SUBSTANCE USE/MENTAL DISORDERS

Physician Documentation

Psychiatric conditions can affect the health and wellness of the patient, and determine how well the patient will comply with any treatment plan. The trend today is a more holistic approach toward the patient, and psychiatric conditions are being diagnosed or treated by primary care physicians in increasing numbers. Prevention and screening and coordination of care with behavioral health specialists help provide opportunities for earlier intervention and improved outcomes.

Documentation Tips

- **Document the recurring nature of a disorder in each encounter.** The medical record for each date of service must stand on its own. A diagnosis in the patient's problem list or past medical history can't be abstracted unless it is addressed in the record for the current encounter.
- **Clearly state the status of substance or alcohol** as use, abuse, or dependence. Link any complication to the substance (eg, alcoholic psychosis or opioid-related constipation). Similarly, document if the conditions are not linked because the classification presumes some relationship.
- **In major depressive disorder,** note the severity as mild, moderate, severe, severe with psychosis, or in partial or full remission.
- **In bipolar disorder,** note whether the current episode is manic or depressive, and whether mild, moderate, severe, severe and psychotic, or in remission (ie, full or partial with a description of the most recent episode as hypomanic, manic, depressed, or mixed).
- **A drug or alcohol "use disorder"** is insufficient for code abstraction. Describe the manifestations of the drug or alcohol use requiring intervention, or specify mild, moderate, or severe use disorder.
- **Intellectual disability affects** a patient's ability to provide a medical history or follow a treatment plan. Document it at every encounter with the disabled patient.
- **Make a note regarding the administration** and results of a depression screening, and if suicide risk was assessed. Document any suicidal ideation.
- **ICD-10-CM provides codes for behaviors** that have not yet been classified to behavioral disorders, but that may contribute to the need for further treatment or study. Among those codes:

Psychosocial Circumstances and Encounters	
R41.0	Disorientation, unspecified
R41.82	Altered mental status, unspecified
R41.840	Attention and concentration deficit
R44.3	Hallucinations, unspecified
R45.83	Excessive crying
R45.84	Anhedonia
R45.86	Emotional lability
R45.87	Impulsiveness
R46.0	Very low level of personal hygiene
R46.2	Strange and inexplicable behavior
R46.81	Obsessive-compulsive behavior

- **Identify post-traumatic stress disorder (PTSD)** as acute or chronic.
- **In obsessive-compulsive disorder,** note any hoarding, skin-picking, obsessive acts, or neuroses.
- **ICD-10-CM assumes a link between alcoholism and any of the following:** persisting amnestic disorder; anxiety disorder; mood disorder; psychotic disorder; sexual dysfunction; or sleep disorder. Document if the conditions should not be linked.
- **Document time** when it is invested in counseling and coordination of care.

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Coder Abstraction

Drug and alcohol problems and behavioral disorders are increasingly diagnosed and treated by the patient's primary care physician, and should be reported as often as they are documented and assessed or treated.

Coding Tips

- **Documentation of "traits" is not documentation of a disorder.** For example, if a patient is said to have "borderline personality traits," the physician has not documented borderline personality disorder.
- **If documented drug use is not treated or noted as affecting the patient's health, *do not* code it.** A patient's incidental use of drugs is only reported when the use affects treatment or care of a patient (eg, other psychiatric conditions exacerbated by drug use or liver disease documented as affected by the use of recreational drugs).

> **Use, Abuse, and Dependence**
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> When the physician refers to use or abuse with dependence of the same substance, report only the dependence. If the physician reports use and abuse of the same substance, report only abuse.

- **Diagnoses for children** are at times found in what seems to be an "adult" area of diagnoses in ICD-10-CM, and diagnoses for adults in the "children's" section. For example, the diagnosis for an adult with new onset attention deficit disorder is reported with a code from category F90, in a section entitled "Behavioral and emotional disorders with onset usually occurring in childhood and adolescence." Confidently code behavioral disorders from the Alphabetic Index.
- **Always code intellectual disability when it is documented.** Intellectual disability always affects a patient's ability to follow a treatment plan or to provide a pertinent medical history.
- **Report postpartum depression** with code F53, *Puerperal psychosis,* rather than a code from the pregnancy chapter of ICD-10-CM. Report other behavioral disorders with codes from category O99.34, *Other mental disorders complicating pregnancy, childbirth, and the puerperium.* ICD-10-CM guidelines say that any comorbidity affects pregnancy, so any pre-existing or newly diagnosed behavioral disorder would be reported as a complication of pregnancy, unless the physician specifically states the disorder does not affect the pregnancy.

Assume Causal Relationship for Alcohol Dependence and These Diagnoses	
F10.24	Alcohol dependence with alcohol-induced mood disorder
F10.250	Alcohol dependence with alcohol-induced psychotic disorder with delusions
F10.251	Alcohol dependence with alcohol-induced psychotic disorder with hallucinations
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder
F10.280	Alcohol dependence with alcohol-induced anxiety disorder
F10.281	Alcohol dependence with alcohol-induced sexual dysfunction
F10.282	Alcohol dependence with alcohol-induced sleep disorder

- **Do not make assumptions regarding the language** physicians use in describing patient conditions. Use the Alphabetic Index to look up the exact terminology from the medical record to properly abstract the diagnosis code. Never report a more complex condition than what is documented and indexed.