



# Guidance on Documentation and Coding for Drug Induced Psychosis

## Overview

**Drug induced psychosis**, also known as stimulant psychosis, is a result of usage of drugs or stimulants that may trigger a psychotic episode. This results in an altered state of mind that is often characterized by delusions and hallucinations. Psychosis can develop as a result of substance use or withdrawal.

**Hallucinations** are perceptual distortions that arise without an external stimulus — they can be auditory, visual, olfactory, or of any other sensory modality.

**A delusion** is a distorted thought or belief of reality that is rigidly held by the individual despite evidence of its truth. The most common drug classifications associated with drug-induced psychosis are:

- Opioids
- Cannabis (marijuana)
- Benzodiazepines
- Cocaine
- Stimulants (amphetamines)
- Lysergic acid diethylamide (LSD)
- Phencyclidine (PCP)

## Documentation guidance and best practices for providers

### The medical record should include:

- Current symptoms and complaints
- Associated physical findings and any diagnostic testing results
- Final diagnosis/impression that include:
  - Remission status – partial or full, early or sustained
  - Specific substance involved
  - Pattern – use, abuse, dependence
- Related conditions and symptoms
  - Intoxication
  - Psychotic behavior
  - Sleep disturbances
  - Withdrawals
  - Delusions
  - Hallucinations
- When the condition is current, it should be included in the final assessment along with the status. Avoid documenting “history of” to describe a current disorder or to describe a condition in remission.
- Underlying mental conditions (major depression, bipolar disorder)
- When drug-induced psychosis is managed by a different provider, it is appropriate to include the diagnosis in the final assessment when the condition has an impact on patient care. For example: “Cocaine dependence in sustained remission per records from treating psychiatrist Dr. John Smith.”
- Urine and blood toxicology results
- Linkage of substance use disorder:
  - to any medications used for treatment
  - to any associated physical, mental or behavior disorders
- Clear and concise treatment plan

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## Documentation guidance and best practices for coders

### To ensure accurate code assignment:

- Review the entire medical record to verify the condition is current.
- Based on the description documented in the medical record, search the ICD-10-CM alphabetic index for that specific description and verify the code in the tabular listing; follow all instructional notes as appropriate.
- Remission codes are only assigned based on specific provider documentation. Coders should not interpret documented time frames to assign remission status.
- Follow the coding reporting hierarchy per ICD-10-CM official coding guidelines:
  - If both use and abuse are documented, assign only the code for abuse.
  - If both abuse and dependence are documented, the code for dependence only is reported.
  - If use, abuse and dependence are all documented, the code for dependence only is reported.
  - If both use and dependence are documented, the code for dependence only is reported.

ICD-10-CM Drug-induced disorders					
Drug type	Severity	Pattern of use	Associated behavior/mental physical disorders	Remission status	ICD-10-CM category
Opioid	Mild	Use	Mood disorder, delusions, hallucinations, sexual dysfunction, sleep disorder	Early remission	F11
	Moderate	Abuse			
	Severe	Dependence		Sustained remission	
		Withdrawal			
Cannabis	Mild	Use	Delirium, perceptual disturbance, delusions, hallucinations, anxiety disorder	Early remission	F12
	Moderate	Abuse			
	Severe	Dependence		Sustained remission	
		Withdrawal			
Sedative (benzodiazepines)	Mild	Use	Delirium, perceptual disturbance, mood disorder, delusions, hallucinations, anxiety disorder, sexual dysfunction, sleep disorder, persisting amnesic disorder, persisting dementia	Early remission	F13
	Moderate	Abuse			
	Severe	Dependence		Sustained remission	
		Withdrawal			

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ICD-10-CM Drug-induced disorders					
Drug type	Severity	Pattern of use	Associated behavior/mental physical disorders	Remission status	ICD-10-CM category
<b>Cocaine</b>	Mild	<b>Use</b>	Delirium, perceptual disturbance, mood disorder, delusions, hallucinations, anxiety disorder, sexual dysfunction, sleep disorder	<b>Early remission</b>	F14
	Moderate	<b>Abuse</b>		<b>Sustained remission</b>	
	Severe	<b>Dependence</b>			
		<b>Withdrawal</b>			
<b>Stimulants (amphetamines, phencyclidine (PCP))</b>	Mild	<b>Use</b>	Delirium, perceptual disturbance, mood disorder, delusions, hallucinations, anxiety disorder, sexual dysfunction, sleep disorder	<b>Early remission</b>	F15
	Moderate	<b>Abuse</b>		<b>Sustained remission</b>	
	Severe	<b>Dependence</b>			
		<b>Withdrawal</b>			
<b>Hallucinogens (lysergic acid diethylamide (LSD))</b>	Mild	<b>Use</b>	Delirium, perceptual disturbance, mood disorder, delusions, hallucinations, anxiety disorder, flashbacks	<b>Early remission</b>	F16
	Moderate	<b>Abuse</b>		<b>Sustained remission</b>	
	Severe	<b>Dependence</b>			
		<b>Withdrawal</b>			

## References

- Centers for Medicare & Medicaid Services. (2020). ICD-10-CM official guidelines for coding and reporting: FY 2024. <https://www.cms.gov/files/document/2021-coding-guidelines-updated-12162020.pdf>