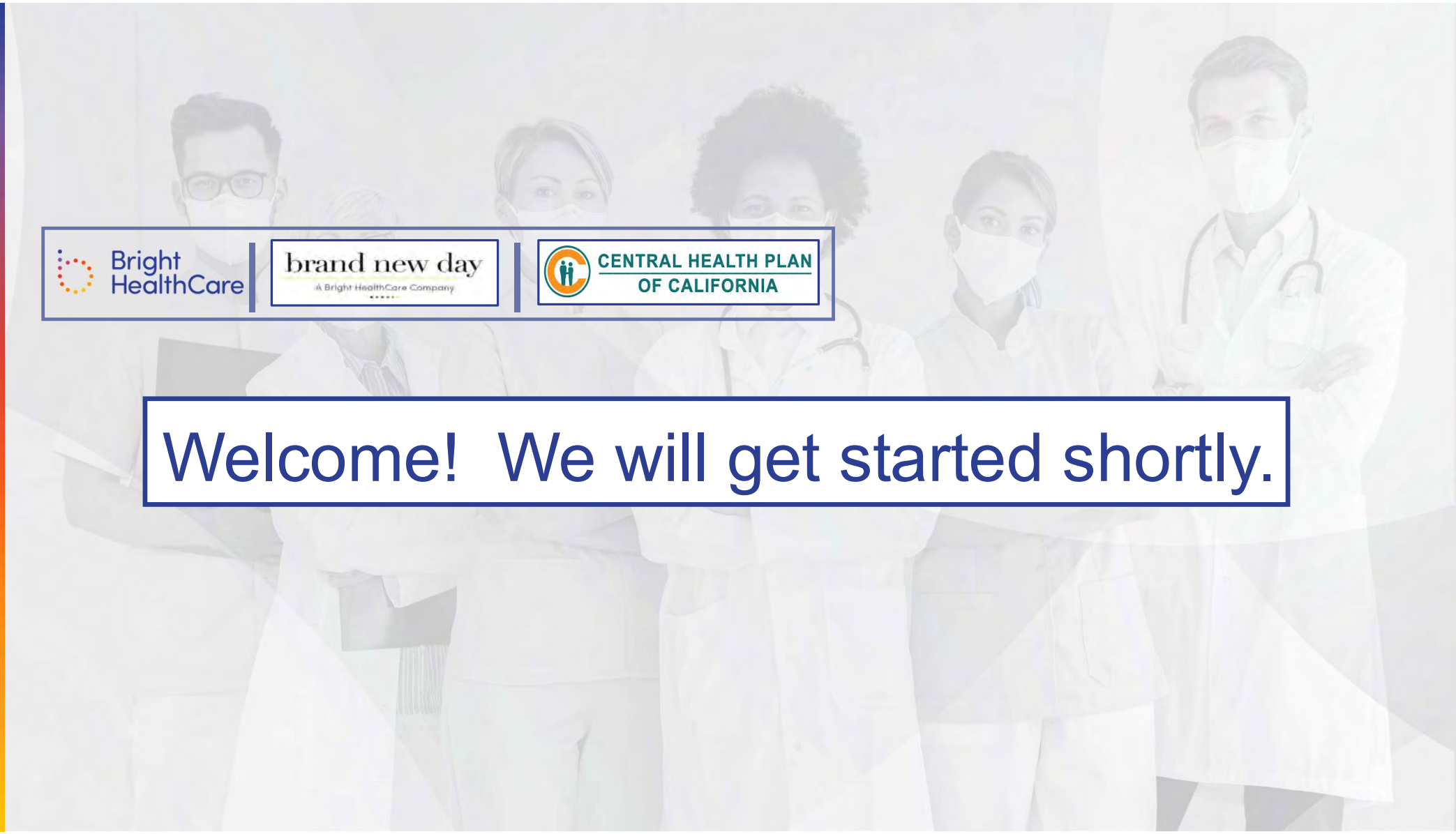
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brand new day
A Bright HealthCare Company
CENTRAL HEALTH PLAN OF CALIFORNIA
Welcome! We will get started shortly.

Bright HealthCare

Substance Use Disorders & Major Depressive Disorder

Medicare Model • Nov 2022

Disclaimer:

- The information presented herein is for information purposes only.
- It is designed to provide accurate and trustworthy information on the subject matter.
- Every reasonable effort has been made to ensure its accuracy.
- Nevertheless, the ultimate responsibility for correct use of the coding system and publication lies with the user.
- The ICD-10-CM code books and the Official Guidelines for Coding and Reporting are certified references for accurate and complete coding.

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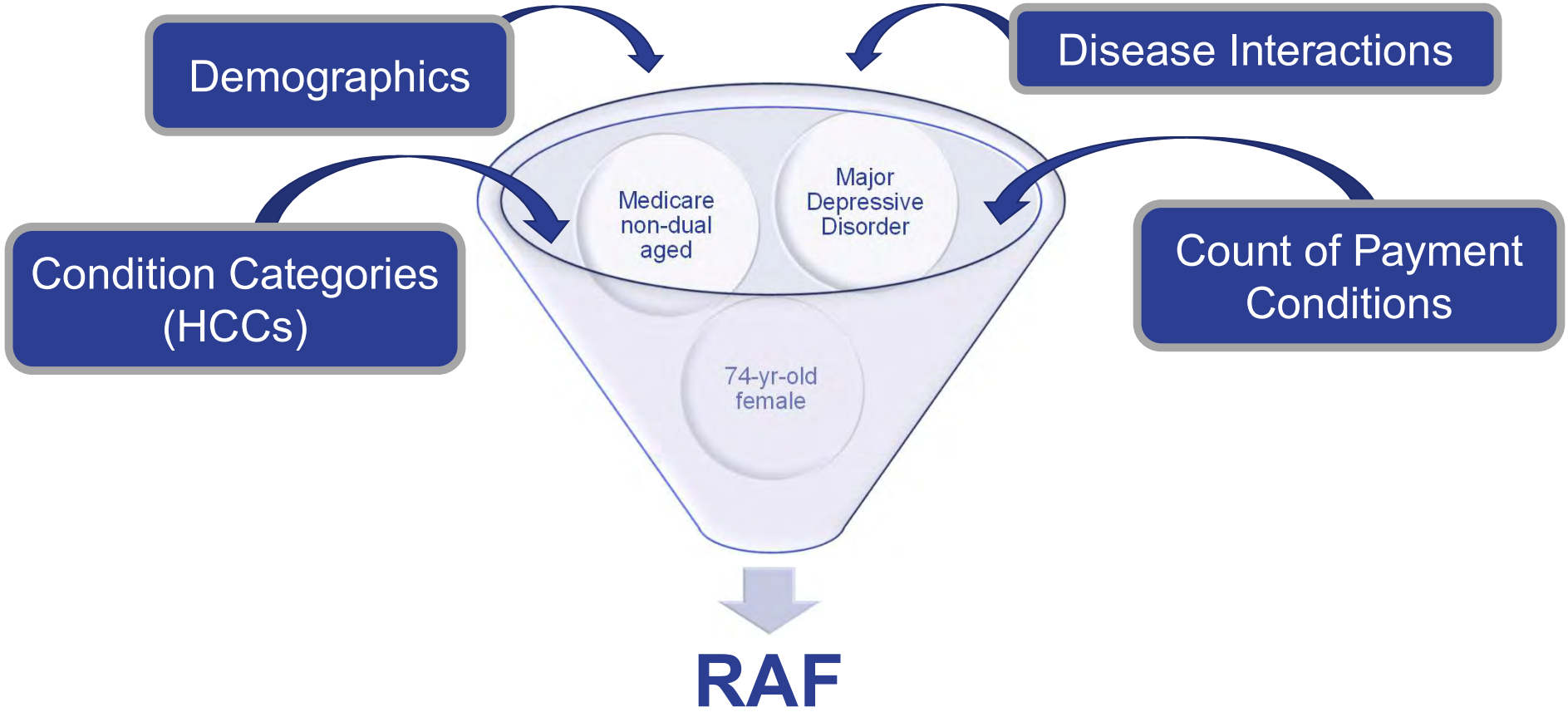
Introduction

Risk Adjustment Basics



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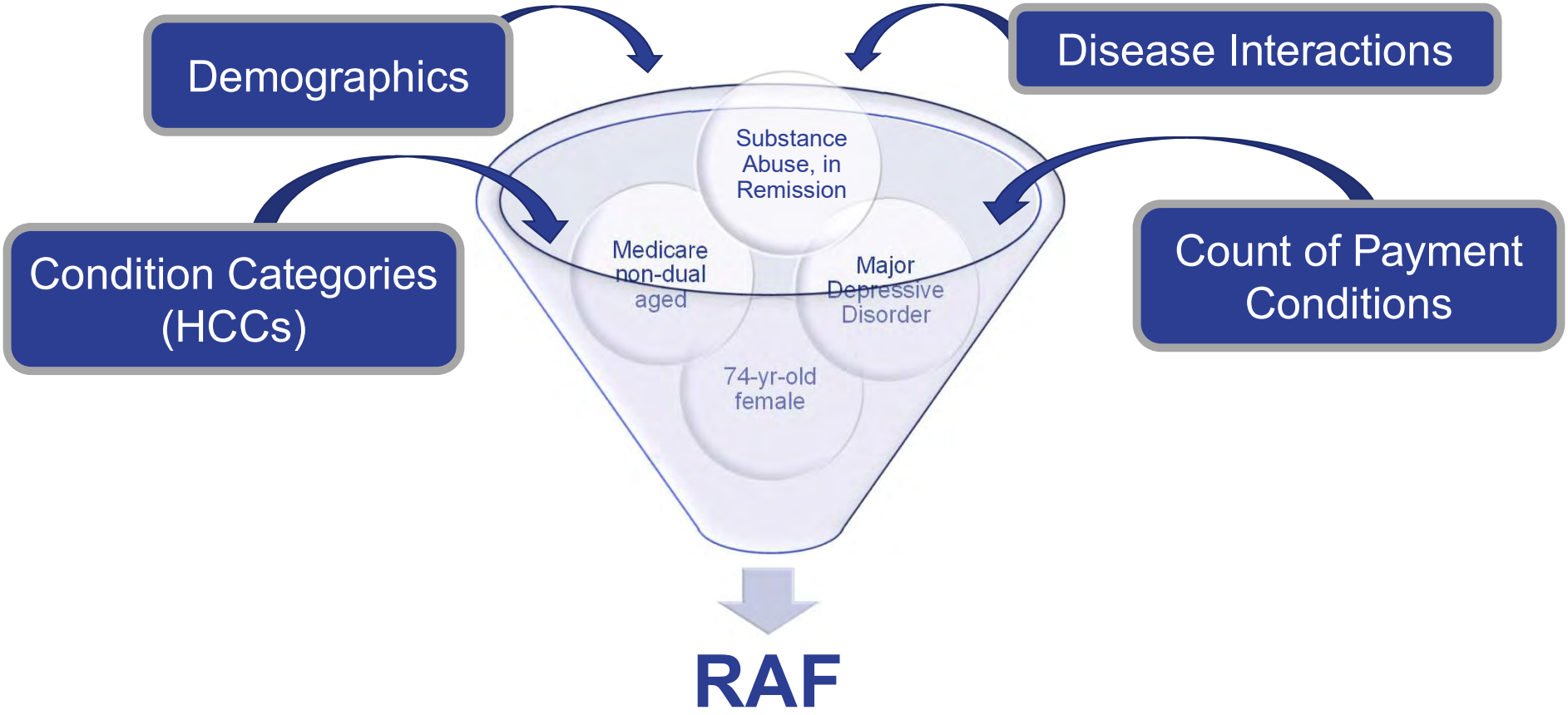
Risk Adjustment Basics



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Risk Adjustment Summary

- Enhanced continuity of care
- Requires accurate and specific coding & documentation
- Identifies severity of illness for patients
- Improves quality of care

Successful risk adjustment protects the benefits of the beneficiaries that we serve.

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Common Medicare Risk Adjustment Conditions

Diabetes	Chronic Lung Disorders	Major Depressive Disorder	Chronic Kidney Disease	Morbid Obesity
Malnutrition	Heart Disease	Late Effects of Stroke	Vascular Disease	Skin Ulcers
Amputation Status	Transplant Status	Artificial Openings	Drug & Alcohol Dependence	Paralysis
Rheumatoid Arthritis	Cancer	Fractures	Parkinson's Disease	Alzheimer's Disease

Common Medicare Risk Adjustment Conditions

Diabetes	Chronic Lung Disorders	Major Depressive Disorder	Chronic Kidney Disease	Morbid Obesity
Malnutrition	Heart Disease	Late Effects of Stroke	Vascular Disease	Skin Ulcers
Amputation Status	Transplant Status	Artificial Openings	Drug & Alcohol Dependence	Paralysis
Rheumatoid Arthritis	Cancer	Fractures	Parkinson's Disease	Alzheimer's Disease

Major Depressive Disorder

One in six patients over the age of 65 suffers from depression.

Depression in older adults is estimated to occur in 25% of those with other illness including cancer, arthritis, stroke, chronic lung disease, and cardiovascular disease.

NCD - Screening for Depression in Adults (210.9) (cms.gov)

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Major Depressive Disorder & Substance Use Disorders

Nearly one-third of patients with major depressive disorder also have substance use disorders.

Major depression and comorbid substance use disorders - PubMed (nih.gov)

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Today's agenda

Major Depressive Disorder

Substance Use Disorders

Documentation Deep Dive

Resources

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Major Depressive Disorder

Major Depressive Disorder ICD-10 Codes

Single-episode

Examples	ICD-10	CMS HCC	RAF Value
Major depressive disorder, single episode, mild	F32.0	59	0.309
Major depressive disorder, single episode, moderate	F32.1	59	0.309
Major depressive disorder, single episode, severe without psychotic features	F32.2	59	0.309
Major depressive disorder, single episode, severe with psychotic features	F32.3	59	0.309
Major depressive disorder, single episode, in partial remission	F32.4	59	0.309
Major depressive disorder, single episode, in full remission	F32.5	59	0.309

Major Depressive Disorder ICD-10 Codes

Recurrent

Examples	ICD-10	CMS HCC	RAF Value
Major depressive disorder, recurrent, mild	F33.0	59	0.309
Major depressive disorder, recurrent, moderate	F33.1	59	0.309
Major depressive disorder, recurrent, severe without psychotic features	F33.2	59	0.309
Major depressive disorder, recurrent, severe with psychotic symptoms	F33.3	59	0.309
Major depressive disorder, recurrent, in remission, unspecified	F33.40	59	0.309
Major depressive disorder, recurrent, in partial remission	F33.41	59	0.309
Major depressive disorder, recurrent, in full remission	F33.42	59	0.309
Other recurrent depressive disorders	F33.8	59	0.309
Major depressive disorder, recurrent, unspecified	F33.9	59	0.309

Major Depressive Disorder ICD-10 Codes

Reminder:
Depression, unspecified (F32.A),
Other specified depressive episodes (F32.89) and
Major depressive disorder, single episode, unspecified (F32.9)
have **no RAF value.**

Other common psychiatric conditions:	
Bipolar disorder	F31.9
Schizoaffective disorder	F25.9
Schizophrenia	F20.9

DSM-5 Diagnostic Criteria

Diagnosis	PHQ-9 score	Actions
Minimal depression	0–4	Suggests the patient may not need depression treatment.
Mild depression	5–9	Clinical judgement should be used for treatment, based on the duration of symptoms and function impairment.
Moderate depression	10–14	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
Moderately severe depression	15–19	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
Severe depression	20–27	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
In partial remission	If patient has been previously diagnosed with depression (regardless of severity), document that the depression is "in remission." DSM-5 defines partial remission as patient having some symptoms but not meeting full criteria for the past 12 months.	
In full remission	If patient has been previously diagnosed with depression (regardless of severity), document that the depression is "in remission." DSM-5 defines full remission as patient having no symptoms for the past 12 months.	
Recurrent	Major depression is highly recurrent, with 50% or more of patients experiencing recurrent episodes.	

"In remission" is still appropriate when patient is receiving treatment to reduce the risk of further episodes.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013

Key Documentation Requirements

Specify the following:

Episode:

- Single or recurrent
  - Depression is considered recurrent at the second single episode
  - Depression is recurrent if the patient is currently on prescribed medications or receiving therapy services

Activity:

- Current, partial remission, or full remission
  - Consider "in remission", rather than "history of" if patient was previously diagnosed with depression but is currently without symptoms

Severity

- Mild, moderate, severe with psychotic symptoms, severe without psychotic symptoms

Key Documentation Requirements

Diagnosis

Clearly document a diagnosis for all conditions (based on your clinical impression)

Status

I.e., Symptoms, Disease progression/regression, Referencing labs/tests, Response to treatment

Plan

I.e., Tests ordered, Medication, Therapies, Referral, Follow-up

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Substance Use Disorders

Substance Use Disorder ICD-10 Codes

HCC 54
Substance Use with Psychotic Complications

Example	ICD-10	RAF Value
Alcohol **use**, with **alcohol induced persisting dementia**	F10.97	0.329

HCC 55
Substance Use Disorder, Moderate/Severe, or Substance Use with Complications

Examples	ICD-10	RAF Value
Alcohol **dependence**	F10.20	0.329
Alcohol **dependence, in remission**	F10.21	0.329
Opioid **dependence**	F11.20	0.329
Opioid **use**, with **opioid-induced sleep disorder**	F11.982	0.329

HCC 56
Substance Use Disorder, Mild, Except Alcohol & Cannabis

Examples	ICD-10	RAF Value
Opioid **abuse**	F11.10	0.329
Opioid **abuse, in remission**	F11.11	0.329
Sedative, hypnotic or anxiolytic **abuse**	F13.10	0.329
Sedative, hypnotic or anxiolytic **abuse**, **in remission**	F13.11	0.329

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DSM-5 Diagnostic Criteria

Substance use disorder criteria and severity

Substance use disorders span a wide variety of problems arising from substance use and cover 11 different criteria:

- Taking the substance in larger amounts or for longer than intended
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use
- Cravings and urges to use
- Not being able to manage responsibilities at work, home, or school because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational, or recreational activities because of substance use
- Using substances again and again, even when it puts one in danger
- Continuing to use, even when one knows that they have a physical or psychological problem that could have been caused or made worse by the substance
- Need more of the substance to get the same effect (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013

DSM-5 Diagnostic Criteria

Substance use disorder criteria and severity

Substance use disorders span a wide variety of problems arising from substance use and cover 11 different criteria:

- Taking the substance in larger amounts or for longer than intended
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- Continuing to use, even when one knows that they have a physical or psychological problem that could have been caused or made worse by the substance
- Need more of the substance to get the same effect (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

Prescription medications can be used inappropriately, and a substance use disorder can be correctly diagnosed, when there are **other symptoms of compulsive, drug seeking behavior.**

Symptoms of tolerance and withdrawal **occurring during appropriate medical treatment/supervision with prescribed medication** are specifically not counted when diagnosing a substance use disorder.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013

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DSM-5 Diagnostic Criteria

The DSM-5 allows clinicians to specify how severe the substance use disorder is depending on how many criteria are identified:

Criteria	Severity	Level of Use
2-3	Mild	Abuse
4-5	Moderate	Dependence
6 or more	Severe	Dependence

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Arlington, VA, American Psychiatric Association, 2013

Translating Clinical Language to Coding Language

Coding Guidance	
The "substance use disorders" of DSM-5 are reported in ICD-10 as follows:	
DSM-5 Diagnosis	ICD-10 Category
Substance use disorder, mild →	Substance abuse
Substance use disorder, moderate →	Substance dependence
Substance use disorder, severe →	Substance dependence

- ✓ Reminder: Codes are selected only based on provider documentation.

Key Documentation Requirements

Specify the following:

Substance:

- Alcohol, opioids, sedatives, cannabis, stimulants, etc.

Level of use:

- Use, abuse or dependence

Any related symptoms/conditions:

- Intoxication, withdrawal, anxiety, sleep disturbance, sexual dysfunction, or psychotic behavior, etc.

- If a patient becomes sober after they are substance dependent (whether days or decades), they still carry a diagnosis of substance dependence. **Document as alcohol/substance dependence, in remission.**
- When substance use disorder is being managed by another provider/specialist, it is still appropriate to include the diagnosis in your final assessment (when it impacts patient care).

Key Documentation Requirements

Diagnosis

Clearly document a diagnosis for all conditions (based on your clinical impression)

Status

I.e., Symptoms, Disease progression/regression, Referencing labs/tests, Response to treatment

Plan

I.e., Tests ordered, Medication, Therapies, Referral, Follow-up

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January 1st Miracle

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
26	27	28	29	30	31	1
2	3			6	7	
9						15
16						22
23	24					29
30	31	1	2			5

Dec 31st

Jan 1st

Analytically, all members are considered healthy as of Jan. 1st each year.

KY0

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Documentation Deep Dive

Slide 29

KY0 [@Elise Depew] - can you insert your introduction to the documentation deep dive here from the DM / HLD presentation

Kristopher Young, 2022-11-23T22:58:57.187

Documentation Deep Dive

HPI

Patient reports Zoloft is working well. PHQ-9 Score: 0

PMH

Major Depressive Disorder, Moderate, Recurrent

Assessment & Plan?

Documentation Deep Dive

HPI

Patient reports Zoloft is working well. PHQ-9 Score: 0

PMH

Major Depressive Disorder, Moderate, Recurrent

Assessment & Plan?

Documentation Deep Dive

HPI

Patient reports Zoloft is working well. PHQ-9 Score: 0

PMH

Major Depressive Disorder, Moderate, Recurrent

Assessment & Plan

Major depressive disorder, in remission

Documentation Deep Dive

HPI

Patient reports Zoloft is working well. PHQ-9 Score: 0

PMH

Major Depressive Disorder, Moderate, Recurrent

Assessment & Plan

Major depressive disorder, in remission: symptoms well-controlled with Zoloft, denies SI/HI. Patient to continue weekly therapy sessions. Encouraged to report any changes in symptomology.

Documentation Deep Dive

Diagnosis documented with the utmost specificity

Assessment & Plan

Major depressive disorder, in remission: symptoms well-controlled with Zoloft, denies SI/HI. Patient to continue weekly therapy sessions. Encouraged to report any changes in symptomology.

Documentation Deep Dive

Assessment & Plan

Status

Major depressive disorder, in remission: symptoms well-controlled with Zoloft, denies SI/HI. Patient to continue weekly therapy sessions. Encouraged to report any changes in symptomology.

Documentation Deep Dive

Assessment & Plan

Major depressive disorder, in remission: symptoms well-controlled with Zoloft, denies SI/HI. Patient to continue weekly therapy sessions. Encouraged to report any changes in symptomology.

Plan

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Documentation Deep Dive

HPI

Patient reports that he just celebrated 10 years of sobriety. Patient continues to go to AA meetings weekly.

PMH

Alcohol dependence

Assessment & Plan?

Documentation Deep Dive

HPI

Patient reports that he just celebrated 10 years of sobriety. Patient continues to go to AA meetings weekly.

PMH

Alcohol dependence

Assessment & Plan?

Documentation Deep Dive

HPI

Patient reports that he just celebrated 10 years of sobriety. Patient continues to go to AA meetings weekly.

PMH

Alcohol dependence

Assessment & Plan?

Alcohol dependence, in sustained remission

Documentation Deep Dive

HPI

Patient reports that he just celebrated 10 years of sobriety. Patient continues to go to AA meetings weekly.

PMH

Alcohol dependence

Assessment & Plan

Alcohol dependence, in sustained remission: status unchanged, patient remains sober. Continue to encourage AA meetings, individual therapy as necessary, and continued sobriety.

Documentation Deep Dive

Diagnosis documented with the utmost specificity

Assessment & Plan

Alcohol dependence, in sustained remission: status unchanged, patient remains sober. Continue to encourage AA meetings, individual therapy as necessary, and continued sobriety.

Documentation Deep Dive

Assessment & Plan

Alcohol dependence, in sustained remission: status unchanged, patient remains sober. Continue to encourage AA meetings, individual therapy as necessary, and continued sobriety.

Status

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Documentation Deep Dive

Assessment & Plan

Alcohol dependence, in sustained remission: status unchanged, patient remains sober. Continue to encourage AA meetings, individual therapy as necessary, and continued sobriety.

Plan

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Questions?

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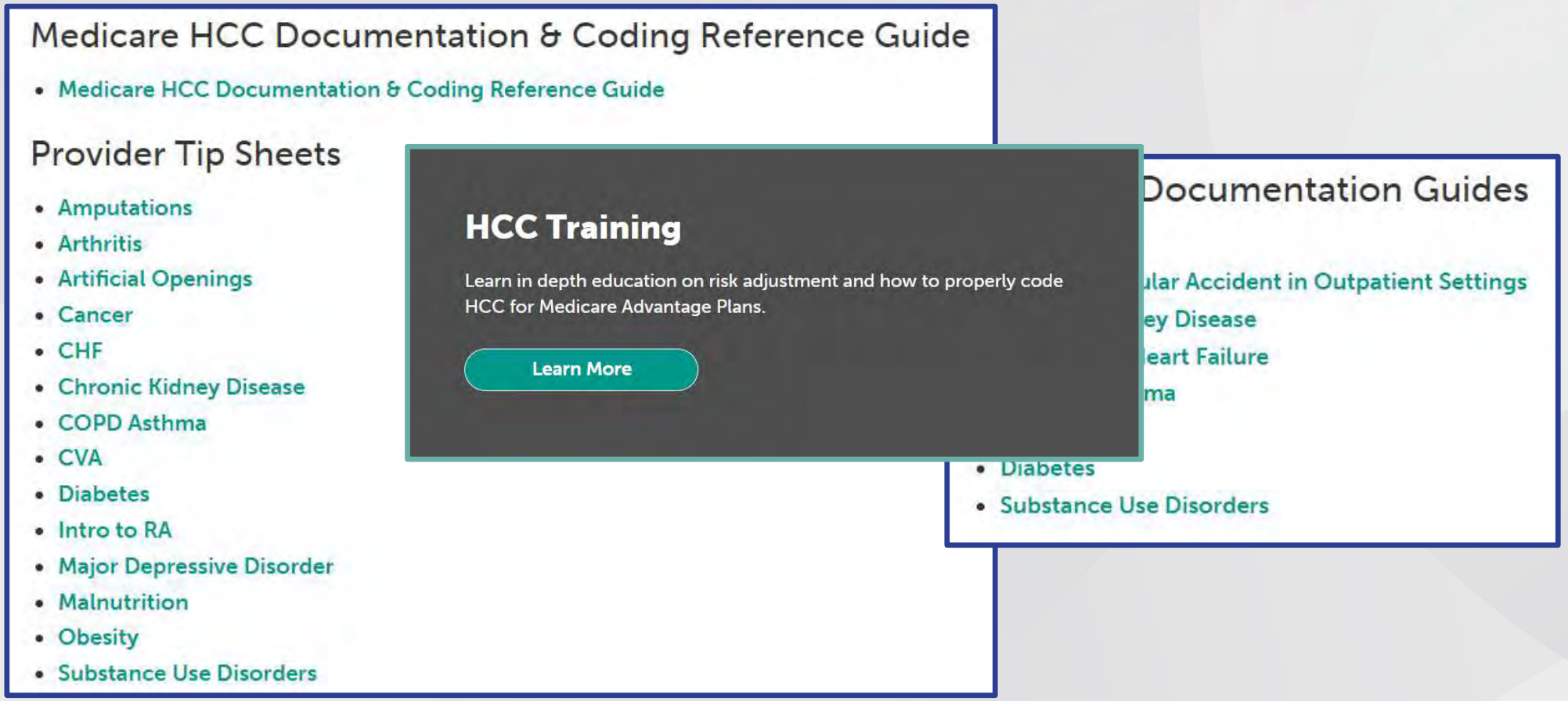
Resources

Brand New Day Website: www.bndhmo.com/providers



Brand New Day Website: www.bndhom.com/providers

Medicare HCC Documentation & Coding Reference Guide

- Medicare HCC Documentation & Coding Reference Guide

Provider Tip Sheets

- Amputations
- Arthritis
- Artificial Openings
- Cancer
- CHF
- Chronic Kidney Disease
- COPD Asthma
- CVA
- Diabetes
- Intro to RA
- Major Depressive Disorder
- Malnutrition
- Obesity
- Substance Use Disorders

Coding & Documentation Guides

- Cancer
- Cerebrovascular Accident in Outpatient Settings
- Chronic Kidney Disease
- Congestive Heart Failure
- COPD & Asthma
- Depression
- Diabetes
- Substance Use Disorders

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HCC Documentation & Coding Reference Guide

If your patient has any of these problems, document the diagnosis, assessment, and plan (DSP), and report the corresponding code at least annually.

Includes documentation & coding tips for over twenty different condition categories!

Psychiatric Problems				
Major depression, recurrent	F33.9	59	0.309	• Depression/anxiety, unspecified has no RAF value. For major depressive disorder, document DSM and/or PHQ-9 score. For all psychiatric conditions, indicate any current medications. • As Major Depressive Disorder is a life-long condition, consider the use of MDD, in remission even when symptoms are controlled with medication or symptoms are resolved in the current instance, as relapse remains a future potential.
Major depression, recurrent, in remission	F33.40	59	0.309	
Bipolar disorder	F31.9	59	0.309	
Schizoaffective disorder	F25.9	57	0.524	
Schizophrenia	F20.9	57	0.524	
Substance Use Disorders				
Alcohol dependence	F10.20	55	0.329	• If patient becomes sober after substance use dependence (whether days or decades), they still carry a diagnosis of substance dependence. Document as drug/alcohol/substance dependence, in remission. • When substance use disorder is being followed and managed by another provider, it is still appropriate to include the diagnosis in your final assessment (when condition impacts patient care).
Alcohol dependence, in remission	F10.21	55	0.329	
Drug abuse	F1X.10	56	0.329	
Drug abuse, in remission	F1X.11	56	0.329	
Drug dependence	F1X.20	55	0.329	
Drug dependence, in remission	F1X.21	55	0.329	

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Provider Documentation: Major Depressive Disorder

Documentation Tips & Best Practices

Did you know that documenting the episode, activity, and severity of major depressive disorder is essential to complete and accurate coding?

Documentation components necessary to capture the severity of illness in your patients with depression:

- Episode: Single or Recurrent
  - Depression is considered recurrent at the second single episode.
  - Depression is recurrent if patient is currently on prescribed medication or receiving therapy services.
- Activity: Current, Partial remission, Full remission
  - Consider "in remission" rather than "history of" if patient was previously diagnosed with depression but is currently without symptoms.
- Severity: Mild, Moderate, Severe with psychotic symptoms, Severe without psychotic features

Patient Health Questionaire-9 (PHQ-9) Interpretation Table

PHQ-9 Score	Depression Severity
0 – 4	None or minimal
5 – 9	Mild
10 – 14	Moderate
15 – 19	Moderately severe
20 – 27	Severe

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Symptoms Disease progression Disease regression Referencing labs/tests	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral
MEAT Examples: Major Depressive Disorder			
Major depressive disorder, recurrent, severe – Recommend monitoring CBC, CMP, TSH given psychiatric symptoms.	Major depressive disorder, single episode, moderate – Patient presents with persistent feelings of sadness and hopelessness.	Major depressive disorder, recurrent, in remission – Symptoms are stable, no new concerns.	Major depressive disorder, recurrent, moderate – Increase Paxil to 50 mg/day. Continue therapy.

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Provider Documentation: Substance Use Disorders

Documentation Tips & Best Practices

Did you know that documenting the level of use in substance use disorders is essential to complete and accurate coding?

Key elements to document are:

- Each condition to the highest level of specificity
  - Specific substance involved
  - Level of use—**use, abuse, or dependence**
  - Remission—partial or full, early or sustained
  - All related symptoms/conditions, such as intoxication, psychotic behavior, sleep disturbance, withdrawal, etc.
- Additional considerations:
  - If a patient becomes sober through detox or a rehab program, they still carry a diagnosis of substance use dependence. Document as drug/alcohol/substance dependence, in remission.
  - When a substance use disorder is being followed and managed by a different provider, it is still appropriate to include the diagnosis in the final assessment (when the condition impacts patient care, treatment, or management).

Utilize MEAT (Monitor, Evaluate, Assess, Treat) to specifically address patient conditions:

Monitor	Evaluate	Assess	Treat
Signs Symptoms Disease progression Disease regression	Test results Medication effectiveness Response to treatment Physical exam findings	Test ordered Counseling Record review Discussion	Medication Therapies Referral Other modalities
MEAT Examples: Substance Use Disorders			
Alcohol dependence, in sustained remission – Quit drinking 7 years ago. Will order CMP.	Alcohol dependence, in early remission – Has been sober from alcohol for 3 months following inpatient treatment stay.	Opioid dependence, in remission – Per records from his treating psychiatrist, Dr. X.	Alcohol abuse with anxiety disorder – Referred to outpatient rehab program.

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Coding and Documentation Guide: Major Depressive Disorder

Accurate coding and documentation are fundamental to the risk adjustment process and crucial to representing each patient's complex health profile. Bright HealthCare's coding and documentation guides equip coders and medical staff with the information needed to support complete and accurate coding and documentation.

Documentation best practices

- Documentation must be provided. Coders cannot assume diagnoses exist based on medication lists or physician orders.
- All conditions that coexist at the time of the encounter, and require or affect patient care, treatment, or management should be documented and coded.
- Coders
- Coders evaluat affectin

Monitor
Symptom Disease p regressio Ordering Referenc
Major de disorder, severe — monitorir TSH give symptom

Clinical indicators

Familiarity with depression clinical indicators (i.e., testing, treatment, medication, etc.) is helpful in recognizing the potential presence and severity of a condition. **Coders cannot assign diagnosis codes based solely on test results and medication lists**, but these clinical indicators can help highlight opportunities for more complete and accurate documentation.

Diagnosis	PHQ-9 score	Actions
Minimal depression	0–4	Suggests the patient may not need depression treatment.
Mild depression	5–9	Clinical judgement should be used for treatment, based on the duration of symptoms and function impairment.
Moderate depression	10–14	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
Moderately severe depression	15–19	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
Severe depression	20–27	Depression should be treated using antidepressant, psychotherapy, and/or a combination of treatments.
In partial remission	If patient has been previously diagnosed with depression (regardless of severity), document that the depression is "in remission." DSM-5 defines partial remission as patient having some symptoms but not meeting full criteria for the past 12 months.	
In full remission	If patient has been previously diagnosed with depression (regardless of severity), document that the depression is "in remission." DSM-5 defines full remission as patient having no symptoms for the past 12 months.	
Recurrent	Major depression is highly recurrent, with 50% or more of patients experiencing recurrent episodes.	

Coding and documentation examples

Case study #1: Complete documentation

Gender: F **DOB:** MM/DD/1985

History of present illness

Pt is here today for: Medication recheck.

Pt was seen on 9/15/20 and Zoloft was increased to 1.5 tablets equaling 150 mg. She comes in today to state she is feeling much better, her anxiety is better but her depression is pursuing and she is not set up with counseling yet. Reviewed phone calls from clinical psychologist in our office before pt was seen.

Reason for visit is clearly documented.

Assessment & plan

Major depressive disorder, recurrent, severe without psychotic features—

Pt admits doing better on the Zoloft 150 mg dose now and is comfortable doing the 1.5 tablets and considering getting ent strengths and taking 1 of each. Have refilled that ption and she will continue taking 1.5 tablets daily and ward her chart to the clinical psychologist in the office to te patient to establish with counselor. Pamphlet for heart- ed counseling was provided to patient to try to help facilitate and establishing care if financially able. Pt invited to call e if she has any increas t for her to in about 1 ers: Sertral) by mouth

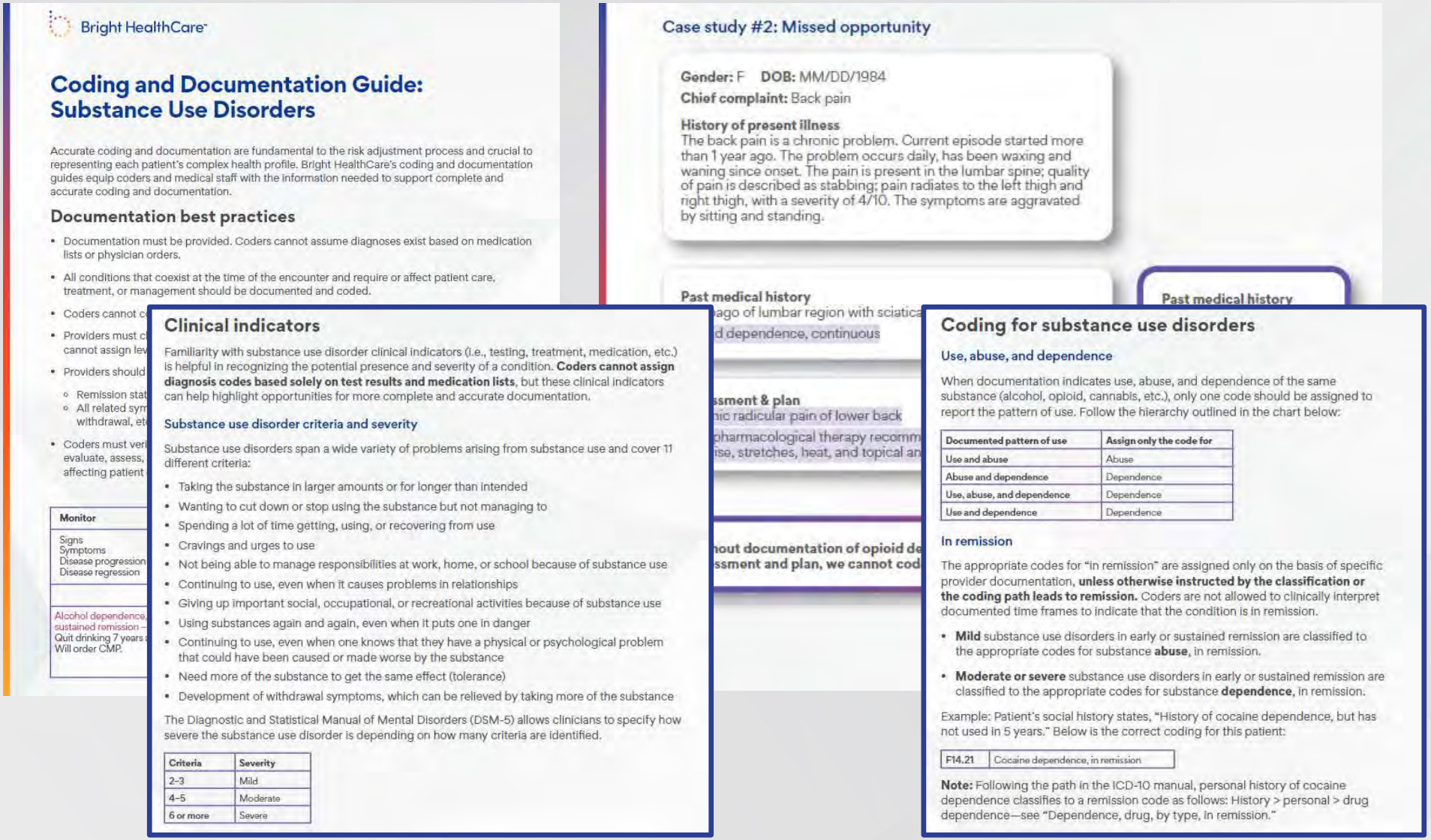
Assessment and plan clearly states patient has MDD, recurrent, severe without psychotic features.

mentation ent, sever

Coding for major depressive disorder

Diagnosis	Code
Other specified depressive episodes	F32.89
Major depressive disorder, single episode, unspecified	F32.9
Depression, unspecified	F32A
Major depressive disorder, single episode, mild*	F32.0
Major depressive disorder, single episode, moderate*	F32.1
Major depressive disorder, single episode, severe without psychotic features**	F32.2
Major depressive disorder, single episode, severe with psychotic symptoms**	F32.3
Major depressive disorder, single episode, in partial remission*	F32.4
Major depressive disorder, single episode, in full remission*	F32.5
Major depressive disorder, recurrent, mild*	F33.0
Major depressive disorder, recurrent, moderate*	F33.1
Major depressive disorder, recurrent, severe without psychotic features**	F33.2
Major depressive disorder, recurrent, severe with psychotic symptoms**	F33.3
Major depressive disorder, recurrent, in remission, unspecified*	F33.40
Major depressive disorder, recurrent, in partial remission*	F33.41
Major depressive disorder, recurrent, in full remission*	F33.42
Other recurrent depressive disorders*	F33.8
Major depressive disorder, recurrent, unspecified*	F33.9

*Risk adjusts in CMS-HCC model only.
**Risk adjusts in CMS-HCC model and HHS-HCC model.



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Coding and Documentation Guide: Substance Use Disorders

Accurate coding and documentation are fundamental to the risk adjustment process and crucial to representing each patient's complex health profile. Bright HealthCare's coding and documentation guides equip coders and medical staff with the information needed to support complete and accurate coding and documentation.

Documentation best practices

- Documentation must be provided. Coders cannot assume diagnoses exist based on medication lists or physician orders.
- All conditions that coexist at the time of the encounter and require or affect patient care, treatment, or management should be documented and coded.
- Coders cannot c
- Providers must c
  cannot assign lev
- Providers should
  - Remission stat
  - All related sym
    withdrawal, et
- Coders must veri
  evaluate, assess,
  affecting patient

Monitor
Signs Symptoms Disease progression Disease regression
Alcohol dependence, sustained remission – Quit drinking 7 years Will order CMP.

Case study #2: Missed opportunity

Gender: F **DOB:** MM/DD/1984
Chief complaint: Back pain

History of present illness
The back pain is a chronic problem. Current episode started more than 1 year ago. The problem occurs daily, has been waxing and waning since onset. The pain is present in the lumbar spine; quality of pain is described as stabbing; pain radiates to the left thigh and right thigh, with a severity of 4/10. The symptoms are aggravated by sitting and standing.

Past medical history
ago of lumbar region with sciatica
d dependence, continuous

Past medical history

ssment & plan
nic radicular pain of lower back
pharmacological therapy recomm
ise, stretches, heat, and topical an

hout documentation of opioid de
ssment and plan, we cannot cod

Clinical indicators

Familiarity with substance use disorder clinical indicators (i.e., testing, treatment, medication, etc.) is helpful in recognizing the potential presence and severity of a condition. **Coders cannot assign diagnosis codes based solely on test results and medication lists**, but these clinical indicators can help highlight opportunities for more complete and accurate documentation.

Substance use disorder criteria and severity

Substance use disorders span a wide variety of problems arising from substance use and cover 11 different criteria:

- Taking the substance in larger amounts or for longer than intended
- Wanting to cut down or stop using the substance but not managing to
- Spending a lot of time getting, using, or recovering from use
- Cravings and urges to use
- Not being able to manage responsibilities at work, home, or school because of substance use
- Continuing to use, even when it causes problems in relationships
- Giving up important social, occupational, or recreational activities because of substance use
- Using substances again and again, even when it puts one in danger
- Continuing to use, even when one knows that they have a physical or psychological problem that could have been caused or made worse by the substance
- Need more of the substance to get the same effect (tolerance)
- Development of withdrawal symptoms, which can be relieved by taking more of the substance

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) allows clinicians to specify how severe the substance use disorder is depending on how many criteria are identified.

Criteria	Severity
2–3	Mild
4–5	Moderate
6 or more	Severe

Coding for substance use disorders

Use, abuse, and dependence

When documentation indicates use, abuse, and dependence of the same substance (alcohol, opioid, cannabis, etc.), only one code should be assigned to report the pattern of use. Follow the hierarchy outlined in the chart below:

Documented pattern of use	Assign only the code for
Use and abuse	Abuse
Abuse and dependence	Dependence
Use, abuse, and dependence	Dependence
Use and dependence	Dependence

In remission

The appropriate codes for "in remission" are assigned only on the basis of specific provider documentation, **unless otherwise instructed by the classification or the coding path leads to remission.** Coders are not allowed to clinically interpret documented time frames to indicate that the condition is in remission.

- **Mild** substance use disorders in early or sustained remission are classified to the appropriate codes for substance **abuse**, in remission.
- **Moderate or severe** substance use disorders in early or sustained remission are classified to the appropriate codes for substance **dependence**, in remission.

Example: Patient's social history states, "History of cocaine dependence, but has not used in 5 years." Below is the correct coding for this patient:

F14.21	Cocaine dependence, in remission

Note: Following the path in the ICD-10 manual, personal history of cocaine dependence classifies to a remission code as follows: History > personal > drug dependence—see "Dependence, drug, by type, in remission."


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Why is risk adjustment im
What is risk adjustment?
Risk adjustment is a process that predicts healthcare
demographic information to a risk score. When prov
plans use the data to identify what types of program
What are fundamental aspects of s
High-quality patient-provider relationship
Accurate me
charting and
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Provider Documentation: Diabetes
Documentation Tips & Best Practices
Did you know that
manifestations is
Establishing the caus
diabetes has caused
due to, because of,
Documentation con
• Type I or Type II
• Secondary to an
• With or without
• With ketoacido
Bright HealthCare
Provider Documentation: Cancer
Documentation Tips & Best Practices
Did you know that cancer should be documented as "history of"
been excised or eradicated from its site, with no further treatm
Documentation components necessary to capture the severity of
have cancer:
• Primary
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Provider Documentation: COPD & Asthma
Documentation Tips & Best Practices
Did you know that complete documentation of COPD and asthma can help identify patients for disease management programs?
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Provider Documentation: Major Depressive Disorder
Documentation Tips & Best Practices
Did you know that documenting the episode, activity, and severity of major depressive disorder is essential to complete and accurate coding?
Documentation components necessary to capture the severity of illness in your patients with depression:
• Episode: Single or Recurrent
o Depression is considered recurrent at the second single episode.
o Depression is recurrent if patient is currently on prescribed medication or receiving therapy services.
• Activity: Current, Partial remission, Full remission
o Consider "in remission" rather than "history of" if patient was previously diagnos
but is currently without symptoms.
• Severity: Mild, Moderate, Severe with psychotic symptom
Patient Health Questionaire-9 (PHQ-9)
PHQ-9 Score
0 - 4
5 - 9
10 - 14
Reference Materials for Providers & Support Staff
Bright HealthCare
Coding and Documentation Guide: Substance Use Disorders
Accurate coding and documentation are fundamental to the risk adjustment p
representing each patient's complex health profile. Bright HealthCare's coding
guides equip coders and medical staff with the information needed to support
accurate coding and documentation.
Documentation best practices
• Documentation must be provided. Coders cannot assume diagnoses exist
Case study #2: Missed opportunity
Gender: F DOB: MM/DD/1984
Chief complaint: Back pain
History of present illness
The back pain is a chronic problem. Current episode started more
than 1 year ago. The problem occurs daily, has been waxing and
waning since onset. The pain is present in the lumbar spine; qualit
of pain is described as stabbing; pain radiates to the left thigh and
right thigh, with a severity of 4/10. The symptoms are aggravated
by sitting and standing.
Coding and documentation examples
Case study #1: Complete documentation
Gender: M DOB: MM/DD/1975
Admission diagnosis:
Opioid overdose
History of present illness
This a.m. patient was unresponsive; girlfriend reported patient
took Oxycodone. EMS were called. Medics gave 2 of Narcan with
improvement. Here in ER, patient does not know year, where he is,
or what happened. Will get stat CT head, ABG, administer another
dose of Narcan.
Exam
General appearance: Alert, awake, conversant
Head/eyes: PERRLA
ENT: Moist mucosal membranes
Neck: Full range of motion, non-tender, no JVD
Cardiovascular: Normal capillary refill, normal heart sounds, regular
Reason for encounter is clearly documented.
Provider clearly state

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Thank you!

Contact our team with questions:

Elise Depew, RHIA, CCS-P, CPC, CRC, CPMA
Sr. Manager, RA Education
edepew@brighthealthcare.com

Kris Young, FNP, MBA
Sr. Manager, RA Clinical Integration
kyoung@brighthealthcare.com