• Substance-related disorders include 10 separate classes of drugs; alcohol, caffeine, cannabis, hallucinogens, inhalants, opioids, sedatives, hypnotics & anxiolytics, stimulants, tobacco, and other (or unknown) substances.

• Substance-related disorders are divided into two groups: Substance use disorders, and substance-induced disorders
• The essential feature of a substance use disorder is a cluster of cognitive, behavioral, and psychological symptoms indicating that an individual continues using the substance despite significant substance-related problems. An important characteristic is an underlying change in brain circuits that may persist beyond detoxification, particularly in individuals with severe disorders. The behavioral effects of these brain changes may be exhibited in the repeated relapses and intense drug cravings when the individuals are exposed to drug-related stimuli. Overall, the diagnosis is based on a pathological pattern of behaviors related to the use of a substance.
IMPAIRED CONTROL OVER SUBSTANCE USE

• Criterion 1 – Persistent desire to cut down or regulate substance use, often to no avail.
• Criterion 2 – The individual may spend a great deal of time obtaining the substance, using, and recovering from its effects.
• Criterion 3 – Virtually all of the individuals daily activities revolve around the substance, in some more severe disorders.
• Criterion 4 – Craving is manifested by an intense desire or usage for the drug that may occurred at any time but is more likely when in an environment where the drug was previously obtained or used.
SOCIAL IMPAIRMENT

• Criterion 5 – Failure to fulfill major obligation roles at work, school or home.
• Criterion 6 – Continued substance use despite having persistent or recurrent social or interpersonal problems caused of exacerbated by the effects of the substance.
• Criterion 7 – Withdrawal from family activities and hobbies in order to use the substance.
RISKY USING OF THE SUBSTANCE

• Criterion 8 – Recurrent substance use in situations in which it is physically hazardous.

• Criterion 9 – The individual may continue to use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
PHARMACOLOGICAL

• Criterion 10 – Tolerance is signaled by the increased dose of the substance to achieve the desired effect, or the reduced effect when usual dose is consumed.

• Criterion 11 – Withdrawal is a syndrome that occurs when blood or tissue concentrations of a substance decline in an individual who has maintained prolonged heavy use of the substance.
SEVERITY AND SPECIFICS

• It is important to remember that substance use disorders occur in a broad range of severity, based on the number of symptoms present.
• Mild – the persistent presence of 2-3 symptoms
• Moderate – 4-5 symptoms
• Severe – 6 or more symptoms
• Changing severity across time is also reflected by reduction or increase in the frequency and/or dose of substance use, as assessed by the individual’s own report, report of knowledgeable others, clinician’s observations, and biological testing.
• The following specifiers may also be used – In early remission, In sustained remission, On maintenance therapy, & In controlled environment.
RECORDING PROCEDURES FOR SUBSTANCE USE DISORDERS

• The code that applies to the class of substance should be used, but the name of the specific substance should also be recorded, e.g. 304.10 (F13.20) moderate alprazolam use disorder (rather than moderate seductive, hypnotic, or anxiolytic use disorder), or 305.70 (F15.10) mild methamphetamine use disorder (rather than mild steroids).

• For substances that are unclassified, such as anabolic steroids, the code for “other substance use disorder” should be used (e.g., 305.90 [F10.10] mild anabolic steroid use disorder). If the substance is unknown the code for the class “other(or unknown)”should be used (e.g., 304.90 [F19.90] severe unknown substance use disorder).

• The ICD-10-CM code for substance use disorder depends on whether there is a comorbid substance-induced disorder (including intoxication and withdrawal), e.g., F13.20 reflects the absence of a comorbid alprazolam-induced disorder.
SUBSTANCE-INDUCED DISORDERS

• This includes intoxication, withdrawal and other substance/medication-induced mental disorders (e.g., substance-induced psychotic disorder, substance-induced depressive disorder).
SUBSTANCE INTOXICATION

• The essential feature is the development of a reversible substance-specific syndrome due to the recent ingestion of the substance. Intoxication involves the disturbances of perception, wakefulness, attention, thinking, judgement, psychomotor behavior, and interpersonal behavior. Short-term, or “acute”, intoxication may have different signs and symptoms than sustained, or “chronic” intoxication.

• Criterion A – Clinically significant problematic behavioral or psychological changes and associated with intoxication such as belligerence, mood liability, and impaired judgement, that are attributed to the physiologic effects of the substance on the central nervous system and development during or shortly after use of the substance.

• Criterion B – Symptoms are not attributed to another medical condition and are not better explained by another mental disorder.

• Criterion D – Substance intoxication is common among those with a substance use disorder but also occurs frequently in individuals without substance use disorder.
The essential feature is the development of a substance-specific problematic behavioral change, with physiological and cognitive concomitants, that is due to the cessation of, or reduction in, heavy and prolonged substance use.

Criterion A – The substance-specific syndrome cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Criterion C – The symptoms are not due to another medical condition and are not better explained by another mental disorder.

Criterion D – Withdrawal is usually, but not always, associated with a substance use disorder.
RECORDING PROCEDURES FOR INTOXICATION AND WITHDRAWAL

• The code that applies to the class of substance should be used, but the name of the specific substance should also be recorded, e.g., 292.0 (F13.239) secobarbital withdrawal (rather than sedative, hypnotic, or anxiolytic withdrawal), or 292.89 (F15.129) methamphetamine intoxication (rather than stimulant intoxication).

• The appropriate ICD-10-CM diagnostic code for intoxication depends on whether there is a comorbid substance use disorder, e.g., F15.129 indicates a comorbid presence of a mild methamphetamine use disorder. ICD-10-CM withdrawal codes imply a comorbid moderate to severe substance use disorder for the specific substance., e.g., F13.239 indicates the presence of a moderate to severe secobarbital use disorder.

• Same rules apply for specifying unclassified, or unknown substances.
SUBSTANCE/MEDICATION-INDUCED MENTAL DISORDERS

• The substance/medication-induces mental disorders are potentially severe, usually temporary, but sometimes persisting central nervous system syndromes that develop in the context of the effects of substances of abuse, medications, or several toxins.

• A. the disorder represents a clinically significant symptomatic presentation of relevant mental disorder.

• B. There is evidence from the history, physical examination, or lab findings of both of the following: 1. the disorder developed during or within 1 month of a substance intoxication or withdrawal or taking a medication and 2. the involved substance/medication is capable of producing a mental disorder.

• C. The disorder is not better explained by an independent mental disorder that is not substance/medication-induced. Such evidence of an independent mental disorder could include the following: 1. The disorder preceded the onset of severe intoxication/withdrawal or exposure to medication; or 2. The full mental disorder persisted for a substantial period of time after the cessation of acute withdrawal or severe intoxication or taking the medication.

• D. The disorder does not occur exclusively during course of a delirium.

• E. The disorder causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
ALCOHOL USE DISORDER

• A problematic pattern of alcohol use leading to clinically significant impairment or distress, manifested by at least 2 of the criteria outlined in slides 4-7, within a 12 month period.
• 305.00 (F10.10) Mild: Presence of 2-3 symptoms
• 303.90 (F10.20) Moderate: Presence of 4-5 symptoms
• 303.90 (F10.20) Severe: Presence of 6 or more symptoms
ALCOHOL INTOXICATION

• A. Recurrent ingestion of alcohol
• B. Clinically significant problematic behavioral or psychological changes and associated with intoxication such as inappropriate sexual or aggressive behaviors, mood liability, and impaired judgement, that development during or shortly after use.
• C. One (or more) of the following symptoms develop during or shortly after use:
  • 1. Slurred Speech
  • 2. Incoordination
  • 3. Unsteady Gait
  • 4. Nystagmus
• 5. Impairment in attention or memory
• 6. Stupor or coma
• D. The symptoms are not due to another medical condition and are not better explained by another mental disorder, including intoxication of another substance.

• ICD-10-CM if a mild alcohol use disorder is comorbid: F10.129, moderate-severe comorbid disorder: F10.229, no comorbid disorder F10.929
ALCOHOL WITHDRAWAL

• A. Cessation of alcohol use that been heavy or prolonged.

• B. 2 or more of the following occur several hours to a few days after the cessation of use:
  • 1. Autonomic hyperactivity
  • 2. Increased hand tremor
  • 3. Insomnia
  • 4. Nausea or vomiting
  • 5. Transient visual, tactile, or auditory hallucination or illusions
  • 6. Psychomotor agitation

• 7. Anxiety

• 8. Generalized tonic-clonic seizures

• C. The signs or symptoms cause clinically significant distress or impairment in important areas of functioning.

• D. The symptoms are not due to another medical condition and are not better explained by another mental disorder, including intoxication of another substance.

• **ICD-10-CM without perceptual disturbances: F10.239, with perceptual disturbances F10.232**
CANNABIS USE DISORDER

• A problematic pattern of cannabis use leading to clinically significant impairment or distress, manifested by at least 2 of the criteria outlined in slides 4-7, within a 12 month period.

• 305.20 (F12.10) Mild: Presence of 2-3 symptoms
• 304.30 (F12.20) Moderate: 4-5 symptoms
• 304.30 (F12.20) Severe: 6 or more symptoms
CANNABIS INTOXICATION

- A. Recent use of cannabis.
- B. Clinically significant problematic behavioral or psychological changes such as impaired motor coordination, euphoria, anxiety, sensation of slowed time, impaired judgement, and social withdrawal during, or shortly after use.
- C. 2 (or more) of the following occur within 2 hours of use:
  - 1. Conjunctival injection
  - 2. Increased appetite
  - 3. Dry mouth
  - 4. Tachycardia
- D. The symptoms are not due to another medical condition and are not better explained by another mental disorder, including intoxication of another substance.

CANNABIS WITHDRAWAL

• A. Cessation of cannabis use that been heavy or prolonged.
• B. 3 or more of the following occur within approximately 1 week:
  • 1. Irritability, anger, or aggression
  • 2. Nervousness or anxiety
  • 3. Sleep difficulty
  • 4. Decreased appetite or weight loss
  • 5. Restlessness
  • 6. Depressed mood
  • 7. At least one of the following physical symptoms causing discomfort: abdominal pain, shakiness/tremors, sweating, fever, chills, or headache.
• C. The signs or symptoms cause clinically significant distress or impairment in important areas of functioning.
• D. The symptoms are not due to another medical condition and are not better explained by another mental disorder, including intoxication of another substance.
• ICD-10-CM F12.288 (indicates a moderate-severe use disorder, reflecting the fact that withdrawal can occur in the presence of a moderate-severe cannabis use disorder).
STIMULANT USE DISORDER

- A problematic pattern of amphetamine-type substance, cocaine, or other stimulant use leading to clinically significant impairment or distress, manifested by at least 2 of the criteria outlined in slides 4-7, within a 12 month period.
- Mild: Presence of 2-3 symptoms
  - -305.70 (F15.10) Amphetamine-type
  - -305.60 (F14.10) Cocaine
  - -305.70 (F15.10) Other or unspecified
- Moderate: 4-5 symptoms
  - -304.40 (F15.20) Amphetamine-type
  - -304.20 (F14.20) Cocaine
  - -304.40 (F15.20) Other or unspecified
- Severe: 6 or more symptoms
  - -304.40 (F15.20) Amphetamine-type
  - -304.20 (F14.20) Cocaine
  - -304.40 (F15.20) Other or unspecified
STIMULANT INTOXICATION

• A. Recent use of amphetamine-type substance, cocaine, or other simulant
• B. Clinically significant problematic behavioral or psychological changes such as euphoria or affective blunting, hypervigilance, interpersonal sensitivity, anxiety, tension, or anger that develop during or shortly after use.
• C. 2 or more of the following occur during or shortly after use:
  • 1. Tachycardia or bradycardia
  • 2. Pupillary dilation
  • 3. Elevated or lowered blood pressure
  • 4. Perspiration or chills
  • 5. Nausea or vomiting
  • 6. Evidence of weight loss
• 7. Psychomotor agitation or retardation
• 8. Muscular weakness, respiratory depression, chest pain, or cardias arrhythmias
• 9. Confusion, seizures, dyskinesias, dystonias, or coma.
• D. The symptoms are not due to another medical condition and are not better explained by another mental disorder, including intoxication of another substance.

STIMULANT WITHDRAWAL

• A. Cessation of prolonged use.
• B. Dysphoric mood and 2 (or more) of the following occur within a few hours to several days after use:
  • 1. Fatigue
  • 2. Vivid, unpleasant dreams
  • 3. Insomnia or hypersomnia
  • 4. Increased appetite
  • 5. Psychomotor retardation or agitation
• C. . The signs or symptoms cause clinically significant distress or impairment in important areas of functioning.
• D. The symptoms are not due to another medical condition and are not better explained by another mental disorder, including intoxication of another substance.

• ICD-10-CM amphetamine or other stimulant F15.23
• ICD-10-CM cocaine F14.23