NeueHealth

Coding and Documentation Guide: Substance Use Disorders

Accurate coding and documentation are fundamental to the risk adjustment process and crucial to representing each patient's complex health profile. Bright HealthCare's coding and documentation guides equip coders and medical staff with the information needed to support complete and accurate coding and documentation.

Documentation best practices

- Documentation must be provided. Coders cannot assume diagnoses exist based on medication lists or physician orders.
- All conditions that coexist at the time of the encounter and require or affect patient care, treatment, or management should be documented and coded.
- Coders cannot code current conditions from problem lists, medical history, or superbills.
- Providers must clearly document the condition and level of use whenever possible. Coders cannot assign level of use without confirmation from the provider.
- Providers should document each condition to the highest level of specificity, including:
  - Remission status, when appropriate
  - All related symptoms, such as intoxication, psychotic behavior, sleep disturbance, withdrawal, etc.
- Coders must verify clinical documentation for all diagnoses using the MEAT tool (monitor, evaluate, assess, treat). One or more MEAT detail is required for each condition requiring or affecting patient care.

Monitor	**Evaluate**	**Assess**	**Treat**
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: Substance Use Disorders			
Alcohol dependence, in sustained remission – Quit drinking 7 years ago. Will order CMP.	Alcohol dependence, in early remission – Has been sober from alcohol for 3 months following inpatient treatment stay.	Opioid dependence, in remission – Per records from his treating psychiatrist, Dr. X.	Alcohol abuse with anxiety disorder – Referred to outpatient rehab program.

Coding and documentation examples

Case study #1: Complete documentation

Gender: M **DOB:** MM/DD/1975

Admission diagnosis:
Opioid overdose

History of present illness
This a.m. patient was unresponsive; girlfriend reported patient took Oxycodone. EMS were called. Medics gave 2 of Narcan with improvement. Here in ER, patient does not know year, where he is, or what happened. Will get stat CT head, ABG, administer another dose of Narcan.

Exam
General appearance: Alert, awake, conversant
Head/eyes: PERRLA
ENT: Moist mucosal membranes
Neck: Full range of motion, non-tender, no JVD
Cardiovascular: Normal capillary refill, normal heart sounds, regular rate and rhythm
Respiratory: Aerating well, clear to auscultation
Abdomen: Soft, non-tender, normal bowel sounds
Extremities: Moves all, no edema
Musculoskeletal: Normal inspection
Neuro/CNS: Alert, normal speech, no motor deficits, no sensory deficits, falls asleep easily
Skin: Dry, intact, small circular hematoma to right upper thorax area

Assessment & plan
Unintentional opiate overdose
Hx of this in 2016
CT head – nothing acute
Pt will need counseling prior to d/c

ETOH dependence
Per hospital records
Pt will need counseling prior to d/c

Reason for encounter is clearly documented.

Provider clearly states specific substance involved.

Documentation includes MEAT details: test ordered, recommended counseling.

Provider clearly documents level of use.

Documentation includes MEAT details: record review, recommended counseling.

Documentation supports poisoning by other opioids, accidental, initial encounter (T40.2X1A) and alcohol dependence, uncomplicated (F10.20).

Case study #2: Missed opportunity

Gender: F **DOB:** MM/DD/1984
Chief complaint: Back pain

History of present illness
The back pain is a chronic problem. Current episode started more than 1 year ago. The problem occurs daily, has been waxing and waning since onset. The pain is present in the lumbar spine; quality of pain is described as stabbing; pain radiates to the left thigh and right thigh, with a severity of 4/10. The symptoms are aggravated by sitting and standing.

Past medical history
Lumbago of lumbar region with sciatica
Opioid dependence, continuous

Past medical history states opioid dependence, continuous.

Assessment & plan
Chronic radicular pain of lower back
Non-pharmacological therapy recommended as well including exercise, stretches, heat, and topical analgesics as needed.

The assessment and plan do not mention opioid dependence. Is the opioid dependence disorder still active or in remission?

Without documentation of opioid dependence in the assessment and plan, we cannot code for opioid dependence.

Coding for substance use disorders

Use, abuse, and 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

In remission

The appropriate codes for "in remission" are assigned only on the basis of specific provider documentation, **unless otherwise instructed by the classification or the coding path leads to remission.** Coders are not allowed to clinically interpret documented time frames to indicate that the condition is in remission.

- **Mild** substance use disorders in early or sustained remission are classified to the appropriate codes for substance **abuse**, in remission.
- **Moderate or severe** substance use disorders in early or sustained remission are classified to the appropriate codes for substance **dependence**, in remission.

Example: Patient's social history states, "History of cocaine dependence, but has not used in 5 years." Below is the correct coding for this patient:

F14.21	Cocaine dependence, in remission

Note: Following the path in the ICD-10 manual, personal history of cocaine dependence classifies to a remission code as follows: History > personal > drug dependence—see "Dependence, drug, by type, in remission."

Clinical indicators

Familiarity with substance use disorder clinical indicators (i.e., testing, treatment, medication, etc.) is helpful in recognizing the potential presence and severity of a condition. **Coders cannot assign diagnosis codes based solely on test results and medication lists**, but these clinical indicators can help highlight opportunities for more complete and accurate documentation.

Substance use disorder criteria and severity

Substance use disorders span a wide variety of problems arising from substance use and cover 11 different criteria:

- Taking the substance in larger amounts or for longer than intended
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use
- Cravings and urges to use
- Not being able to manage responsibilities at work, home, or school because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational, or recreational activities because of substance use
- Using substances again and again, even when it puts one in danger
- Continuing to use, even when one knows that they have a physical or psychological problem that could have been caused or made worse by the substance
- Need more of the substance to get the same effect (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) allows clinicians to specify how severe the substance use disorder is depending on how many criteria are identified.

Criteria	Severity
2–3	Mild
4–5	Moderate
6 or more	Severe

Common medications used to treat substance use disorders

Brand name	Generic	Commonly used to treat
Antabuse	Disulfiram	Alcoholism
Campral	Acamprosate	Alcoholism
Depade, ReVia, Vivitrol	Naltrexone	Alcoholism
Dolophine, Methadose	Methadone	Opioid addiction
Suboxone	Buprenorphine/naloxone	Opioid addiction

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