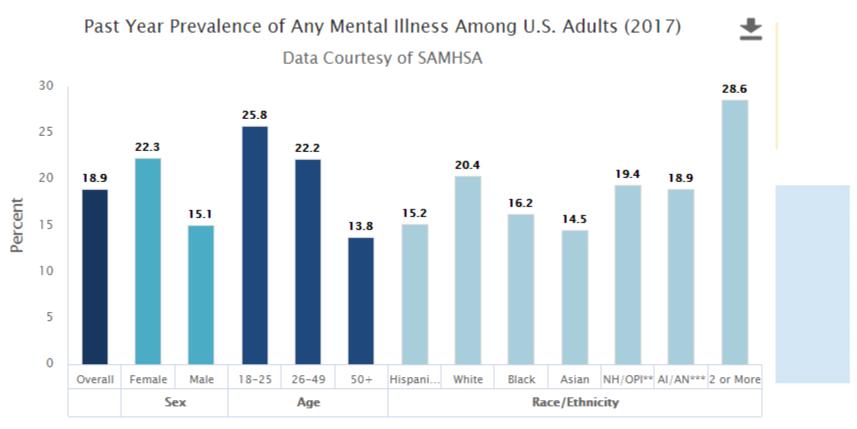
Pinpoint the correct mental & behavioral condition codes







Mental Illness Data



^{*}All other groups are non-Hispanic or Latino | **NH/OPI = Native Hawaiian / Other Pacific Islander ***Al/AN = American Indian / Alaskan Native



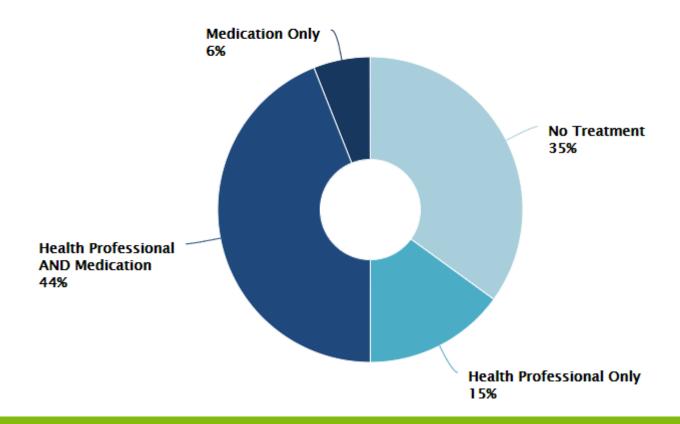




Depression Data

Past Year Treatment Received Among Adults with Major Depressive Episode (2017)

Data Courtesy of SAMHSA





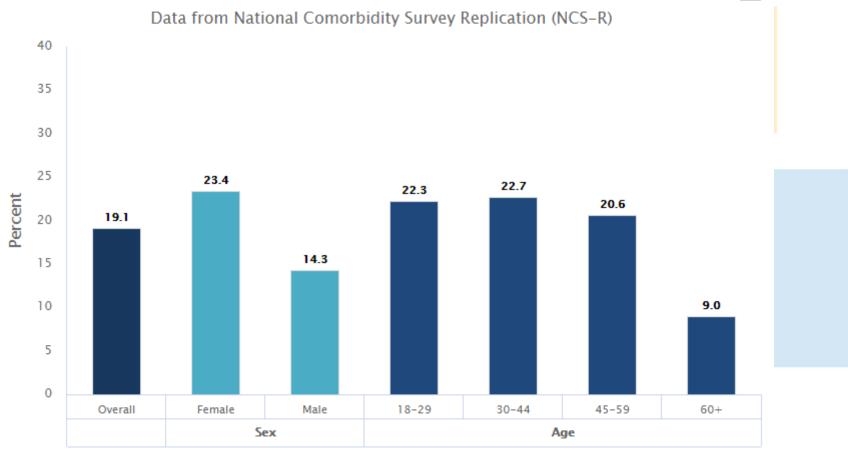




Anxiety Data

Past Year Prevalence of Any Anxiety Disorder Among U.S Adults (2001-2003)











Use/Abuse/Dependence

Per the Guidelines [Section 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 both use and abuse are documented, assign only the code for abuse
- If both abuse and dependence are documented, assign only the code for dependence
- If use, abuse and dependence are all documented, assign only the code for dependence
- If both use and dependence are documented, assign only the code for dependence.







In Remission

Per the Guidelines [Section I.C.5.b.1]:

Selection of codes for "in remission" for categories F10-F19, Mental and behavioral disorders due to psychoactive substance use (categories F10-F19 with -.11, -.21) requires the provider's clinical judgment. The appropriate codes for "in remission" are assigned only on the basis of provider documentation (as defined in the Official Guidelines for Coding and Reporting), unless otherwise instructed by the classification.

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



