>F12.11</b>	Cannabis abuse, in remission	<b>F12.21</b>	Cannabis dependence, in remission
<b>F13.11</b>	Sedative, hypnotic, or anxiolytic abuse, in remission	<b>F13.21</b>	Sedative, hypnotic, or anxiolytic dependence, in remission
<b>F14.11</b>	Cocaine abuse, in remission	<b>F14.21</b>	Cocaine dependence, in remission
<b>F15.11</b>	Other stimulant abuse, in remission	<b>F15.21</b>	Other stimulant dependence, in remission
<b>F16.11</b>	Hallucinogen abuse, in remission	<b>F16.21</b>	Hallucinogen dependence, in remission
<b>F18.11</b>	Inhalant abuse, in remission	<b>F18.21</b>	Inhalant dependence, in remission
<b>F19.11</b>	Other psychoactive substance abuse, in remission	<b>F19.21</b>	Other psychoactive substance dependence, in remission
<b>Z78.898</b>	Personal history of other specified conditions	<b>Z87.891</b>	Personal history of nicotine dependence

Diagnose a caffeine SUD only if you are going to fully address and perform IET.

### ICD-10 Codes: Other stimulant abuse

<b>F15.10</b>	Other stimulant abuse, uncomplicated	<b>F15.12</b>	Other stimulant abuse with intoxication
<b>F15.20</b>	Other stimulant dependence, uncomplicated	<b>F15.22</b>	Other stimulant dependence with intoxication
<b>F15.23</b>	Other stimulant dependence with withdrawal	<b>F15.929</b>	Other stimulant use, unspecified with intoxication
<b>F15.93</b>	Other stimulant use, unspecified with withdrawal	<b>F15.980</b>	Other stimulant use, unspecified with stimulant-induced anxiety disorder
<b>F15.982</b>	Other stimulant use, unspecified with stimulant-induced sleep disorder	<b>T43.615</b>	Adverse effect of caffeine