



Coding for Substance Use: Opioid Use, Alcohol Use, Tobacco Use

Tobacco Use

Prevention of Fetal Alcohol Spectrum Disorder Basics:

<https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/Coding/1-Prevention-of-FASD-Coding-Basics-Guide--FINAL-1-11-18.pdf?dmc=1&ts=20180329T1806227401>

Alcohol or Substance (Other than Tobacco) Abuse Current Procedural Terminology (CPT) and International Classification of Diseases, 10th Edition, Clinical Modification (ICD-10-CM) (Maternal Record Codes):

<https://www.acog.org/-/media/Departments/Tobacco-Alcohol-and-Substance-Abuse/Coding/3-FASD-Maternal-Codes-Table-FINAL-1-11-18.pdf?dmc=1&ts=20180329T1756148796>

Tobacco Use and Smoking Cessation:

<https://www.acog.org/-/media/Departments/Toolkits-for-Health-Care-Providers/Smoking-Cessation-Toolkit/Smoking-Cessation-Tool-Coding.pdf?dmc=1&ts=20180131T1328372091>

Opioid Use

For any case of pregnancy in which a woman uses opioids during the pregnancy or postpartum period, codes from subcategory **O99.32, Drug use complicating pregnancy, childbirth, and the puerperium**, should be assigned. A secondary code from category **F11, Opioid-related disorders**, should also be assigned to identify manifestation of the opioid use.

Possible ICD-10-CM codes:

- O99.320 Drug use complicating pregnancy, unspecified trimester
- O99.321 Drug use complicating pregnancy, first trimester
- O99.322 Drug use complicating pregnancy, second trimester
- O99.323 Drug use complicating pregnancy, third trimester
- O99.324 Drug use complicating childbirth
- O99.325 Drug use complicating puerperium
- F11.10 Opioid abuse, uncomplicated
- F11.11 Opioid abuse, in remission
- F11.12- Opioid abuse with intoxication
- F11.14 Opioid abuse with opioid-induced mood disorder

- F11.15- Opioid abuse with opioid-induced psychotic disorder
- F11.18- Opioid abuse with other opioid-induced disorder
- F11.19 Opioid abuse with unspecified opioid-induced disorder
- F11.2- Opioid dependence
- F11.9- Opioid use, unspecified

Counseling

Procedure codes such as Evaluation and Management (E/M) codes are a method of documenting what service or procedure was performed. The most appropriate E/M code to select will depend on whether the encounter was for screening or treatment of the condition.

If the encounter was for screening the patient, report a preventive medicine code. These codes are selected according to the time spent in face-to-face counseling with the patient. Whether or not these codes will be reimbursed will vary. Possible procedure codes are the following:

<u>Code Description</u>	<u>Code</u>
• Preventive medicine, individual counseling	99401–99404
• Preventive medicine, group counseling	99411–99412

Specific CPT codes have been developed for tobacco cessation counseling. These services are reported as follows:

<u>Code Description</u>	<u>Code</u>
• Preventive medicine, Smoking/tobacco use cessation counseling visit; intermediate, greater than 3 minutes up to 10 minutes	99406
• Preventive medicine, Smoking/tobacco use cessation counseling visit; intensive, greater than 10 minutes	99407

For counseling groups of patients with symptoms or established illness, use CPT code 99078.

If the encounter was for other treatment for a patient with a diagnosis of tobacco use or nicotine dependence, report an office or other outpatient E/M code. These codes list a “typical time” in the code descriptions. Codes with typical times listed may be reported based on time, rather than the key E/M components of history, examination, and medical decision-making. If the health care provider spends more than 50% of the visit counseling the patient, the E/M code may be selected based on time. Time spent providing face-to-face counseling with the patient must be documented in the medical record. The record should document total time and that either all of the encounter or more than 50% of total time was spent counseling the patient. The patient record also must provide details on the topics discussed.