



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 SUD¹ 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

¹Substance 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

Z71.89	Counseling on substance use and abuse	Z71.89	Drug or alcohol risk assessment or counseling
Z72.0	Tobacco use NOS	Z78.9	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

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

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