Psych Me Out: Mental Health Disorders & Substance Use, Abuse, and Dependence

Laurie L. Prescott, RN, MSN, CCDS, CDIP, CRC

Director, CDI Education

HCP ro, a division of Simplify Compliance

Carlisle, PA
Learning Objectives

At the completion of this educational activity, the learner will be able to:

- Apply DSM-5 diagnostic criteria in CDI record review
- Identify opportunities to obtain needed further clarification/specificity of documented mental, behavioral and neurodevelopmental disorders
- Provide focused education to providers related to the needed documentation of mental, behavioral, and neurodevelopmental disorders
Mental Disorders Due to Known Physiological Conditions (F01–F09)

Vascular dementia
Dementia
Amnestic disorder
Delirium

Other mental disorders
Anxiety disorders
Personality & behavioral disorders
Unspecified
F01 Vascular dementia
Vascular dementia as a result of infarction of the brain due to vascular disease, including hypertensive cerebrovascular disease.
Includes: arteriosclerotic dementia
Code first the underlying physiological condition or sequelae of cerebrovascular disease.
F01.5 Vascular dementia
  F01.50 Vascular dementia without behavioral disturbance
  F01.51 Vascular dementia with behavioral disturbance
  Vascular dementia with aggressive behavior
  Vascular dementia with combative behavior
  Vascular dementia with violent behavior
  Use additional code, if applicable, to identify wandering in vascular dementia (Z91.83)
Delirium

DSM-5 Diagnostic Criteria

• Disturbance in attention (i.e., reduced ability to direct, focus, sustain, and shift attention) and awareness (reduced orientation to the environment)

• An acute change from baseline attention and awareness, and tends to fluctuate in severity during the course of a day

• An additional disturbance in cognition (e.g., memory deficit, disorientation, language, visuospatial ability, or perception)

• The disturbances are not better explained by a preexisting, established, or evolving neurocognitive disorder and do not occur in the context of a severely reduced level of arousal such as coma

• There is evidence from the history/assessment that the disturbance is a direct physiological consequence of another medical condition, substance intoxication or withdrawal (i.e., due to a drug of abuse or to a medication), or exposure to a toxin, or is due to multiple etiologies
Encephalopathy or Delirium?

• Combative, paranoid, non-cooperative behavior is typical of delirium
• Lethargic, drowsy, fatigued behavior is more typical of encephalopathy

Drug-induced behavior can be either delirium or encephalopathy

• Drug toxicity or adverse effect causing metabolic disruption = encephalopathy
• Drugs that act directly on the central nervous system (e.g., pain meds, anesthesia, anxiety meds) causing confusion = drug-induced delirium
Mental & Behavioral Disorders Due to Psychoactive Substance Use (F10–F19)

Alcohol-related disorder
Opioid-related disorders
Cannabis-related disorders
Sedative, hypnotic, & anxiolytic-related disorders
Cocaine-related disorders
Other stimulant–related disorders
Hallucinogen-related disorders
Nicotine dependence
Inhalant-related disorders
Other psychoactive substance–related disorders

The codes for psychoactive substance USE should only be assigned based on provider documentation and when they meet the definition of a reportable diagnosis.

Theses codes are to only be used when the psychoactive substance USE is associated with a mental or behavioral disorder, and the relationship is documented by the provider.
Substance Code Hierarchy

- Hierarchy: Severity-based
- Only the highest level documented is coded
Alcohol Use (F10.9-)

- With intoxication, uncomplicated
- With intoxication delirium (CC)
- With intoxication, unspecified
- With alcohol-induced
  - Mood disorder (CC)
  - Psychotic disorder (CC)
    - With hallucinations (CC)
  - Persisting amnestic disorder
  - Persisting dementia
  - Anxiety disorder (CC)
  - Sexual dysfunction (CC)
  - Other (CC)
  - Unspecified (CC)

We will focus on alcohol as a substance for today’s presentation, knowing that the other substances follow a similar pattern.
Alcohol-Related Disorders (F10)

- Alcohol abuse (F10.1-)
  - Uncomplicated
  - In remission
  - With intoxication
    - Uncomplicated
    - With delirium (CC)
    - Unspecified

- Alcohol-induced disorders
  - Mood disorders
  - Psychotic disorders
    - With delusions
    - With hallucinations
  - Anxiety disorders
  - Sexual dysfunction
  - Sleep disorder
  - Other
  - Unspecified

Uncomplicated: Symptoms of varying severity, usually dose-dependent, particularly at high dose levels
Substance Use – Official Guidelines

- **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
So What Is Mild? Moderate? Severe?

- The DSM-5 allows clinicians to specify the severity of substance use disorder by identifying how many symptoms are identified
  
  ° 2–3 symptoms indicate a **mild** substance use disorder
  ° 4–5 symptoms indicate a **moderate** substance use disorder
  ° 6 or more symptoms indicate a **severe** substance use disorder
DSM-5 Diagnostic Criteria
Substance Use Disorders

- Hazardous use
- Social/interpersonal problems related to use
- Neglecting major roles to use
- Legal problems
- Withdrawal
- Tolerance

- Using larger amounts, longer
- Repeated attempts to quit or control use
- Much time spent using
- Physical or psychological problems related to use
- Activities given up to use
Alcohol Dependence (F10.2-)

- Uncomplicated
- In remission
- With intoxication
  - With delirium (CC)
- With withdrawal (CC)
  - With delirium
  - With perceptual disturbances
  - Unspecified

- Induced disorder:
  - Mood
  - Psychotic
  - Amnestic
  - Anxiety
  - Sleep
  - Sexual dysfunction
  - Other
  - Unspecified

Bolded = CC
Alcohol Dependence

• Defined as at least three of the following:
  – Tolerance;
  – Withdrawal symptoms;
  – Impaired control;
  – Preoccupations with acquisition and/or use;
  – Persistent desire or unsuccessful efforts to quit;
  – Sustained social, occupational, or recreational disability; or
  – Continuous use despite adverse consequences
CIWA
(Clinical Institute Withdrawal Assessment)


Tool used to assess and treat potential alcohol withdrawal

- Nausea/vomiting
- Anxiety
- Paroxysmal sweats
- Tactile disturbances (itching, bugs crawling on skin, etc.)
- Visual disturbances
- Auditory disturbances
- Agitation
- Orientation
- Tremors
- Headache

All items are measured on a scale of 0–7, with the exception of orientation, which uses a scale of 0–4. All subscores are tallied to arrive at the final score.

The total score is used to determine whether benzodiazepines should be given to ameliorate symptoms or avoid seizures. Typically, a threshold is selected (8 or 10) and no medications are needed as long as the patient is under it. Once the threshold is exceeded, graduated doses of lorazepam or diazepam are given and vital signs and CIWA scores are repeated regularly.
Withdrawal and Remission

• “In remission” can only be used related to the levels of abuse and dependence
• Dependence is the default category used for patients “in withdrawal”

Withdrawal state —see also Dependence, drug by type, with withdrawal <ICD-10-CM Alphabetic Index>

Code assignment for withdrawal in ICD-10-CM is only classifiable to alcohol dependence. If a provider documents alcohol abuse and confirms there is no dependence but shows symptoms of withdrawal only a code for alcohol abuse may be assigned. <AHA, ICD-10 Coding Clinic, First Quarter 2018>
Schizophrenia, Schizotypal, Delusional, & Other Non-Mood Psychotic Disorders (F20–F29)

- Schizophrenia
- Schizotypal disorder
- Delusional disorder
- Brief psychotic disorder
- Shared psychotic disorder
- Schizoaffective disorder (bipolar, depressive, other, unspecified)
- Other psychotic disorder

Many of these diagnoses assist with risk adjustment and HCC capture

2019 Copyright, HCPro, a division of Simplify Compliance LLC, and/or session presenter(s). All rights reserved. These materials may not be copied without written permission.
Schizophrenia (F20.0–F20.9)

- Paranoid
- Disorganized
- Catatonic
- Undifferentiated
- Residual
- Other
- Unspecified

Bolded will allow a CC as secondary diagnosis
Schizophrenia
DSM-5 Criteria

- Two or more for a period of a month
  - Delusions
  - Hallucinations
  - Disorganized speech
  - Disorganized or catatonic behavior
  - Flat affect or diminished emotional expression

- Impairment of work, interpersonal relations, or self-care

- Signs of disorder must be present for six-month period

- Rule out schizoaffective, bipolar, or depressive disorders

- Not the result of substance or another medical condition
Schizophrenia & Substance Abuse

- Common substances abused include alcohol, nicotine, cocaine, and cannabis
- Results vary, with 10%–70% of people with schizophrenia having a problem
- Over half of schizophrenia patients abused at least one substance prior to the onset of the mental illness
- 4.6 times more likely to be diagnosed with a substance use disorder than the general population

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3181760/
Schizotypal Disorder (F21)

- Borderline schizophrenia
- Latent schizophrenia
- Latent schizophrenic reaction
- Prepsychotic schizophrenia
- Prodromal schizophrenia
- Pseudoneurotic schizophrenia
- Pseudopsychopathic schizophrenia
- Schizotypal personality disorder

Excludes 2: Asperger’s syndrome & schizoid personality disorder

Characterized by behaviors that impact interpersonal relationships, appearance, and often exacerbated depressive and and/or anxiety disorders
Schizoaffective Disorder
F25-

• Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression
• Symptoms include: Hallucinations, delusions, disorganized thinking, depressed mood, manic behavior
• Etiology: likely a combination of genetics, brain chemistry, stress, and drug use
• Treatment:
  – Medications: Mood stabilizers, antipsychotics, antidepressants
  – Psychotherapy
Brief Psychotic Disorder (F23)  
(Often Described as a Psychotic Break)

- Acute onset; usually lasts less than a month with complete recovery.
- Often initiated by stress or trauma. Often seen in the postpartum period.
- Symptoms include hallucinations and delusions.
- May also demonstrate disorganized thinking, disorientation and confusion, disorganized speech, strange behavior.
- Common in those with family history of mood disorders, depression, or bipolar disorder.
Mood (Affective) Disorders (F30–F39)

Manic episodes
Bipolar disorder
Major depressive disorder
Persistent mood disorders

Most of these diagnoses contribute to risk adjustment with HCC assignment.
Manic Episode (F30-)
HCC 59 Major Depressive, Bipolar, & Paranoid Disorders

• Can be further differentiated as:
  – with/without psychotic symptoms
  – mild, moderate, severe
  – in partial remission
  – in full remission
  – other

• **Excludes 1:**
  – Bipolar disorder (F31.-)
  – Major depressive disorder, single episode (F32.-)
  – Major depressive episode, recurrent (F33.-)

• **Inclusions:**
  – Bipolar disorder, single manic episode
  – Mixed affective disorder
Manic Episode
DSM-5

• A distinct period of abnormally and persistently elevated, expansive, or irritable mood with abnormally and persistently increased goal-directed activity or energy

• Symptoms (three or more)
  – Grandiosity
  – Decreased need to sleep
  – More talkative than usual
  – Flight of ideas
  – Distractible
  – Increased goal-directed activity
  – Excessive involvement in pleasurable activities

Marked impairment in daily life functions—social and work. Not due to substance use or medical condition.

Treated with mood stabilizers and antipsychotics if needed.
Bipolar Disorder (F31.-)

Inclusion terms:
- Bipolar I disorder
- Bipolar Type I disorder
- Manic-depressive illness
- Manic-depressive psychosis
- Manic-depressive reaction

• Excludes1:
  - Bipolar disorder, single manic episode (F30.-)
  - Major depressive disorder, single episode (F32.-)
  - Major depressive episode, recurrent (F33.-)

All these codes from the F31.- category map to HCC 59, even unspecified.

All these codes, except those identified as in remission, will provide a CC as secondary dx.
Bipolar Disorder
DSM-5 Criteria

• Step 1: Rule out any medical or metabolic disorder
• Manic episodes similar to those symptoms on slide 27
• Depressive episodes (at least four symptoms—at least two weeks):
  – Changes in appetite, weight, sleep, & psychomotor activity
  – Decreased energy
  – Feelings of worthlessness or guilt
  – Trouble in thinking, concentrating, decision-making
  – Thoughts of death, suicide

Treatment: Inpatient admission or day treatment may be needed. Lifelong medication and continued psychiatric support. Mood stabilizing medications such as lithium, Seroquel, Latuda.
Major Depressive Disorder, Single Episode F32-

- With/without psychotic features (CC)
- In partial remission (CC)
- In full remission (CC)
- Other specified
- Unspecified

Specify:
- Mild, moderate, severe
- With/without psychoses
- Partial/full remission

Depression, NOS does not provide a CC, nor will it impact risk adjustment

Bolded = HCC
Major Depressive Disorder (Single Episode): Diagnostic Criteria

Subjective or objective reporting of a:

• Depressed mood most of the day, nearly every day, over a two-week period
• And/or loss of interest or pleasure in almost all activities most of the day, every day, over a two-week period
• And at least four or more of the symptoms listed on the following slide, not related to effects of a substance use or bereavement or attributable to another medical condition

DSM-5® diagnostic criteria, major depressive disorder
Major Depressive Disorder (Single Episode)

- Significant weight loss/gain
  - + 5% of body weight within a month
- Insomnia or hypersomnia
- Psychomotor agitation as noted by others
- Fatigue or energy loss nearly every day
- Feelings of worthlessness, inappropriate guilt
- Diminished ability to concentrate or focus
- Recurrent thoughts of death/suicidal ideation

DSM-5 diagnostic criteria, major depressive disorder
Major Depressive Disorder, Recurrent
F33-

- With/without psychotic features (CC)
- In partial remission (CC)
- In full remission (CC)
- Other specified (CC)
- Unspecified (CC)

All allow for HCC

Specify:
- Mild, moderate, severe
- With/without psychoses
- Partial/full remission
# MDD Levels of Severity

<table>
<thead>
<tr>
<th>Column A</th>
<th>Column B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressed mood</td>
<td>Loss of self-esteem/confidence</td>
</tr>
<tr>
<td>Lack of interest and enjoyment in daily activities</td>
<td>Feelings of guilt and unworthiness</td>
</tr>
<tr>
<td>Reduced energy/decreased activity</td>
<td>Pessimistic thought</td>
</tr>
<tr>
<td>Disturbed sleep</td>
<td></td>
</tr>
<tr>
<td>Diminished appetite</td>
<td></td>
</tr>
<tr>
<td>Ideas of self-harm</td>
<td></td>
</tr>
</tbody>
</table>

**Mild:**
- 1 from column A
- 1–2 from column B

**Moderate:**
- > 1 from column A
- 2–3 from column B

**Severe:**
- 3 from column A
- > 3 from column B

DSM-5 diagnostic criteria, major depressive disorder
## MDD Levels of Severity Functional Impairment Considerations

<table>
<thead>
<tr>
<th>Functional Domain</th>
<th>Moderately Impaired</th>
<th>Severely Impaired</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family relationships</td>
<td>Quiet, negative, oppositional</td>
<td>Withdrawn, won’t talk</td>
</tr>
<tr>
<td>School/work</td>
<td>Grades, work performance deteriorating, missing/cutting class or work, work stress</td>
<td>Falling performance, missing school or work, oppositional, high academic or work stress</td>
</tr>
<tr>
<td>Peer relationships</td>
<td>Decreased socializing, increased time on computer</td>
<td>Isolated, discontinued extracurricular activities</td>
</tr>
<tr>
<td>Stress level/anxiety</td>
<td>Minimizes or denies issues, projects onto others, blames others</td>
<td>Withholds feelings, won’t talk</td>
</tr>
<tr>
<td>Suicidal ideation</td>
<td>Vague/occasional</td>
<td>Frequent, has plan, history of attempts</td>
</tr>
<tr>
<td>Other self-harm</td>
<td>Occasional thoughts/no attempts</td>
<td>Cutting/other self-injury</td>
</tr>
</tbody>
</table>

DSM-5 diagnostic criteria, major depressive disorder
Depression Screening Tools

• World Health Organization Well Being Index: WBI-5
• Patient Health Questionnaire: PHQ-9

• Patient self-rates statements on frequency scale
  – Little interest/pleasure in doing things
  – Feelings of being down, depressed
  – Hyposomnia or hypersomnia
  – Low energy, fatigue
  – Overeating or no appetite
  – Inability to concentrate
  – Thoughts of self harm

Total score can assist in identifying mild, moderate, or severe
Anxiety, Dissociative, Stress-Related, Somatoform, and Other Nonpsychotic Mental Disorders (F40–F48)

- Phobic anxiety disorder
- Anxiety disorders
- Obsessive compulsive disorder
- Adjustment disorders
- Dissociative & conversion disorders
- Somatoform disorders
- Hypochondriacal disorders
- Pain disorder – related to psychological factors
Pain Disorders Related to Psychological Factors
F45.4-

- Inclusion term: Somatoform pain disorder
- Guidelines state:
  - Assign code F45.41 for pain that is **exclusively** related to psychological factors. As indicated by the Excludes1 note under category G89. A code from category G89 (Pain NEC) should not be assigned with code F45.41.
  - Code F45.42 for pain disorder with related psychological factors, should be used with a code from category G89, if there is documentation of a psychological component for a patient with an acute or chronic pain.
Dissociative & Conversion Disorders

Dissociative:
• The experience of detachment or feeling as if one is outside one’s body, and loss of memory or amnesia. Dissociative disorders are frequently associated with previous experience of trauma.
• Dissociative amnesia and dissociative fugue will allow HCC 60 to be assigned.

Conversion:
• A mental condition in which a person has blindness, paralysis, or other nervous system (neurologic) symptoms that cannot be explained by medical evaluation.
Behavioral Syndromes Associated With Psychological Disturbances and Physical Factors (F50–F59)

Eating disorders
   Anorexia nervosa, bulimia nervosa, other
Sleep disorders
Sexual dysfunction (due to a substance or known physiological condition)
Puerperal psychoses (postpartum depression)
Abuse of non-psychoactive substances
   Example: Antacids, laxatives, folk remedies, vitamins, etc.
Anorexia Nervosa (F50.0-)
Provides a CC as a Secondary Diagnosis

- Must be specified as anorexia nervosa
- Simple anorexia is defined as loss of appetite (R63.0)
- Differentiated as:
  - Unspecified
  - Restricting type
  - Binge eating/purging type
    - Bulimia nervosa
Anorexia Nervosa

Diagnostic Criteria

- Restriction of energy intake relative to requirement, leading to significant low body weight in the context of age, sex, development, and physical health
  - Intense fear of gaining weight/fat
  - Disturbance in body image/shape

<table>
<thead>
<tr>
<th>Comorbidities: Psych</th>
<th>Comorbidities: Medical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>Bone disease</td>
</tr>
<tr>
<td>Bipolar disorders</td>
<td>Cardiac arrhythmias</td>
</tr>
<tr>
<td>Panic &amp; anxiety disorders</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Obsessive compulsive disorders</td>
<td>Electrolyte imbalance</td>
</tr>
<tr>
<td>Substance Abuse/dependence</td>
<td></td>
</tr>
</tbody>
</table>
Disorders of Adult Personality & Behavior
(F60–F69)

Specific personality disorders
Impulse disorders
Gender identity disorders
Paraphilias
Other & unspecified

Personality disorders map to HCC 60
Specific Personality Disorder (F60-)

- Paranoid
- Schizoid
- Antisocial
- Borderline
- Histrionic
- Obsessive-compulsive
- Avoidant
- Dependent
- Other specified
  - Narcissistic
- Unspecified

This group of disorders contain lists of inclusion terms, as well as Excludes2 notes that allow for other codes from this chapter to be assigned.
Intellectual Disabilities
(F70–F79)

Intellectual disabilities
• Mild, moderate, severe, & profound
Other intellectual disabilities
Unspecified intellectual disabilities
• Mental deficiency or subnormality NOS
Intellectual Disabilities

- **Mild**
  - IQ level 50–55 to approximately 70
  - Mild mental subnormality
- **Moderate**
  - IQ level 35–40 to 50–55
  - Moderate mental subnormality
- **Severe**
  - IQ level 20–25 to 35–40
  - Severe mental subnormality
- **Profound**
  - IQ level below 20–25
  - Profound mental subnormality

Severe & profound add a CC as secondary diagnosis.

Severe & profound add an HCC in the RxHCC model. Not CMS-HCCs.
Mild Intellectual Disability
IQ 50–70: 85% of Population With Intellectual Disabilities

- Slower than typical in developmental areas
- No unusual physical characteristics
- Able to learn practical life skills
- Reading & math skills: 3rd–6th grade level
- Able to blend in socially
- Functions in daily life

Example: the person can read but has difficulty comprehending the material

$Diagnostic and Statistical Manual of Mental Disorders (DSM-5)$, American Psychiatric Association, 2013
Moderate Intellectual Disability
IQ 25–49: 10% of Population With Intellectual Disabilities

- Noticeable developmental delays (speech & motor skills)
- May have physical signs of impairment (thick tongue)
- Simple and basic communication ability
- Able to learn basic health and safety skills
- Can complete self-care activities
- Can travel alone to nearby, familiar places

May demonstrate difficulty reading social cues and using judgment. May live in group home environment.

*Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*, American Psychiatric Association, 2013
Severe Intellectual Disability
IQ 20–34: 3%–4% of Population With Intellectual Disabilities

• Considerable delays in development
• Understands speech, but little ability to communicate
• Able to learn daily routines
• May learn simple self-care
• Requires direct supervision in social situations
• Require daily supervision and support

Cannot live successfully independently, will need to live in group home setting.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5), American Psychiatric Association, 2013
Profound Disability
IQ < 20: 1%–2% of Population With Intellectual Disabilities

• Significant developmental delays
• Obvious physical & congenital abnormalities
• Requires close supervision
• Requires assistance with self-care
• May respond to physical and social activities
• Not capable of independent living

Requires 24/7 supportive care. Usually demonstrates other physical disabilities as well.

Diagnostic and Statistical Manual of Mental Disorders (DSM-5), American Psychiatric Association, 2013
Pervasive and Specific Developmental Disorders (F80–F89)

Developmental disorders of speech & language
- Phonological, expressive, mixed receptive/expressive

Specific disorders of scholastic skills
Specific developmental disorders of motor function
Pervasive development disorders
- Autistic disorder, Rett’s syndrome,
  other childhood degenerative disorder
Pervasive Developmental Disorders

- Neurological disorder appearing at a young age that impairs social development and communication skills, resulting in abnormal behavior that varies in severity and ability to function
  - Autistic disorder
  - Rett’s syndrome
  - Asperger’s syndrome
  - Other

Specified conditions provide a CC as secondary diagnosis
Behavioral & Emotional Disorders w/ Onset Usually Occurring in Childhood or Adolescence (F90–F98)

Attention deficit hyperactivity
Conduct disorders
Emotional disorders
Social dysfunction disorders
Tic disorder
Encopresis
Pica
Stereotyped movement disorders

Disorders classified to F90–F98 are frequently diagnosed in childhood & adolescence. However, a diagnosis may be made at any time and may still be reported when diagnostic criteria are met.
Unspecified Mental Disorder (F99)

Mental disorder, not otherwise specified
Mental illness, NOS
Excludes1: Unspecified mental disorder due to known physiological condition (F09)

Use F99 only when the clinical documentation reports mental illness but does not specify any further
MDC 19
Mental Diseases & Disorders as the Pdx

MDC 19
Mental Diseases And Disorders

SURGICAL

DRG 876 O.R. Procedure with Principal Diagnoses of Mental Illness
GMLOS 7.6 AMLOS 14.2 RW 3.5100
Select any operating room procedure

Only one surgical DRG within this MDC
MDC 19
Mental Diseases & Disorders: Medical MS-DRGs

• Eight single-level MS-DRGS
  – DRG 880 Acute Adjustment Rxn & Psychosocial Dysfunction
  – DRG 881 Depressive Neuroses
  – DRG 882 Neuroses Except Depressive
  – DRG 883 Disorders of Personality and Impulse Control
  – DRG 884 Organic Disturbance & Intellectual Disability
  – DRG 885 Psychoses
  – DRG 886 Behavioral & Developmental Disorders
  – DRG 887 Other Mental Disorder Diagnoses
MDC 20
Alcohol/Drug Use & Alcohol/Drug-Induced Organic Mental Disorders

• DRG 894 Alcohol/Drug Abuse or Dependence
  – Left against medical advice
• DRG 895 Alcohol/Drug Abuse or Dependence
  – With rehabilitation therapy
• DRG 896 Alcohol/Drug Abuse or Dependence
  – Without rehabilitation therapy, with MCC
• DRG 897 Alcohol/Drug Abuse or Dependence
  – Without rehabilitation therapy, without MCC
Thank you. Questions?

lprescott@hcpro.com

In order to receive your continuing education certificate(s) for this program, you must complete the online evaluation. The link can be found in the continuing education section of the program guide.