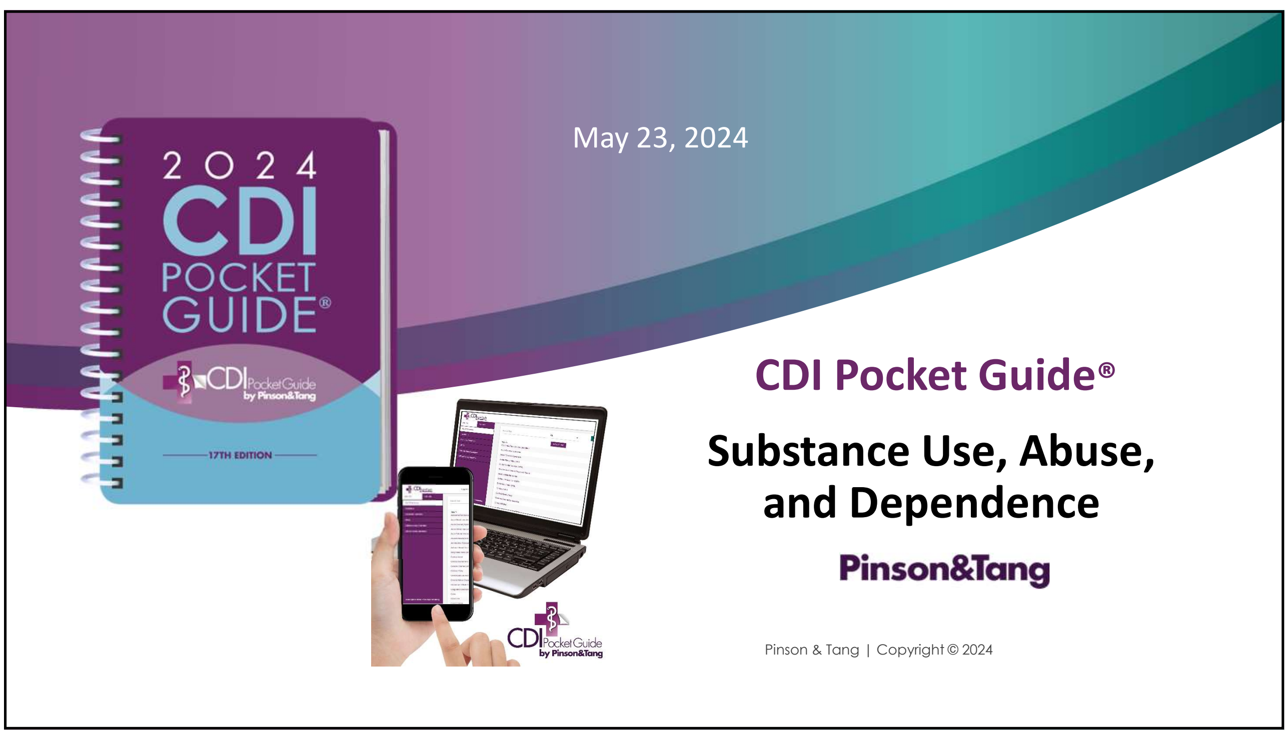

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About Us

CDI Pocket Guide by Pinson&Tang

Richard Pinson

MD, FACP, CCS, CDIP

Dr. Richard Pinson is a physician, educator, administrator, and healthcare consultant. He practiced Internal Medicine and Emergency Medicine in Tennessee for over 20 years having board certification in both.

Cynthia Tang

RHIA, CCS

Cynthia brings over 35 years of experience in coding and clinical documentation integrity, and health information management. For over 30 years she has traveled across the country implementing successful and sustainable coding and CDI programs in hundreds of hospitals.

We created the **CDI Pocket Guide®** in 2008 because we wanted to provide this information to all hospitals, large or small. At the time, the only way to receive training in this field was with large-scale, expensive consulting projects. We thought we could bring this pocketful of information with the clinical criteria to identify important diagnoses to any individual who was interested in working in the CDI and coding field. Our CDI Pocket Guide® quickly became a best-selling book and an industry standard, and many consider it to be their CDI "bible".

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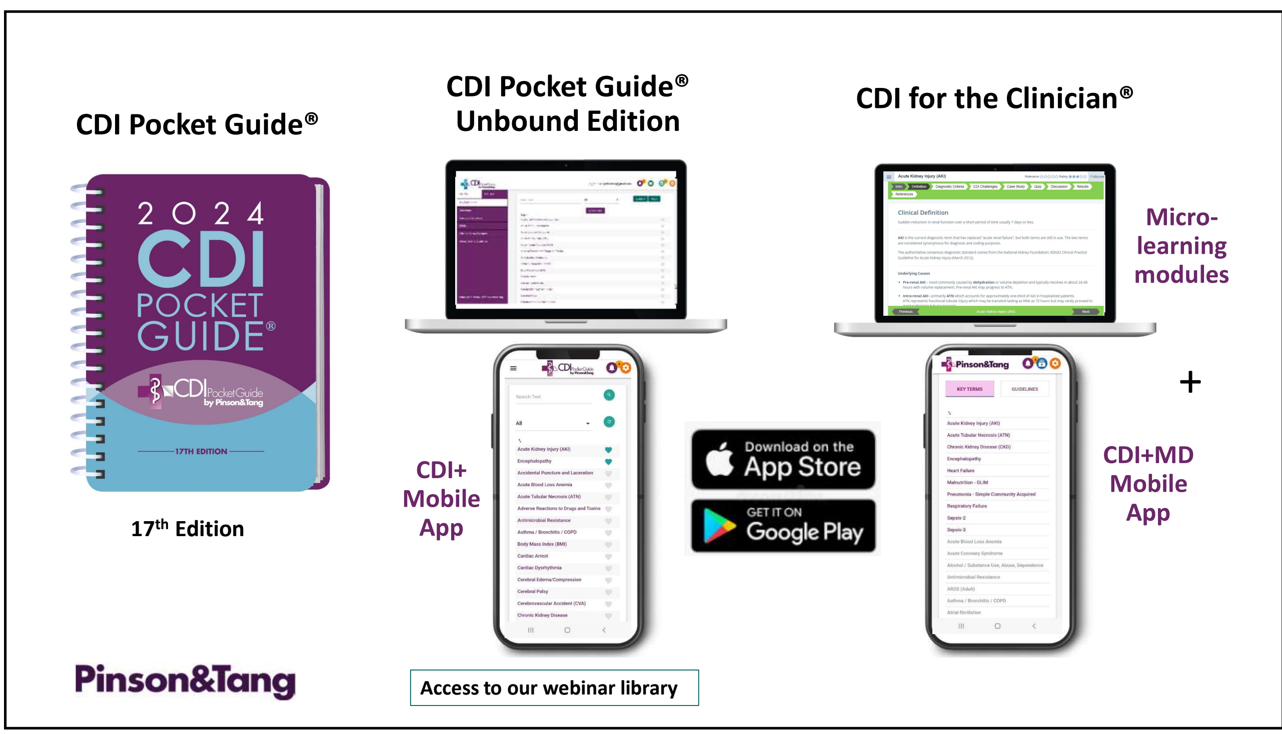

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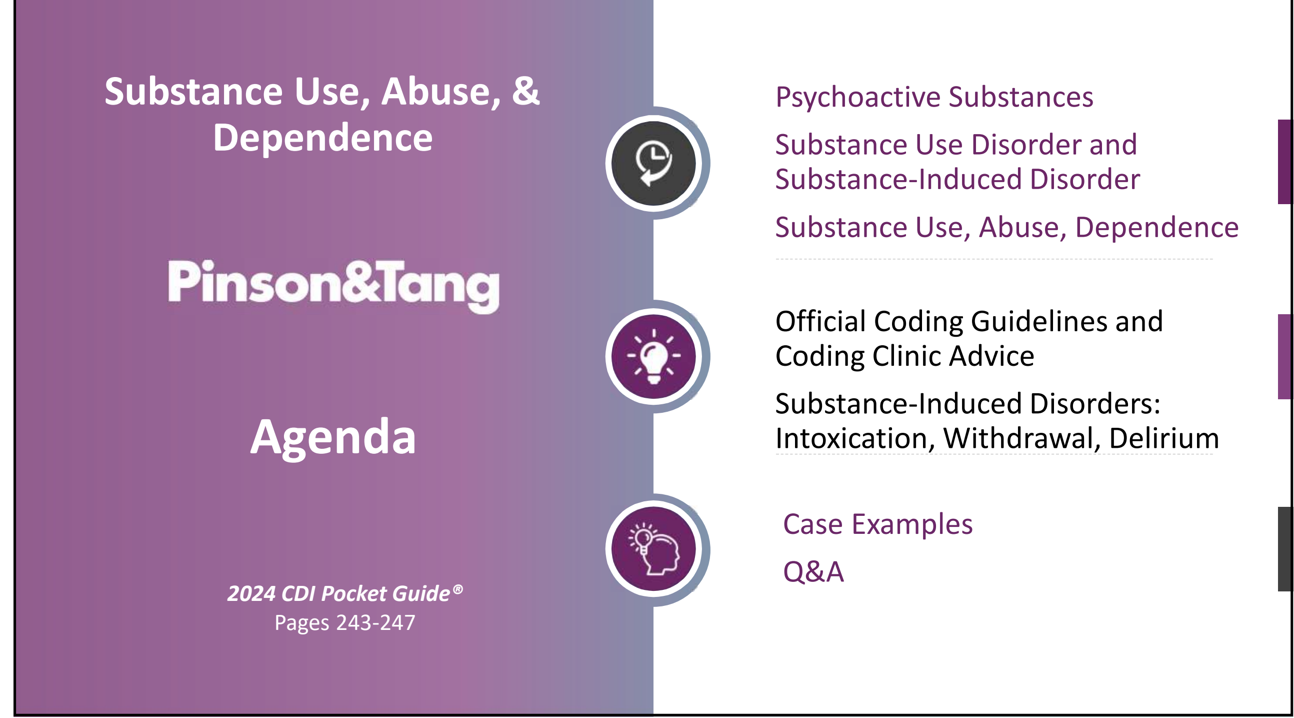

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Psychoactive Substances
ICD-10 and DSM

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Psychoactive substance: Drug or other substance that affects/alters the mind. Causes changes in mood, awareness, thoughts, feelings, or behavior.

The ten **ICD-10** categories F10-F19 are aligned with the ten **DSM** drug classes, with a few exceptions.

#	Psychoactive Substance Categories	ICD-10
1	Alcohol	F10
2	Opioids	F11
3	Cannabis	F12
4	Sedatives, hypnotics, or anxiolytics	F13
5	Cocaine (stimulant)	F14
6	Other stimulants (methamphetamine, caffeine)	F15
7	Hallucinogens	F16
8	Nicotine (tobacco)	F17
9	Inhalants	F18
10	Other psychoactive substances; polysubstance	F19

Includes illicit and non-illicit drugs. Alcohol is considered a toxin.

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Psychoactive Substances
ICD-10 and DSM Categories

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Diagnostic and Statistical Manual of Mental Disorders (DSM-5-TR) is the official classification for the diagnosis and treatment of mental disorders which includes disorders related to substance use.

DSM Terms
1. Substance Use Disorders
2. Substance-Induced Disorders

ICD-10 Terms
1. Substance Use
2. Substance Abuse
3. Substance Dependence
4. Substance-Induced Disorders

#	Psychoactive Substance	ICD-10
1	Alcohol	F10
2	Opioids	F11
3	Cannabis	F12
4	Sedatives, hypnotics, or anxiolytics	F13
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7	Hallucinogens	F16
8	Nicotine (tobacco)	F17
9	Inhalants	F18
10	Other psychoactive substances; polysubstance	F19

Includes illicit and non-illicit drugs. Alcohol is considered a toxin.

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Substance Related Disorders

Diagnostic and Statistical Manual of Mental Disorders (DSM)

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1. Substance Use Disorder

Pattern of problematic behaviors caused by using a substance that an individual continues to use despite its negative effects. Can be mild, moderate, or severe.

Problematic Behaviors / Symptoms (two or more):

1. Taking the substance in larger amounts or longer than meant to
2. Wanting to cut down or stop using the substance but not managing to
3. Spending a lot of time getting, using, or recovering from use
4. Cravings and urges to use
5. Not managing to do what you should at work, home, school due to use
6. Continuing to use, even when it causes problems in relationships
7. Giving up important social, occupational, or recreational activities due to use
8. Using substances again and again, even when it puts you in danger
9. Continuing to use, even when known to have a physical or psychological problem caused or made worse by the substance
10. Tolerance: Needing more of the substance to get the effect you want*
11. Withdrawal symptoms that can be relieved by taking more of the substance*

2. Substance-Induced Disorder

1) **Intoxication**
2) **Withdrawal**
3) **Other substance-induced mental disorder:**
   - Psychotic disorders
   - Delirium
   - Bipolar and related disorders
   - Depressive disorders
   - Anxiety disorders
   - Obsessive-compulsive and related disorders
   - Sleep disorders
   - Sexual dysfunctions
   - Neurocognitive disorders

*Symptoms of tolerance and withdrawal occurring during appropriate use of prescribed medications given as part of medical treatment (e.g., opioid analgesics, sedatives, stimulants) are not counted towards a diagnosis of substance use disorder (DSM).

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Substance Use, Abuse, Dependence

ICD-10

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1. Use	2. Abuse	3. Dependence
Using a substance <u>without</u> problematic behavior or at risk (1 problematic behavior)	**Substance Use Disorder:** Mild (2-3) problematic behaviors	**Substance Use Disorder**: Moderate (4-5) or Severe (6+) problematic behaviors
With or without **Substance-induced disorder**: • Intoxication • Withdrawal • Other substance-induced mental disorders	With or without **Substance-induced disorder:** • Intoxication • Withdrawal • Other substance-induced mental disorders	With or without **Substance-induced disorder:** • Intoxication • Withdrawal • Other substance-induced mental disorders

DSM no longer uses the terms drug “abuse”, “dependence”, or “drug addiction” = Substance use disorder

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Alcohol Use, Abuse, Dependence

DRG Impact

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Diagnosis	With alcohol-induced disorder	MSDRG	APRDRG
Alcohol use **Alcohol abuse** **Alcohol dependence**	Withdrawal Intoxication delirium Withdrawal delirium	**CC** **CC** **CC**	**-** **3** **3**
Alcohol use **Alcohol abuse** **Alcohol dependence**	Mood, psychotic, anxiety, sexual dysfunction, other or unspecified alcohol-induced disorder	**CC**	
	Mood, psychotic with hallucinations or delusions, persisting amnestic, persisting dementia		**2**

NO DRG IMPACT: Alcohol use, abuse, or dependence: unspecified, with intoxication, in remission

CMS-HCC 139 includes alcohol dependence, unspecified or in remission

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Substance Use, Abuse, Dependence

DRG Impact

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Diagnosis		MSDRG	APRDRG
Substance dependence	*All except alcohol, cannabis, nicotine*	**CC**	
Substance dependence	*Only sedatives, hypnotics, and anxiolytics; and inhalants*		**2**
Diagnosis example	**With substance-induced disorder***	**MSDRG**	**APRDRG**
Opioid use **Opioid abuse** **Opioid dependence**	Withdrawal Intoxication delirium Psychotic with delusions or hallucinations	**CC** **CC** **CC**	**-** **2** **2**
Opioid dependence	Intoxication with perceptual disturbance Psychotic, sexual dysfunction, sleep, other	**CC** **CC**	**2** **2**

NO DRG IMPACT: Substance use or abuse: unspecified, with intoxication, in remission

*With some exceptions and differences between substances

CMS-HCC 137-138 include substance abuse or dependence, unspecified or in remission

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Medical Conditions due to Substance Use, Abuse, and Dependence

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Official Coding Guidelines I.C.5.b.4):

Medical conditions due to substance use, abuse, and dependence **<u>are not</u>** classified as **substance-induced disorders.**

Assign the diagnosis code for the medical condition along with the appropriate substance use, abuse or dependence code.

Medical conditions due to substance use are not considered "substance-induced" since these are not mental, behavioral, and neurodevelopmental disorders (F01-F99).

Example included in OCG:

"Alcoholic pancreatitis due to alcohol dependence"

- K85.20, Alcohol-induced acute pancreatitis
- F10.20, Alcohol dependence, uncomplicated

"It would not be appropriate to assign code F10.288, Alcohol dependence with other alcohol-induced disorder."

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Substance Use and Related Disorders

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Substance Use	Substance use that is not problematic or may be at risk
Substance Use Disorder	Substance use with two or more problematic behaviors
Substance Induced Disorder	Intoxication, withdrawal, and other substance-induced disorders (delirium; psychotic, bipolar, depressive, sleep, neurocognitive disorders, etc.)
Substance Related Medical Condition	Medical conditions due to substance use, e.g., alcoholic liver failure, alcoholic pancreatitis

Substance use disorder and substance induced disorders are considered mental disorders and included in DSM. Substance use and medical conditions are not.

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Substance Use, Unspecified

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Official Coding Guidelines I.C.5.b.3):

The codes for unspecified psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, etc.) “should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses).”

“These codes are to be used only when the psychoactive substance use is associated with a substance related [induced] disorder (Chapter 5 disorders such as sexual dysfunction, sleep disorder, or a mental or behavioral disorder) or [substance-related] medical condition, and such a relationship is documented by the provider.”

Examples of “unspecified” substance use codes:

F10.90: Alcohol use, unspecified, uncomplicated
F10.91: Alcohol use, unspecified, in remission
F10.92: Alcohol use, unspecified with intoxication
F10.94: Alcohol use, unspecified with alcohol-induced mood disorder

F11.90: Opioid use, unspecified, uncomplicated
F14.90: Cocaine use, unspecified, uncomplicated

When are these codes appropriate to use?

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Substance Use, Unspecified

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Coding Clinic 2022 Fourth Quarter, p. 16:
Substance Use of Unspecified Severity in Remission

New diagnosis codes were created to identify "in remission" for the following substances, when the **previous severity of usage is unknown** (as to whether there was abuse or dependence), and thus classified as unspecified.

Code **F10.90, Alcohol use, unspecified, uncomplicated**, was also created to capture cases where the alcohol use pattern is unknown, but it is known that the alcohol use is not complicated and is not associated with an alcohol-induced disorder.

F10.91, Alcohol use, unspecified, in remission
F11.91, Opioid use, unspecified, in remission
F12.91, Cannabis use, unspecified, in remission
F13.91, Sedative, hypnotic or anxiolytic use, unspecified, in remission
F14.91, Cocaine use, unspecified, in remission
F15.91, Other stimulant use, unspecified, in remission
F16.91, Hallucinogen use, unspecified, in remission
F18.91, Inhalant use, unspecified, in remission
F19.91, Other psychoactive substance use, unspecified, in remission

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Substance Use, Unspecified

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OCG I.C.15.I: Alcohol, tobacco and drug use during pregnancy, childbirth and the puerperium

1) **Alcohol use during pregnancy, childbirth and the puerperium:** Codes under subcategory O99.31, Alcohol use complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a patient uses alcohol during the pregnancy or postpartum. A secondary code from category F10, Alcohol related disorders, should also be assigned to identify manifestations of the alcohol use.
2) **Tobacco use during pregnancy, childbirth and the puerperium:** Codes under subcategory O99.33, Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a patient uses any type of tobacco product during the pregnancy or postpartum. A secondary code from category F17, Nicotine dependence, should also be assigned to identify the type of nicotine dependence.
3) **Drug use during pregnancy, childbirth and the puerperium:** Codes under subcategory O99.32, Drug use complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case when a patient uses drugs during the pregnancy or postpartum. This can involve illegal drugs, or inappropriate use or abuse of prescription drugs. Secondary code(s) from categories F11-F16 and F18-F19 should also be assigned to identify manifestations of the drug use.

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Substance Use During Pregnancy

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Coding Clinic 2018 Second Quarter, p. 10: Cocaine Use and Pregnancy

Question: 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 *Official Guidelines for Coding and Reporting*, Section I.C.5.b.3., 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?**

Answer: 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."

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Substance Use, Unspecified

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Coding Clinic 2018 Second Quarter, p. 11: Recreational Marijuana Use

Question: In the patient's history and physical examination, the provider documented "recreational marijuana use." Should recreational marijuana use be coded?

Answer: Do not assign a code for marijuana use, without an associated physical, mental or behavioral disorder documented by the provider. The *Official Guidelines for Coding and Reporting*, Psychoactive Substance (I.C.5.b.3.) state, "As with all other diagnoses, the codes for psychoactive substance use (F10.9-, F11.9-, F12.9-, F13.9-, F14.9-, F15.9-, F16.9-) should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis (see Section III, Reporting Additional Diagnoses). The codes 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."

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Question

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During childbirth episode under the Social History on the H&P, the subsection "Substance and Sexual Activity" shows "Drug use: Marijuana 2 times per week" but there is no tox screen, SW consult, or other documentation about this.

Can you expand on the coding guidelines and advise if this can be coded or if a query is necessary?

Based on OCG I.C.15.I.3), **assign code F12.90, Cannabis use, unspecified, uncomplicated**, for documentation of "drug use: marijuana 2 times per week" in the mother's childbirth record. No query is necessary.

This guideline is a Chapter 15 (Pregnancy, Childbirth and the Puerperium) **exception** to OCG I.C.5.b.3) that to assign a substance use code it must:

- Meet the definition of a reportable diagnosis (clinical evaluation, treatment, etc.), and the
- Substance use is associated with a substance-induced disorder or substance-related medical condition.

If this was **NOT** associated with pregnancy, childbirth, or puerperium, it would not be coded or queried since it does not meet the above guideline I.C.5.b.3).

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Substance Abuse/Dependence "With" Mental Disorders

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Coding Clinic 2022 First Quarter, p. 34: **Substance Abuse/Dependence <u>with</u> Anxiety, Mood Disorder, Sleep Disorder, or Sexual Dysfunction**

Question: Should combination codes be assigned from categories F10-F19, Mental and behavioral disorders due to psychoactive substance use, any time a patient with a substance abuse or dependence diagnosis also has documented anxiety, mood disorder, sleep disorder, or sexual dysfunction based on the "**with**" guideline?

Answer: Do not assume a relationship between substance abuse and/or dependence and anxiety, mood disorder, sleep disorder, or sexual dysfunction. Although these conditions are terms that are located under "with" in the Index, the **narrative in the Tabular** indicates these codes are reported when the condition is documented as an "alcohol-induced" disorder and such a relationship is documented by the provider.

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DSM: Substance-Induced Mental Disorders

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Substance-induced mental disorders are potentially severe, usually temporary, but sometimes persisting CNS syndromes that develop in the context of the effects of substance abuse.

Characteristics of a substance-induced mental disorder:

- A **clinically significant** presentation of symptoms characteristic of the mental disorder
- Developed **during or soon** after substance intoxication, substance withdrawal, <u>and</u> the involved substance is capable of producing the symptoms.
- Is not better explained by an **independent** mental disorder (i.e., one that is not substance-induced). Evidence of an independent mental disorder include the following:
  - Preceded the onset of severe intoxication or withdrawal
  - Persists for at least one month after the cessation of acute withdrawal or severe intoxication (excludes substance-induced neurocognitive disorders or other persisting disorders)
- Does not occur exclusively during the course of a delirium.
- Causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Distinguish these from the problematic behaviors associated with substance use disorder.

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Substance Use, Abuse, Dependence Documented

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Official Coding Guidelines I.C.5.b.2):

When the provider documentation refers to use, abuse and dependence of the same substance (e.g., alcohol, opioid, cannabis, etc.), only one code should be assigned to identify the pattern of use based on the following hierarchy:

IF documented	Assign only the code for
Both use and abuse	Abuse
Both abuse and dependence	Dependence
Both use and dependence	Dependence
Use, abuse, and dependence	Dependence

Therefore, it is not necessary to query for which term to code (use, abuse, or dependence)

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In Remission

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Official Coding Guidelines I.C.5.b.1):

Selection of codes describing "**in remission**" requires the provider's clinical judgment and are assigned only on the basis of provider documentation, unless otherwise instructed by the classification.

Mild substance use disorders in early or sustained remission are classified to substance abuse in remission.

Moderate or severe substance use disorders in early or sustained remission are classified to substance dependence in remission.

DSM Definitions

Early remission: After full criteria for [substance] use disorder were previously met, none of the criteria for [substance] use disorder have been met for at least 3 months but for less than 12 months (except for criterion “Craving, or a strong desire or urge to use [substance].”)

In sustained remission: After full criteria for [substance] use disorder were previously met, none of the criteria for [substance] use disorder have been met at any time during a period of 12 months or longer (except for criterion “Craving, or a strong desire or urge to use [substance].”)

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Substance-Induced [Mental] Disorders

Acute Complications

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Substance-Induced:

- Intoxication and Overdose
- Withdrawal
- Intoxication delirium
- Withdrawal delirium
- Psychotic disorder:
  delusions and/or hallucinations

Medical conditions due to substance use, such as alcoholic liver failure or alcoholic pancreatitis, are not considered “substance-induced disorders”.

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Substance-Induced Disorders

Intoxication and Overdose

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Alcohol Intoxication

- Problematic behavioral or psychological changes: e.g., inappropriate sexual or aggressive behavior, mood lability, impaired judgment
- Slurred speech, incoordination, unsteady gait, nystagmus, impairment in attention or memory, stupor.

Overdose: Coma

Opioid Intoxication

- Problematic behavioral or psychological changes: initial euphoria followed by apathy, dysphoria, psychomotor agitation or retardation, impaired judgment
- Pupillary constriction and drowsiness, slurred speech, impairment in attention or memory

Overdose: Unconsciousness, respiratory depression, apnea, and pinpoint pupils

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Substance-Induced Disorders

Withdrawal

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Caused by cessation of or reduction in substance use that has been heavy and prolonged.

Alcohol Withdrawal

Withdrawal symptoms typically begin 6 hours of the last drinks and tend to spike around 24-72 hours.

Withdrawal symptoms may develop when a patient still has a high blood alcohol level, or it may be negative since alcohol is eliminated from the blood stream in approximately 12 hours.

Symptoms: agitation, anxiety, tremor, sweating, pulse rate > 100, insomnia, nausea or vomiting, generalized tonic-clonic seizures, transient visual, tactile, or auditory hallucinations or illusions.

Treatment: Ativan, Librium, valium, abstinence counseling.

Opioid Withdrawal

Symptoms: dysphoric mood, nausea or vomiting, muscle aches, runny eyes and nose, diarrhea, yawning, fever, insomnia, pupillary dilation, piloerection, or sweating.

The signs or symptoms are not attributable to another medical or mental condition.

Use of a drug or alcohol withdrawal assessment scale (e.g., COWS, CTWA, WAS) may identify withdrawal symptoms and confirm withdrawal on a point system.

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Substance-Induced Disorders

Intoxication or Withdrawal Delirium

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A direct physiological consequence of **substance intoxication or withdrawal.**

A disturbance (from baseline) in attention and awareness, with a disturbance in cognition (memory, disorientation, language, perception).

Develops over a short period of time (hours to a few days) and is not explained by another preexisting neurocognitive disorder (e.g., Alzheimers, Parkinsons).

Delirium and acute encephalopathy:
Mental status changes are the essentially the same.

Delirium due to alcohol or psychoactive drugs are considered mental disorders and the more appropriate diagnosis than the general term of encephalopathy.

Code	Description
F10.221	**Alcohol dependence with intoxication delirium**
F10.231	**Alcohol dependence with withdrawal delirium**

Code	Description
F11.921	**Opioid-induced delirium** • F11.93: with withdrawal delirium
F13.921	**Sedative, hypnotic, or anxiolytic-induced delirium** • F13.931: with withdrawal delirium
F15.921	**Other stimulant-induced delirium** • F15.93: Other stimulant use with withdrawal
F19.921	**Other (or unknown) substance-induced delirium** • F19.931: Other psychoactive substance use with withdrawal delirium

DSM: These diagnosis codes also apply as a side effect of a psychoactive drug taken as prescribed (without withdrawal) and meeting the criteria for delirium.

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Examples: Alcohol Use

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#	Example	Coding
1	19-year-old female college student drank one liter of Vodka in 30 minutes on a dare. Admitted with obtundation, combativeness, incoherent speech. Blood alcohol level 485 mg/dL.	Clinically indicates: Alcohol intoxication delirium Alcohol use, unspecified with intoxication delirium (F10.921)
2	41-year-old male admitted with compound fracture of the humerus from a fall down the stairs. Patient was drinking heavily at a bachelor's party. Alert, uncooperative, oriented to person and place, slurred speech, ataxic gait. CT of brain unremarkable. Blood alcohol 350 mg/dL.	Clinically indicates: Acute alcohol intoxication Alcohol use, unspecified with intoxication (F10.929)
3	54-year-old admitted with acute pancreatitis. Lipase 850. Patient drinks alcohol socially but sometimes to excess. Pancreatitis treated with pain meds, IV fluids. Advised to abstain from alcohol to prevent reoccurrence. DS: Acute pancreatitis possibly related to alcohol use.	K85.20, Alcohol induced acute pancreatitis F10.90, Alcohol use, unspecified, uncomplicated

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Examples: Drug Use

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#	Example	Coding
1	60-year-old with long history of methamphetamine abuse is admitted for acute exacerbation of COPD. Treated with albuterol, IV solumedrol. DS: "COPD exacerbation due to inhalation of methamphetamine."	PDX: J44.1, COPD with (acute) exacerbation F15.10, Other stimulant abuse, uncomplicated
2	58-year-old found unresponsive with GCS < 8; significant HTN with history of a prior CVA, long term meth abuse. Pt was intubated; benzos for sedation. Urine drug screen: + for meth. PNs: ICH most likely due to methamphetamine abuse. DS: ICH is due to combination of hypertensive emergency and toxic effect of methamphetamine abuse.	PDX: I61.5. Nontraumatic intraventricular hemorrhage I16.1, Hypertensive emergency F15.10, Other stimulant abuse, uncomplicated
3	48-year-old with long history of alcohol and drug abuse, admitted with rt arm cellulitis, drowsiness, confusion, slurred speech. Admits to using cocaine last night. Blood alcohol level: 245. Treated with antibiotics. PNs/DS: Rt arm cellulitis; acute encephalopathy multifactorial d/t ETOH & cocaine intoxication.	PDX: Rt arm cellulitis F10.129, Alcohol abuse with intoxication F14.129, Cocaine abuse with intoxication T40.5X1A, Poisoning by cocaine

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Case Study: Opioid Abuse s/p Detox

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22-year-old male admitted on 5/22 for appendicitis from a prison facility. Has a history of fentanyl abuse, quit about 2 weeks prior to jail, did detox/ withdrawal in early May.
Drug screen: negative.

DS: Acute appendicitis s/p appendectomy.
History of opioid abuse, street Fentanyl.

Would this be considered "in remission"?

Should this be queried for dependence?

1. **Meet criteria for remission?**

   Early remission: After full criteria for [substance] use disorder were previously met, none of the criteria for [substance] use disorder have been met for **at least 3 months** but for less than 12 months—except for criterion "Craving, or a strong desire or urge to use [substance]."

2. **Meet the definition of a secondary diagnosis?**

3. **Meet criteria for opioid dependence, i.e., a moderate or severe opioid use disorder?**

   DSM: "Code based on current severity/remission."
   "Specify current severity/remission:
   - F10.10 Mild: Presence of 2–3 symptoms.
   - F10.20 Moderate: Presence of 4–5 symptoms.
   - F10.20 Severe: Presence of 6 or more symptoms."

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Case Study, continued

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Diagnostic Criteria – Opioid Use Disorder

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least two of the following:

- Taking opioids in larger amounts or for a longer time than intended
- Persistently desiring or unsuccessfully attempting to decrease opioid use
- Spending a great deal of time obtaining, using, or recovering from opioids
- Craving opioids
- Failing repeatedly to meet obligations at work, home, or school because of opioids
- Continuing to use opioids despite having recurrent social or interpersonal problems because of opioids
- Giving up important social, work, or recreational activities because of opioids
- Using opioids in physically hazardous situations
- Continuing to use opioids despite having a physical or mental disorder caused or worsened by opioids
- Having tolerance to opioids (not a criterion when use is medically appropriate)
- Having opioid withdrawal symptoms or taking opioids because of withdrawal

- Patient is in a controlled environment (prison)
- Drug screen negative
- Recent withdrawal/detox
- Current severity level would not meet criteria for moderate or severe opioid use disorder (4+ symptoms)

If substance dependent, withdrawal symptoms expected.

Patient is not "in remission"; opioid abuse documented.

Code F11.10, Opioid abuse, uncomplicated.

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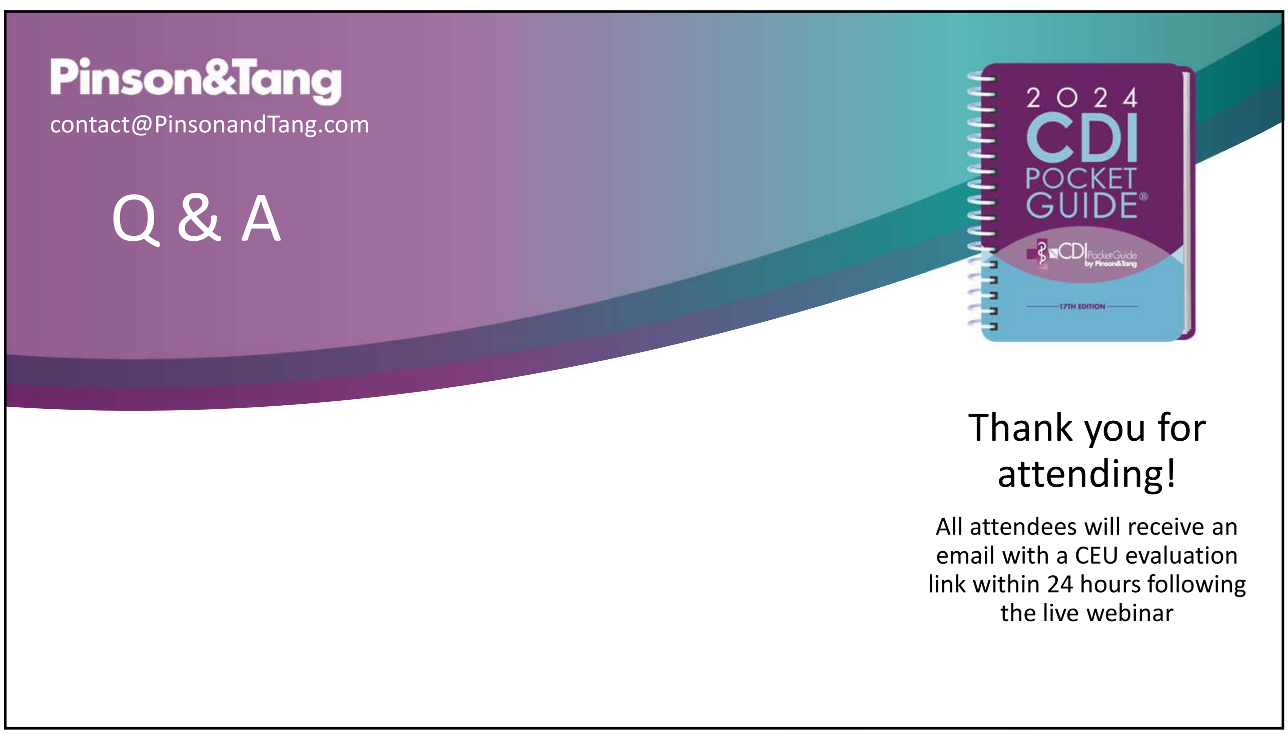

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