

Documentation and Coding: Cocaine Abuse/Use

CMS-HCC_V28 Model Updates

August 2023

At Healthfirst, we are committed to helping providers accurately document and code their patients' health records. This tip sheet is intended to assist providers and coding staff with the documentation and ICD-10-CM selection, along with the Centers for Medicare & Medicaid Services (CMS) Hierarchical Condition Category (HCC) Version 28 Model Updates, on services submitted to Healthfirst—specifically for Cocaine Abuse/Use. It provides information from industry sources about proper coding practices. However, this document does not represent or guarantee that Healthfirst will cover and/or pay for services outlined. Coverage decisions are based on the terms of the applicable evidence of coverage and the provider's participation agreement. This includes the determination of any amounts that Healthfirst or the member owes the provider.

ICD-10-CM provides categories for each type of substance. The table below will assist with coding cocaine disorders.

Description	Abuse	Dependence	Use
Unspecified induced disorder	F14.19 [†]	F14.29 [†]	F14.99 [†]
Anxiety	F14.180	F14.280	F14.980
Delusions	F14.150	F14.250	F14.950
■ Hallucinations	F14.151	F14.251	F14.951
■ Intoxication	F14.12*	F14.22*	F14.92*
Mood disorder	F14.14	F14.24	F14.94
■ Psychotic disorder, unspecified	F14.159 [†]	F14.259 [†]	F14.959 [†]
Sexual dysfunction	F14.181	F14.281	F14.981
■ Sleep disorder	F14.182	F14.282	F14.982
■ Withdrawal	F14.13	F14.23	F14.93
Other induced disorder	F14.188	F14.288	F14.988
In remission	F14.11	F14.21	-
Uncomplicated	F14.10	F14.20	_

[†]Use only in the event no other code describes the condition.

^{*= 6}th character required: 0 uncomplicated, 1 w/ delirium, 2 w/ perceptual disturbances, 9 unspecified

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Other common drug classifications associated with substance use disorders:

	Opioids (F11*)	Cannabis (F12*)	Sedatives (F13*)	Other Stimulants (F15')	Hallucinogens (F16*)	Inhalants (F18*)	Other Psychoactive Substance (F19*)
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Keywords for coding substance use disorders:

Use	is irregular or low-frequency use of a substance that is not habitual.
Abuse	is habitual use of a substance that negatively impacts a patient's health or social functioning but has not arrived at the point of physical and/or mental dependence.
Dependence	a chronic mental and physical state where a patient has to use a substance to function normally; patients may experience signs of withdrawal upon cessation of the substance.
In Remission	In all subcategories for dependence, abuse, and use there are codes available for "in remission" to indicate that the clinical criteria for dependence on or abuse or use of a psychoactive substance are no longer met.

Coding Tips

- If documentation supports both use and abuse, **Abuse will be coded**.
- If documentation supports both abuse and dependence, **Dependence will be coded**.
- If use and dependence are documented, **Dependence will be coded**.
- If use, abuse, and dependence are documented, **Dependence will be coded**.
- If withdrawal is documented, **Dependence will be coded**.
- If mild, moderate, and severe substance use disorder in early or sustained is classified in the category, **Substance abuse in remission will be coded**.
- If documentation supports Other Stimulant related disorders, use code F15* in addition to Cocaine disorders, F14*.

^{*}Requires additional digit to complete the code.

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Additional codes associated with substance abuse:

Z63.72	Z71.51	Z71.52	Z81.3
Alcoholism and drug addiction in family	Drug abuse counseling and surveillance of drug abuser	Counseling for family member of drug abuser	Family history of other psychoactive substance abuse and dependence

Coding Tips

- Utilize **Z-codes** (listed above) as a secondary diagnosis when a history of substance or drug abuse exists.
- When counseling is documented, use additional code for drug abuse or dependence (**F11**—**F16**, **F18**—**F19**).

Example

Case	Cocaine use during pregnancy is assigned a code from subcategory O99.32-, Drug use complicating pregnancy, childbirth, and the puerperium. At subcategory O99.32-, there is a note instructing, Use additional codes from F11–F16 and F18–F19 to identify manifestations of the drug use. However, the <i>Official Guidelines for Coding and Reporting, Section I.C.5.b.3.</i> , pertaining to psychoactive substance use, states that codes for psychoactive substance use are to be used only when the psychoactive substance use is associated with a physical, mental, or behavioral disorder, and such a relationship is documented by the provider. What is the correct code assignment for cocaine use during pregnancy when the provider has not documented a related physical, mental, or behavioral disorder?	
Rationale	Assign the appropriate code from subcategory O99.32-, Drug use complicating pregnancy, childbirth, and the puerperium, followed by code F14.90, Cocaine use, unspecified, uncomplicated, for cocaine use during pregnancy. The Official Guidelines for Coding and Reporting codes from Chapter 15 and sequencing priority (15.a.1.) state, It is the provider's responsibility to state that the condition being treated is not affecting the pregnancy. Ref# AHA coding clinic, second quarter, volume 5, 2018	

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Questions?

Contact us at #Risk_Adjustments_and_clinical_Documentation@healthfirst.org.

For additional documentation and coding guidance, please visit the coding section at **HFproviders.org**.

References

- ICD 10 CM Official Coding Guidelines 2024
- www.codingclinicadvisor.com