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Educational and coding information for providers

April 2019 | April is Alcohol Awareness Month

FOCUS ON: Alcohol and Substance Use

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" (mild), "abuse" (mild), or dependence" (moderate/severe) disorder in addition to the substance (for example, alcohol, opioids, cannabis).
- Document specifically an "in remission" diagnosis code relative to the dependence (use disorder, moderate/severe)

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 (use disorder, mild)
2 - Dependence (use disorder, moderate/severe)
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 (use disorder, mild), in remission
F10.21 Alcohol dependence (use disorder, moderate/severe), in remission
F10.24 Alcohol dependence (use disorder, moderate/severe) with alcohol-induced mood disorder
F11.11 Opioid abuse (use disorder, mild), in remission
F11.21 Opioid dependence (use disorder, moderate/severe), 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." 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.

- Consider implementation of a pain medication contract

Per the ICD-10-CM Official Guidelines for Coding and Reporting FY 2019: "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 verity that no 7th character is required." The bolding of the ICD-10-CM codes represents categories, subcategories or codes that map to the CMS-HCC risk adjustment model for payment year 2019.

This guidance is to be used for easy reference; however, the ICD-10-CM code book and the Official Guidelines for Coding and Reporting are the authoritative references for accurate and complete coding. The information presented herein is for general informational purposes only. Neither Optum nor its affiliates warrant or represent that the information contained herein is complete, accurate or free from defects. Specific documentation is reflective of the "thought process" of the provider when treating patients. All conditions affecting the care, treatment or management of the patient should be documented with their status and treatment, and coded to the highest level of specificity. Enhanced precision and accuracy in the codes selected is the ultimate goal. Lastly, on April 2, 2018, the Centers for Medicare & Medicaid Services (CMS) announced that 2018 dates of service for the 2019 payment year model is based on 100% of the 2019 CMS-HCC model mappings released April 2, 2018. See: https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Downloads/Announcement2019.pdf

For additional information as well as publications and products available for HEDIS®, please visit the National Committee for Quality Assurance (NCQA) website at ncqa.org.
For additional information about the Five-Star Quality Rating System, please refer to: http://go.cms.gov/partcanddstarratings.

Optum360 ICD-10-CM: Professional for Physicians 2019. Salt Lake City: 2018.

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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
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11000 Optum Circle, Eden Prairie, MN 55344 | **optum.com**

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