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Educational and coding information for providers

April 2018 | April is Alcohol Awareness Month

FOCUS ON: Alcohol use, abuse and dependence

Alcohol abuse

Substance abuse, particularly of alcohol and prescription drugs, among adults 60 and older is one of the fastest-growing health problems facing the country. Yet, the situation remains underestimated, under identified, under diagnosed and under treated. For example, older adults are hospitalized as often for alcohol-related problems as for heart attacks.[1]

In a 24-year longitudinal study in the elderly, 83% of men and 76% of women were consistent drinkers. Moreover, 35% of men and 24% of women drink in excess of age-defined guidelines. Close to one-third of those with high-risk drinking also had three or more chronic diseases.[2] Based on the recommendations of the United States Preventive Services Task Force (USPSTF), the Centers for Medicare & Medicaid Services (CMS) will reimburse for alcohol misuse screening and up to four Intensive Behavioral Therapy (IBT) sessions for those who have screened positively for alcohol misuse.[3] Finally, the USPSTF prefers the following tools for alcohol misuse screening in the primary care setting: the Alcohol Use Disorders Identification Test (AUDIT), AUDIT-C or a single-question screening (i.e., "How many times in the past year have you had four (for all adults older than 65 years) or more drinks in a day?").[3]

Substance abuse/prescription drug abuse

Despite cautions concerning associated risks, especially in older patients, long-term benzodiazepine use remains common.[4] The dangers associated with these drugs are the result of age-related changes in drug metabolism, interactions among prescriptions and interactions with alcohol. Unfortunately, these agents, especially those with longer half-lives, often result in unwanted side effects that influence functional capacity and cognition, which place the older person at greater risk for falling and institutionalization. Drug-related delirium or dementia can be misdiagnosed as Alzheimer's disease. Accordingly, primary care physicians should review all medications and consider discontinuing any medications that fall within Beers Criteria for Potentially Inappropriate Medication Use in Older Adults.[5]

Documentation and coding tips

- Differentiate "use," "abuse," or "dependence" in addition to the substance (for example, alcohol, opioids, cannabis)
- Document specifically an "in remission" diagnosis code relative to the dependence

Document the substance disorder based on clinical judgment, the substance, and any complication(s) and associated condition(s). Categories F10 – F19 identify alcohol and drug related disorders:

F10	Alcohol related disorders
F11	Opioid related disorders
F12	Cannabis related disorders
F13	Sedative, hypnotic, or anxiolytic related disorders
F14	Cocaine related disorders
F15	Other stimulant related disorders
F16	Hallucinogen related disorders
F18	Inhalant related disorders
F19	Other psychoactive substance related disorders

The 4th character identifies:

1. Abuse
2. Dependence
9. Use, unspecified

Combination codes for alcohol/drug use, abuse, and dependence include complications (anxiety disorder, mood disorder, sexual dysfunction, delirium, etc.), which are represented by the 5th and 6th characters.

Examples:

F10.11✦	Alcohol abuse, in remission
F10.21	Alcohol dependence, in remission
F10.24	Alcohol dependence with alcohol-induced mood disorder
F11.11✦	Opioid abuse, in remission
F11.21	Opioid dependence, in remission
F11.121	Opioid abuse with intoxication delirium

Assign an additional code for documented physical complications of alcoholism: cirrhosis of liver (**K70.3-**), gastritis (K29.0-), alcoholic hepatitis (K70.1-), alcohol-induced acute pancreatitis (K85.2).

To support "dependence," document maladaptive behavior exhibited, such as escalating use or drug seeking behavior. If "dependence" is related to prescribed medications with only symptoms of tolerance or withdrawal, the criterion cannot be met to term a patient "dependent."[6]

Document action being taken regarding management such as cessation or continued cessation of alcohol/drug dependence or use, monitoring pill counts, counseling, or avoidance of escalation of dosing, etc.[6]

- Consider implementation of a pain medication contract

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2018: "A dash (-) at the end of an Alphabetic Index entry indicates that additional characters are required. Even if a dash is not included at the Alphabetic Index entry, it is necessary to refer to the Tabular List to verify that no 7th character is required." The bolding of ICD-10-CM codes represents categories, subcategories or codes that map to the 2017 CMS-HCC risk adjustment model for Payment Year 2018. Codes marked with a ✦ directly after them represent new additions to the FY 2018 ICD-10-CM code classification.

Optum360 ICD-10-CM: Professional for Physicians 2017. Salt Lake City: 2016.

1. Wilcox S. Alcohol, Drug Dependence and Seniors. National Council on Alcoholism and Drug Dependence. https://www.ncadd.org/about-addiction/seniors/alcohol-drug-dependence-and-seniors. Updated June 26, 2015. Accessed February 13, 2017.
2. Mcevoy LK, Kritz-Silverstein D, Barrett-Connor E, Bergstrom J, Laughlin GA. Changes in Alcohol Intake and Their Relationship with Health Status over a 24-Year Follow-Up Period in Community-Dwelling Older Adults. Journal of the American Geriatrics Society. 2013;61(8):1303-1308. doi:10.1111/jgs.12366.
3. Moyer VA. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse: U.S. Preventive Services Task Force Recommendation Statement. Annals of Internal Medicine. 2013; 159(3): 210-218 doi:10.7326/0003-4819-159-3-201308060-00652
4. Olfson M, King M, Schoenbaum M. Benzodiazepine Use in the United States. JAMA Psychiatry. 2015;72(2):136-142. doi:10.1001/jamapsychiatry.2014.1763.
5. American Geriatrics Society 2015 Updated Beers Criteria for Potentially Inappropriate Medication Use in Older Adults. Journal of the American Geriatrics Society. 2015;63(11):2227-2246. doi:10.1111/jgs.13702.
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