

Internal Medicine Coding Alert

ICD-10-CM Coding: Report Abuse in Remission Dx Beginning Oct. 1

New F10-F19 codes make substance abuse documentation more specific.

For some time, when your patients' substance dependencies have gone into remission, you've been able to use specific codes to pinpoint this particular milestone in their recoveries. The same hasn't been true when patients struggling with substance abuse find themselves at that point.

All that will change with the ICD-10-CM revisions that are poised to take effect in the coming months ☐ you can evaluate them and see if they will impact your reporting by reading on.

Know Why Change is Necessary

According to the Centers for Disease Control and Prevention (CDC), these codes have been added to the upcoming ICD-10-CM to create a continuity of terminologies with the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) "for both diagnostic and statistical purposes." Specifically, the revisions aim to do two things:

- "add new diagnosis codes for the substances recognized for abuse in remission in DSM-5" and
- "add inclusion terms using DSM-5 terminology for substance use disorder severity as well as to indicate whether the remission is 'early' or 'sustained.'"

This will enable the American Psychological Association (APA) to update the DSM-5, allowing "a more complete crosswalk of the alcohol abuse remission code," according to **Donelle Holle, RN**, President of Peds Coding Inc., and a healthcare, coding, and reimbursement consultant in Fort Wayne, Indiana.

Keep Using Fourth Digits for Abuse, Dependency ...

Codes from F10 through F19 will continue to distinguish between dependency, which occurs when the patient's body becomes physically dependent on a substance, and abuse, its precursor, which occurs when a patient uses a substance on a continual basis at the expense of healthier lifestyle options. The distinction will continue to be signified by a fourth digit of either 1, for abuse, or 2, for dependency. So, for example, F10.1- (Alcohol abuse) and F10.2- (Alcohol dependency) will remain as reporting options.

Also unchanged is the fifth-digit subdivision 1 for dependencies that have gone into remission. F12.21 (Cannabis dependence, in remission), for example, remains unchanged, and you will continue to use this particular digit whenever patients who are dependent on a substance go into remission.

... but Add Fifth Digits to Record Abuse Remission Status

What's new is the addition of a fifth digit when a condition defined as abuse goes into remission. So, you would report a patient whose opioid abuse is in remission with F11.11 (Opioid abuse, in remission), while you would document another patient whose cocaine abuse is in remission with F14.11 (Cocaine abuse, in remission).

New notes for all these conditions that enable you to pinpoint the patient's exact condition and remission status will also go into effect on Oct. 1. So, for a patient who is in remission for nicotine dependence from cigarette smoking, you will continue to report F17.211 (Nicotine dependence, cigarettes, in remission). However, the code now features notes that establish the parameters of the diagnosis, letting you know that a wide range of abuse conditions, from mild to moderate to severe, and two levels of remission ☐ early or sustained ☐ all reside within the same code.

On the surface, such changes may seem subtle and "unlikely to have a big impact on the average family practice,"

according to **Kent Moore**, senior strategist for physician payment at the American Academy of Family Physicians. However, Moore also notes that "to the extent that family physicians do diagnose and treat substance abuse in a variety of forms, it is good for them to know of the change, especially in light of the opioid crisis." And Holle also notes that the change will allow you "to show that the patient is staying with appropriate treatment, which is very important."

Coding alert: Remember, CMS says to use these new codes "for discharges occurring from October 1, 2017 through September 30, 2018 and for patient encounters occurring from October 1, 2017 through September 30, 2018."