

Codes and Treatments for Drug and Alcohol Conditions

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In 2003 61 percent of adults drank alcohol, according to the National Center for Health Statistics.¹ Illicit drug use for that same year is reported at 8 percent, with 6 percent using marijuana.² With those statistics, it's a safe bet that coding professionals will encounter records reporting drug and alcohol conditions throughout their career. Coding drug and alcohol conditions may appear straightforward, but there are a few issues of which coders should be aware. This article reviews those issues as well as available treatment options.

Alcohol Abuse and Dependence

Coding Clinic defines alcohol abuse as drinking to excess but not physically dependent upon alcohol.³ Symptoms may include temporary mental disturbance, slurred speech, blackouts, impaired driving or working conditions, and arguments with friends and family. Code 305.0x, Alcohol abuse, should be assigned for patients with alcohol abuse.

Alcohol dependence, also known as alcoholism, is a chronic condition in which a person is physically dependent upon alcohol. Symptoms may include increased tolerance for alcohol, inability to stop usage regardless of consequences, impaired health, social interaction problems, and job performance issues. The correct coding of alcohol dependence is dependent upon a patient's state of presentation. If a patient is acutely intoxicated when arriving for treatment, the correct code is 303.0x, Acute alcohol intoxication. Code 303.0x includes both acute intoxication and chronic alcoholism, therefore only one code is required. If the patient presents for treatment and is not acutely intoxicated, code 303.9x, Other and unspecified alcohol dependence, should be assigned.

Drug Abuse and Dependence

The definition of drug abuse is similar to alcohol abuse (i.e., a patient has a problem but not to the point of dependence). The same symptoms of alcohol abuse apply to drug abuse. The code for drug abuse is 305.xx, Nondependent abuse of drug, with the fourth digit determined by the drug that is abused.

Drug dependence or addiction refers to physical dependence upon at least one drug. The person with an addiction or dependence has a compulsion to take the drug to experience its effect. As with alcohol, the person will not stop regardless of the consequences. The symptoms listed for alcohol dependence also apply to drug dependence. The codes for drug dependence are in the 304.0x-304.9x range, depending on the drug the person is dependent upon. If more than one drug is involved, code 304.7x, Combinations of opioid type drug with any other, is assigned when at least one of the drugs is an opiate. If the combination of drugs does not involve an opioid, then code 304.8x, Combination of drug dependence excluding opioid type of drug, is assigned.

Fifth Digits

Codes 303.xx-305.xx require the use of a fifth digit. The determination of which digit to assign is based on each digit's definition and record documentation. Documentation in this instance does not have to be specifically from the attending provider; other technical or professional personnel may document the pattern of usage.

Fifth digits are defined as either unspecified, continuous, episodic, or in remission. The unspecified digit is assigned when there is not enough documentation in the record to support a pattern of use. The continuous digit for alcohol abuse is used when a patient intakes large amounts of alcohol on a daily basis or when a patient regularly drinks heavily on the weekends or days off. The episodic digit for alcohol abuse is used when a patient indulges in weeks or months of alcoholic binges followed by long periods of sobriety. The in-remission digit for both drug and alcohol abuse refers to complete cessation or a period of time

of decreased use while working toward complete cessation. The continuous digit for drug abuse is defined as daily or almost-daily use of drugs, while episodic refers to short periods between use or use on weekends.

Withdrawal

Withdrawal symptoms generally occur when a patient suddenly stops drinking alcohol or taking drugs, usually after a long period of abuse or dependence. The severity of the symptoms depends on the individual, as some patients may experience mild to no symptoms, while others may experience moderate to severe symptoms. The severity of the symptoms generally depends on how dependent the individual is before stopping.

Both physical and psychological symptoms can occur, while the onset of withdrawal is an initial craving for more alcohol or drugs. A common mild symptom is known as "the shakes," in which a person has abnormal movement in the hands or eyelids. Other mild symptoms include sweating, headache, anxiety, rapid heart beat, irritability, and increased blood pressure.

A more severe form of withdrawal is known as delirium tremens, or DTs. This occurs anywhere from six to 48 hours after drinking cessation and can be life threatening. A patient may have convulsions or seizures, but generally symptoms include profound confusion, disorientation, visual hallucinations, hyperactivity, and extreme cardiovascular disturbances, such as heart attacks or stroke.

The codes for alcohol withdrawal are:

- 291.0, Alcohol withdrawal delirium
- 291.3, Alcohol induced psychotic disorder with hallucinations
- 291.81, Alcohol withdrawal

Coding these conditions can be tricky, as one code covers all conditions of alcohol withdrawal. If a patient has both delirium and hallucinations from alcohol withdrawal, only one code should be assigned, 291.0. If a patient has hallucinations and withdrawal, only code 291.3 is assigned. Finally, if the documentation supports only alcohol withdrawal, then code 291.81 is reported. The code for drug withdrawal is 292.0.

Treatment Options

Detoxification is one treatment available for substance abuse and dependence. It involves management of the withdrawal symptoms, which includes evaluation and medication administration such as methadone. The average detoxification period lasts four to five days; opiate detoxification takes a little longer.

The codes for detoxification are procedure codes, and selection is based on the substance abused. The codes for detoxification are:

- 94.62, Alcohol detoxification
- 94.65, Drug detoxification
- 94.68, Combined drug and alcohol detoxification

Rehabilitation involves enrolling the patient in a structured program focused on controlling substance use while replacing that time with activities that are nonchemical in nature.

As with detoxification, the codes for rehabilitation are procedural codes, and selection is based on the substance abused:

- 94.61, Alcohol rehabilitation
- 94.64, Drug rehabilitation
- 94.67, Combined drug and alcohol rehabilitation

A person may receive both detoxification and rehabilitation at the same episode of care. If this occurs, there are combination codes for these procedures:

- 94.63, Alcohol rehabilitation and detoxification

- 94.66, Drug rehabilitation and detoxification
- 94.69, Combined alcohol and drug rehabilitation and detoxification

Principal Diagnosis Selection

The selection of the principal diagnosis is based on the patient's presenting problems related to the substance abuse or dependence. When a patient has withdrawal symptoms and is admitted to the hospital, the appropriate withdrawal code is the principal diagnosis, with the substance abuse or dependence code listed secondary. This rule also applies if the withdrawal develops after admission.

If a patient is admitted with a diagnosis of a substance-related mental condition, the mental condition is sequenced first, followed by the appropriate abuse or dependence code.

If the patient is admitted for detoxification or rehabilitation and no substance-related mental conditions are documented, sequence the substance abuse or dependence code first. (Note: codes in V57.xx are for physical rehabilitation procedures.)

Patients with substance abuse problems tend to develop other physical conditions such as cirrhosis of the liver, esophageal varices, and other gastrointestinal disorders. If a patient is admitted for treatment of a physical condition, follow the usual guidelines for selecting the principal diagnosis.

When a coding professional encounters a record related to drug or alcohol abuse or dependence, it is important to keep in mind why the patient is being treated at the facility. This will be key in determining the principal diagnosis selection and proper coding of the encounter.

Notes

1. National Center for Health Statistics. "Alcohol Use." 2003. Available online at www.cdc.gov/nchs/fastats/alcohol.htm.
2. National Center for Health Statistics. "Illegal Drug Use." 2003. Available online at www.cdc.gov/nchs/fastats/druguse.htm.
3. American Hospital Association. *Coding Clinic ICD-9-CM* 8, no. 2. Second quarter, 1991.

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Article citation:

Bronnert, June. "Codes and Treatments for Drug and Alcohol Conditions" *Journal of AHIMA* 77, no.5 (May 2006): 80-82.

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