• insomnia,
• nausea or vomiting,
• transient hallucinations,
• psychomotor agitation,
• anxiety,
or generalized seizures.

ICD-10-CM assumes alcohol dependence is necessary for withdrawal (no codes for use or abuse) and provides separate codes based on whether withdrawal is uncomplicated or associated with delirium or with perceptual disturbance (hallucinations without delirium or with intact reality testing). Withdrawal is not a toxic encephalopathy or a toxic effect (poisoning) of alcohol since it is caused by withdrawal of the toxin. Delirium tremens is coded as alcohol withdrawal with delirium.

Identification of AUD in remission is essential for documentation and coding purposes. The DSM-5 defines remission as the absence of any AUD diagnostic criteria (other than craving/desire/urge for alcohol) for at least three months. ICD-10-CM has multiple remission combination codes for various circumstances. For example, code F10.11 is for mild alcohol use disorder in remission.

Alcohol consumption that is not problematic—meeting fewer than two diagnostic criteria—is not AUD. Alcohol use that does not qualify for AUD is assigned ICD-10-CM code Z72.89 for self-damaging behavior affecting lifestyle. This code should not be used for a person who consumes only modest amounts of alcohol that are not problematic and do not affect health status.

In summary, DSM-5 describes AUD as a problematic pattern of alcohol use leading to clinically significant impairment or distress defined by the presence of at least two of 11 diagnostic criteria. It further classifies AUD by severity: mild, moderate or severe.

Next month’s column will explain additional alcohol-induced conditions in the context of AUD.

Dr. Pinson is a certified coding specialist, author, educator, and co-founder of Pinson and Tang, LLC (www.pinsonandtang.com), who is based in Chattanooga, Tenn. This content is adapted with permission from Pinson and Tang, LLC.

ACP Hospitalist Weekly has compiled the results from its latest cartoon contest, where readers are invited to match wits against their peers to provide the most original and amusing caption.

This issue’s winning cartoon caption was submitted by Mammen A. Sam, MD, of Pearland, Texas. Thanks to all who voted! The winning entry captured 72% of the votes. Captions and voting are conducted through ACP Hospitalist Weekly. If you’re not already receiving ACP Hospitalist Weekly, visit www.acphospitalist.org/subscribe; contact Customer Service at 800-523-1546, ext. 2600, or direct at 215-351-2600 (M-F, 9 a.m. to 5 p.m. EST); or send an email to custserv@acponline.org.

Table 2. Classification of severity of alcohol use disorder

<table>
<thead>
<tr>
<th>DSM-5 severity</th>
<th>Number of DSM-5 criteria</th>
<th>ICD-10-CM terms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild</td>
<td>2-3</td>
<td>Abuse</td>
</tr>
<tr>
<td>Moderate</td>
<td>4-5</td>
<td>Dependence</td>
</tr>
<tr>
<td>Severe</td>
<td>≥6</td>
<td>Dependence</td>
</tr>
</tbody>
</table>

Source: Derived from DSM-5 and ICD-10-CM.