

Substance Use Disorders

Substance use disorders are highly prevalent in the United States. As of 2022, about 48.7 million people 12 years of age and older in the U.S. were affected by a substance use disorder, encompassing alcohol and/or drug use disorders.ⁱ Once a provider has identified a patient with a substance use disorder, they'll need to assess the severity and any associated complications present.

ICD-10 Code	Substances
F10.x	Alcohol
F11.x	Opioid
F12.x	Cannabis
F13.x	Sedative, hypnotic, or anxiolytic
F14.x	Cocaine
F15.x	Other stimulant
F16.x	Hallucinogen
F17.x	Nicotine
F18.x	Inhalant
F19.x	Other psychoactive substance

Parameters

DSM 5 Diagnostic Criteriaⁱⁱ

A problematic pattern of substance use leading to clinically significant impairment or distress, manifested by at least two of the following, occurring within a 12-month period:

- The substance is often taken in larger amounts or over a longer period than was intended
- There is a persistent desire or unsuccessful efforts to cut down or control the substance use
- A great deal of time is spent in activities necessary to obtain, use, or recover from the effects of the substance
- Craving or a strong desire or urge to use the substance
- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school, or home
- Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- Important social, occupational, or recreational activities are given up or reduced because of the substance use
- Recurrent substance use in situations in which it is physically hazardous
- Substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
- Tolerance of the substance marked by either an increased amount to achieve the desired effect or a diminished effect with continued use of the same amount
- Withdrawal from the substance manifested by either characteristic withdrawal symptoms or the substance is taken to relieve or avoid withdrawal symptoms

Specify if the patient is in early remission (criteria has been met with the last 3 months but less than 12 months) or sustained remission (criteria has been met for a period of 12 months or more), if known.

Documentation Best Practices handouts are designed to help WellSense providers improve and record the quality of care delivered to WellSense members across all patient populations.

Severity and complications documentation

When documenting a substance use disorder (SUD), it's important to identify the severity level of the condition so that the correct corresponding ICD-10 selection can be made.

DSM 5 vocabulary	Corresponding ICD-10 diagnosis
Substance Use Disorder, Unspecified	Substance Use (Unspecified Severity)
Mild SUD: Presence of 2-3 symptoms	Substance Abuse (Medium Severity)
Moderate SUD: Presence of 4-5 symptoms	Substance Dependence (Highest Severity)
Severe SUD: Presence of 6 or more symptoms	

Once the severity level has been identified, consider if the patient is exhibiting any other complications related to the patient using a substance.

Complications can include
Intoxication with delirium
Intoxication with perceptual disturbance
Withdrawals (currently experiencing at POC)
Mood disorder
Substance induced psychotic disorder with delusions or hallucinations
Substance induced anxiety
Substance induced sexual dysfunction
Substance induced sleep disorder
Substance induced OCD or related disorder

Documentation requirements

To ensure accurate coding of SUD, the documentation must clearly indicate:

- The type of substance (If there are multiple known substances, identify each as a separate diagnoses).
- The severity level of each substance (mild, moderate, or severe) and if the condition is in remission.
- Any complications that may be present and are associated with the Substance Use Disorder(s).
- Which criteria the patient met from the DSM 5 to support the diagnosis of SUD, if observed or known.

Documentation example

HPI: Patient is here for follow up of chronic lower back pain and asking for a refill of oxycodone. The patient reports an increase in the frequency they have been taking their medication due to increasing pain. They previously were taking 5mg of oxycodone twice daily but have found it's wearing off early and are taking 5mg every 8 hours to control their pain. They tried to revert to taking the pills twice a day, but were unsuccessful. There has been no injury or trigger for worsening pain. The patient experienced withdrawal symptoms when they ran out of oxycodone early. A urine drug screen test is unexpectedly positive for fentanyl. When confronted with this, he states he has been struggling with opioids and is asking for help.

PE: Vitals: 135/78, HR 86, RR 16, BMI 38.5; PE: WNL, obese

A: **F11.20 Opioid Dependence, Uncomplicated**

P: Patient has a severe opioid use disorder. The patient will be referred to substance use disorder treatment. The patient was given support and counseling. Naloxone was prescribed for overdose prevention.

ⁱ [HHS, SAMHSA Release 2022 National Survey on Drug Use and Health Data | SAMHSA](#)

ⁱⁱ *Diagnostic and Statistical Manual of Mental Disorders: DSM-5*. Fifth ed., American Psychiatric Publishing, 2013.