

Alcohol use, abuse, and dependence

Documentation and coding: Individual & Family Plans

December 2025

For coding education questions, email CignaHealthcareHCPEducation@CignaHealthcare.com.

It's important to accurately document and code diagnoses when submitting claims for your patients with Cigna Healthcare®-administered coverage. This helps ensure your diagnosis and coding practices comply with all applicable legal requirements,¹ while enabling us to provide our customers with the benefits and resources they need. For additional information and resources, visit the Cigna Healthcare Individual & Family Plans page at CignaforHCP.com/IFP.

The information that follows is designed to provide guidance for the documentation and coding of claims for your patients with a diagnosis of alcohol use disorder. It is not meant to replace your judgment when caring for your patients.

Definitions and criteria²

Alcohol use disorder (AUD) in DSM-5³ combines the DSM-IV categories of alcohol abuse, as well as alcohol dependence (also known as alcoholism or alcohol addiction) into a single disorder measured on a continuum from mild to severe. In this overarching disorder, the criteria have not only been combined but strengthened.

AUD requires two of the following criteria occurring within a 12-month period:

- Alcohol is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control alcohol use.
- Much time is spent in activities to obtain or use alcohol, or recovering from its effects.
- There is a strong desire or urge to use alcohol.
- Recurrent alcohol use has resulted in failing to fulfill major role obligations at work, school, or home.
- Alcohol use continues despite persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol.
- Important social, occupational, or recreational activities are given up or reduced due to alcohol use.
- Alcohol is recurrently used in situations in which it is physically hazardous.
- Alcohol use is continued despite knowing a persistent or recurrent physical or psychological problem is likely caused by or exacerbated by alcohol.
- Tolerance is manifested by either of the following:
 - A need for markedly increased amounts of alcohol to achieve intoxication or desired effect.
 - A markedly diminished effect with continued use of the same amount of alcohol.

- Withdrawal is manifested by either of the following:
 - The characteristic withdrawal syndrome for alcohol (refer to Criteria A and B of the criteria set for alcohol withdrawal).
 - Alcohol (or a closely related substance such as benzodiazepine) is taken to relieve or avoid withdrawal symptoms.

Severity of AUD

DSM-5 severity specifiers are based on the number of diagnostic criteria met by the patient at the time of diagnosis.

- Mild – Two to three criteria
- Moderate – Four to five criteria
- Severe – Six or more criteria

Documentation and coding

- Document diagnostic statements that are compatible with the ICD-10-CM⁴ nomenclature.
- Assign only one code to identify the pattern of use based on the hierarchy, which identifies severity from highest to lowest (dependence, abuse, and use). e.g., If both use and abuse are documented, assign only the code for abuse. See *ICD-10-CM Coding Manual, Section I.C.5.b.2*.
- AUD in remission: Explicitly state "in remission" in the clinical record; confirm the history of AUD and current lack of symptoms. Choose a code based on the historical severity of the disorder (mild/abuse versus moderate/severe dependence) at the time symptoms ceased.

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DSM- 5 remission categories:

- **Early remission:** No AUD criteria are met for at least three months, but less than one year
- **Sustained remission:** No AUD criteria are met for one year or more than year. A craving for alcohol can still be present during sustained remission.
- Code additional secondary diagnoses such as depression or anxiety.

- Use additional codes to describe comorbid conditions or medical complications (e.g., liver disease or neurological diseases such as dementia).
- Confirm the clinician has signed the face-to-face or telehealth encounter. Include the printed version of the clinician’s full name and credentials (e.g., MD, DO, NP, PA).
- Document a treatment plan, which is required to be considered an active medical problem. A treatment plan can be in the form of a medication, referral, diet, or monitoring.

Alcohol use

ICD-10 code	Description	Additional characters to use
F10.90	Alcohol use, unspecified, uncomplicated	
F10.91	Alcohol use, unspecified, in remission	
F10.92-	Alcohol use, unspecified with intoxication	(-) Add 6th character: 0 – Uncomplicated 1 – Delirium 9 – Unspecified
F10.93-	Alcohol use, unspecified with withdrawal	(-) Add 6th character: 0 – Uncomplicated 1 – Delirium 2 – Perceptual disturbance 9 – Unspecified
F10.94	Alcohol use, unspecified with alcohol-induced mood disorder	
F10.95-	Alcohol use, unspecified with alcohol-induced psychotic disorder	(-) Add 6th character: 0 – Delusions 1 – Hallucinations 9 – Unspecified
F10.96	Alcohol use, unspecified with alcohol-induced persisting amnestic disorder	
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia	
F10.98-	Alcohol use, unspecified without other alcohol-induced disorders	(-) Add 6th character: 0 – Anxiety disorder 1 – Sexual dysfunction 2 – Sleep disorder 8 – Other disorder
F10.99	Alcohol use, unspecified with unspecified alcohol-induced disorder	

Alcohol dependence

ICD-10 code	Description	Additional characters to use
F10.20	Alcohol dependence, uncomplicated	
F10.21	Alcohol dependence, in remission	
F10.22-	Alcohol dependence with intoxication	(-) Add 6th character: 0 – Uncomplicated 1 – Delirium 9 – Unspecified
F10.23-	Alcohol dependence with withdrawal	(-) Add 6th character: 0 – Uncomplicated 1 – Delirium 2 – Perceptual disturbance 9 – Unspecified
F10.24	Alcohol dependence with alcohol-induced mood disorder	
F10.25-	Alcohol dependence with alcohol-induced psychotic disorder	(-) Add 6th character: 0 – With delusions 1 – With hallucinations 9 – Unspecified
F10.26	Alcohol dependence with alcohol-induced persisting amnestic disorder	
F10.27	Alcohol dependence with alcohol-induced persisting dementia	
F10.28-	Alcohol dependence with other alcohol-induced disorders	(-) Add 6th character: 0 – Anxiety disorder 1 – Sexual dysfunction 2 – Sleep disorder 8 – Other disorder
F10.29	Alcohol dependence with unspecified alcohol-induced disorder	

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Alcohol abuse

ICD-10 code	Description	Additional characters to use	ICD-10 code	Description	Additional characters to use
F10.10	Alcohol abuse, uncomplicated		F10.14	Alcohol abuse with alcohol-induced mood disorder	
F10.11	Alcohol abuse, in remission		F10.15-	Alcohol abuse with alcohol-induced psychotic disorder	(-) Add 6th character: 0 – With delusions 1 – With hallucinations 9 – Unspecified
F10.12-	Alcohol abuse with intoxication	(-) Add 6th character: 0 – Uncomplicated 1 – Delirium 9 – Unspecified	F10.18-	Alcohol abuse without other alcohol-induced disorders	(-) Add 6th character: 0 – Anxiety disorder 1 – Sexual dysfunction 2 – Sleep disorder 8 – Other disorder
F10.13-	Alcohol abuse, with withdrawal	(-) Add 6th character: 0 – Uncomplicated 1 – Delirium 2 – Perceptual disturbance 9 – Unspecified	F10.19	Alcohol abuse with unspecified alcohol-induced disorder	

1 Diagnosis inaccuracies that are not addressed can result in administrative sanctions and potential financial penalties.

2 "Substance-Related and Addictive Disorders." American Psychiatric Association. 2013. Retrieved from https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/DSM/APA_DSM-5-Substance-Use-Disorder.pdf.

3 Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

4 International Classification of Diseases, 10th Revision, Clinical Modification.