## **Provider Education** Quality Documentation & Coding Pearls Ineke M. Ayubi-Moak, MD

### SUBSTANCE USE DISORDER

Substance abuse and dependence are complex conditions that have serious social and physical ramifications for the person affected, their family, and their care givers. Older adults often suffer in silence and do not get diagnosed or receive treatment they need. They present differently than younger people, are often socially isolated, and more easily overlooked. The negative impact of drugs and alcohol can be

more severe in the elderly due to harmful drug interactions, physiological changes causing a decrease in metabolism, cognitive deficiencies, functional debility, and the presence of multiple comorbid conditions.



Opioid addiction is a national emergency. It

has been growing as fast or faster among seniors compared to other age groups. Older adults are often depressed, anxious, in pain, and they have easier access to pain medication. They appear to develop addiction more quickly than younger people, and their problem often goes unnoticed.

### Some startling statistics:

- 2.5 million older adults have an alcohol or drug problem
- 6-11% of hospital admissions, 14 % of ER admissions, and 20% of psychiatric hospital admissions are due to addiction
- 50% of nursing home residents have alcohol problems
- Hospitalization for alcohol related problems equal that of admissions for heart attacks
- 21-29% of patients who are prescribed opioids misuse them and 8-12% develop addiction



As with major depressive disorder, we recommend that you screen all your older patients for past or present drug and alcohol use, abuse, or dependence.

DSM-5 changed the way we diagnose substance use disorders. We no longer have 2 distinct diagnoses (abuse or dependence) as we did with DSM-4. Now

there is one **Substance Use Disorder** (SUD) which is then classified as mild, moderate or severe.

### **CODING TIPS**

SUD is coded by type of substance, severity of the problem, and any associated complications.

### Pick the Substance:

- F10.\_ Alcohol
- F11. Opioids
- F12. Cannabis
- F13.\_ Sedative, hypnotic or anxiolytic
- F14.\_ Cocaine
- F15.\_ Other stimulant
- F16. Hallucinogen
- F18.\_ Inhalant
- F19.\_ Other psychoactive substance (polysubstance)

#### 4<sup>th</sup> digit specifies severity:

9	Use
1	Abuse
2	Dependence

# 5<sup>th</sup> & 6<sup>th</sup> digits specify complications:

Such as: uncomplicated, intoxication, psychosis, in withdrawal, delirium, delusions, sexual dysfunction, sleep disorder, hallucinations, in remission

\*If a person would have met criteria for substance abuse or dependence in the past but are currently not using that substance, then diagnose *"in remission"* 



Don't forget to VALIDATE: DIAGNOSIS, STATUS & PLAN Questions? Call (480) 499-8700 ext. 8205 or email <u>provider.education@azprioritycare.com</u>



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Substance Use Disorder (SUD) Diagnostic Criteria A problematic pattern of use leading to clinically significant impairment or distress as manifested by two of more of the following criteria within a 12-month period.	Meets Criteria? Yes OR No	
<ol> <li>Substance is often taken in larger amounts or over a longer period of time than intended.</li> </ol>		
2. There is a persistent desire or unsuccessful efforts to cut down or control substance use.		
3. A great deal of time is spent on activities necessary to obtain the substance, use the substance, or recover from its effects.		
4. Craving, or a strong desire to use substances.		
5. Recurrent substance use resulting in failure to fulfill major role obligations at work, school or home.		
<ol><li>Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of substance.</li></ol>		
<ol> <li>Important social, occupational or recreational activities are given up or reduced because of substance use.</li> </ol>		
8. Recurrent substance use in situations in which it is physically hazardous.		
<ol> <li>Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by substance.</li> </ol>		
<ul> <li>10. *Tolerance, as defined by either of the following:</li> <li>a) a need for markedly increased amounts of substance to achieve intoxication or desired effect</li> <li>b) markedly diminished effect with continued use of the same amount of a substance.</li> </ul>		
<ul> <li>11. *Withdrawal, as manifested by either of the following:</li> <li>a) the characteristic substance withdrawal syndrome</li> <li>b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms</li> </ul>		
*Tolerance & withdrawal cannot be used as criteria if the patient is taking the medication as prescribed.		
Severity of SUD:		
<u>Mild</u> - Two to three criteria = ABUSE <u>Moderate</u> - Four to five criteria = DEPENDENCE <u>Severe</u> - Six or more criteria = DEPENDENCE Diagnose "in remission" once no criteria, except for craving, are met.		