



QRTIPS

Health Care Agency • Behavioral Health Services • CYS Quality, Review & Training

February 2014

Reminders about Co-Occurring Disorders

A **Co-Occurring Disorder** means: A person who has a mental health condition and a substance use disorder **at the same time**. A thorough description of the interplay between the mental health condition and the substance use disorder needs to be documented in the chart. **For example**, the client uses marijuana to self-medicate his anxiety, but the continued drug use lowers his motivation so he/she does not do homework and is failing three classes.

Issues to consider when making a Substance Abuse diagnosis:

- A **primary diagnosis of substance abuse is not an included diagnosis** that meets medical necessity for Medi-Cal reimbursement. However, it can be addressed as a **secondary diagnosis** and should **always be linked to the impact on the primary diagnosis**.

For example: In the case of a diagnosis of schizoaffective disorder: “Recurrent bingeing on methamphetamine causes the exacerbation of psychotic symptoms resulting in psychiatric hospitalization.”

- **Criteria for the Diagnosis:** Substance Abuse versus Substance Dependence (DSM IV-R Criteria)

Substance Abuse: A **maladaptive pattern** of substance use, in a **12 month period** leading to clinically significant impairment or distress, and resulting in **at least one** of the following:

- **Failure to fulfill** major obligations at school, work or home.
- **Recurrent use** in hazardous situations.
- **Recurrent legal problems.**
- **Continued use** despite persistent social or interpersonal problems.

Substance Dependence: A maladaptive pattern of substance use, **in a 12 month period** resulting in **at least three** of the following:

- **Tolerance** to the substance (which results in a reduced effect with the same amount or needing more to get the desired effect).
- **Withdrawal** which can come in the form of “withdrawal syndrome” or needing the drug to avoid the withdrawal symptoms.
- Substance taken in **larger amounts or over longer periods** than intended.
- **Unsuccessful efforts** to cut down or stop.
- A great deal of time is spent to **obtain the substance or recover from its effects.**
- Important social, occupational or recreational activities **are given up** because of substance use.
- Continued use **despite harmful psychological or physical consequences.**

- **Possible Interventions:**

- **Confront** the client on the **negative consequences** of substance abuse.
- Provide psychoeducation to **decrease denial.**
- Help the client to **build an awareness** of the problem.
- Evaluate with the client **different treatment programs.**
- Provide the client with **linkage to resources.**
- **Consult with treating therapist** regarding updating the CSP.
- Help the client understand the **interaction of symptoms and illegal drugs.**
- Work with the client to accept **responsibility** for his/her actions.

➤ **Before considering interventions consider the following:**

- Does the **Client Service Plan** addresses the co-occurring disorder?
- Are all the necessary **treatment modalities** listed on the Client Service Plan?
- Are substance abuse interventions **also related to the primary mental health condition**. For example, it **is not sufficient** to only recommend AA groups. The note **needs to indicate** that ongoing alcohol abuse is exacerbating a depressed mood resulting in suicidal ideation.

➤ **Medi-Cal documentation reminders:**

- If it is determined that a client has a substance abuse issue, is there documentation of a co-occurring disorder in the assessment, MTP, CSP and rehabilitation referral?
- Does the intervention address both diagnoses?
- Is the intervention likely to significantly diminish the condition?
- Am I practicing within my scope of practice?

Reminder: If substance abuse is indicated on the ED-PN, then a substance abuse diagnosis must be included as a secondary diagnosis. See example below:

CONFIDENTIAL PATIENT INFORMATION See California W & I Code (Section 5328) Fed. Regs 42 CFR Part 2		COUNTY OF ORANGE, CALIFORNIA, HEALTH CARE AGENCY BEHAVIORAL HEALTH SERVICES MHP ENCOUNTER DOCUMENT			PCR: _____ Date: _____
CLINIC NAME List name and address of clinic		Insurance Information <input type="checkbox"/> None <input type="checkbox"/> Medi-Cal <input type="checkbox"/> Share of Cost <input type="checkbox"/> Private Ins. <input type="checkbox"/> Out of County		ERMHS Select one	
Encounter Type Select One		Home locations Select one		Site Locations Select one	
Host Clinic Locations Select one		Trauma Select one		Substance Abuse Yes	
Custody Status N/A		Face to Face Select one		Date ED entered _____ OT Initials _____	
Date of Service		Service Mins		Date ED Corrected _____ OT Initials _____	
Date of Doc		Doc Mins		Trav Time	
Non-bill Trav		ENCOUNTER LOCATION (If not clinic or PT's home) Enter address			
AXIS I & II (Treated today) 296.32		AXIS I & II (Other)		GROUP TREATMENT	
304.40		# of Clients		# of Therapists	
		Co-Therapist Name			
		BILLABLE CPT			
		90834 (H2015-HE) Psychotherapy (38-52 min)			
		NON-BILLABLE CPT / NON-COMPLIANT CPT			
		No Entry			
AXIS III		NON-BILLABLE TRAVEL CPT			
AXIS V/GAF		No entry			
Language used		OTHER CPT CODE			
If other than English		No Entry			
Interpreter Utilized ?		Clinician Credit Reason # _____ Date _____		Other CPT Codes _____	
		Credit reasons 1)MD sig (2) Clt. Sig (3) No MTP/CSP (4) Dup' svc (5) Other			
		CPT MODIFIER I (Service Strategies)		CPT MODIFIER II (Evidence Based Practices)	
		M61 Age-Specific Service Strategy		None	
		None		None	
		CPT MODIFIER III -Add on codes		REPEAT SERVICES CORRECTIONS	
		None		<input type="checkbox"/> 59 Rpt Svc DDD	
				<input type="checkbox"/> 76 Rpt Svc Same Provider	
				<input type="checkbox"/> 77 Rpt Svc Diff Provider	
		Date Corrected		OT Initials	
PROGRESS NOTE					