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ICD-10 TOBACCO BILLING GUIDE

ICD-10 AND TOBACCO

COMMON DIAGNOSIS CODES AND TIPS FOR CODING NICOTINE USE/ DEPENDENCE

Tobacco use is the leading cause of preventable disease and death in the United States, accounting for more than 480,000 deaths every year, or 1 of every 5 deaths.¹ In 2014, nearly 17 of every 100 U.S. adults aged 18 years or older (16.8%) reported smoking cigarettes, translating to an estimated 40 million adults in the United States who currently smoked cigarettes.² Nicotine is the primary ingredient in tobacco products, including cigarettes. Counseling and medication are both effective for treating nicotine dependence, and using them together is more effective than using either treatment alone.³ More than 70 percent of tobacco users visit a health care provider each year, and each of these visits is an opportunity for clinical providers to treat a patient's tobacco dependence.⁴ There are several operational considerations for linking tobacco users to evidence-based treatment. Particularly important is assuring full and accurate reimbursement for services provided. Coding and documentation are core components of the revenue cycle management process.

ABOUT THIS DOCUMENT

The goal of this document is to outline common diagnosis codes for nicotine use and dependence within the new International Classification of Diseases, Tenth Revision, Clinical Modification diagnosis code set (ICD-10-CM or ICD-10), as well as review strategies for clinical documentation. Any guidance on coding for nicotine use and dependence and scenarios is provided for education purposes only. Clinical providers and health systems administrators are responsible for contacting their payers for specific information regarding coding, coverage, and payment policies. Also, users should refer to the ICD-10–CM official guidelines for further clarification.

CODING BACKGROUND

The United States transitioned to ICD-10 on October 1, 2015. This transition brought about many changes to the way health care providers code for medical services, primarily in the level of detail included in individual codes. This is particularly true for codes related to nicotine use. What was once one diagnosis code in ICD-9 now is a lengthy list with much more granularity. Specifically, in ICD-9, providers commonly used diagnosis code 305.1 (tobacco use disorder) or V15.82 (history of tobacco use) depending on the status of the patient as a current or former tobacco user.

THE ICD-10 CODE SET FOR NICOTINE USE CAN BE GROUPED INTO THE FOLLOWING FOUR CATEGORIES:



CLINICAL DOCUMENTATION MUST SUPPORT THE SERVICES PROVIDED AND SELECTED ICD-10 CODES.

DOCUMENTATION MATTERS

To accurately select and support ICD-10 codes relating to tobacco use, it is essential for clinicians to specify whether the patient is engaging in the use of tobacco or has developed a dependence on tobacco/nicotine.

Documentation also should include the type of tobacco product used and whether or not there are nicotine-induced disorders such as remission or withdrawal.

Members of the healthcare team other than the clinician may play a central role in checking tobacco use status. Regardless of who is responsible for this task, the healthcare provider must perform a thorough history to obtain this patient information. Templates within the electronic health record (EHR) can remind providers to ask for this information, as well as the use of a tobacco use status sticker on charts or use of computerized reminder systems.

The U.S. Department of Health and Human Services¹ recommends expanding vital signs to include tobacco use. Healthcare organizations should consider incorporating the following line into pre-printed vital signs documentation.

Tobacco Use (circle one): Current Former Never

¹ Treating Tobacco Use and Dependence. April 2013. Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/clinicians/update/index.html>

TOBACCO USE VS. DEPENDENCE

Health care providers frequently have questions related to the ICD codes for tobacco “Use” vs. tobacco “Dependence.” Determining the category into which a patient falls (i.e., “use” versus “dependence”) ultimately rests upon the clinician’s clinical judgment. However, everyone involved in the coding process can benefit from reviewing the clinical definition of “tobacco use disorder” from the Fifth Edition of Diagnostic and Statistical Manual of Mental Disorders (DSM-5).⁵ This disorder definition is a useful diagnostic tool for determining what constitutes “dependence.”

TABLE 1. DSM-5 TOBACCO USE DISORDER DIAGNOSTIC CRITERIA

A problematic pattern of tobacco use leading to clinically significant impairment or distress, as manifested by at least two of the following, occurring within a 12-month period.

| | |
|-----------|---|
| 1 | Tobacco is often taken in larger amounts or over a longer period than was intended. |
| 2 | There is a persistent desire or unsuccessful efforts to cut down or control tobacco use. |
| 3 | A great deal of time is spent in activities necessary to obtain or use tobacco. |
| 4 | Craving, or a strong desire or urge to use tobacco. |
| 5 | Recurrent tobacco use resulting in a failure to fulfill major role obligations at work, school, or home (e.g., interference with work.) |
| 6 | Continued tobacco dependence despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of tobacco (e.g., arguments with others about tobacco use). |
| 7 | Important social, occupational, or recreational activities are given up or reduced because of tobacco use. |
| 8 | Recurrent tobacco use in situations in which it is physically hazardous (e.g., smoking in bed). |
| 9 | Tobacco use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by tobacco. |
| 10 | Tolerance, as defined by either of the following. |
| | a A need for markedly increased amounts of tobacco to achieve the desired effect. |
| | b A markedly diminished effect with continued use of the same amount of tobacco. |
| 11 | Withdrawal, as manifested by either of the following: |
| | a The characteristic withdrawal syndrome for tobacco (refer to Criteria A and B of the criteria set for tobacco withdrawal). |
| | b Tobacco (or a closely related substance, such as nicotine) is taken to relieve or avoid withdrawal symptoms. |

Source: American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.

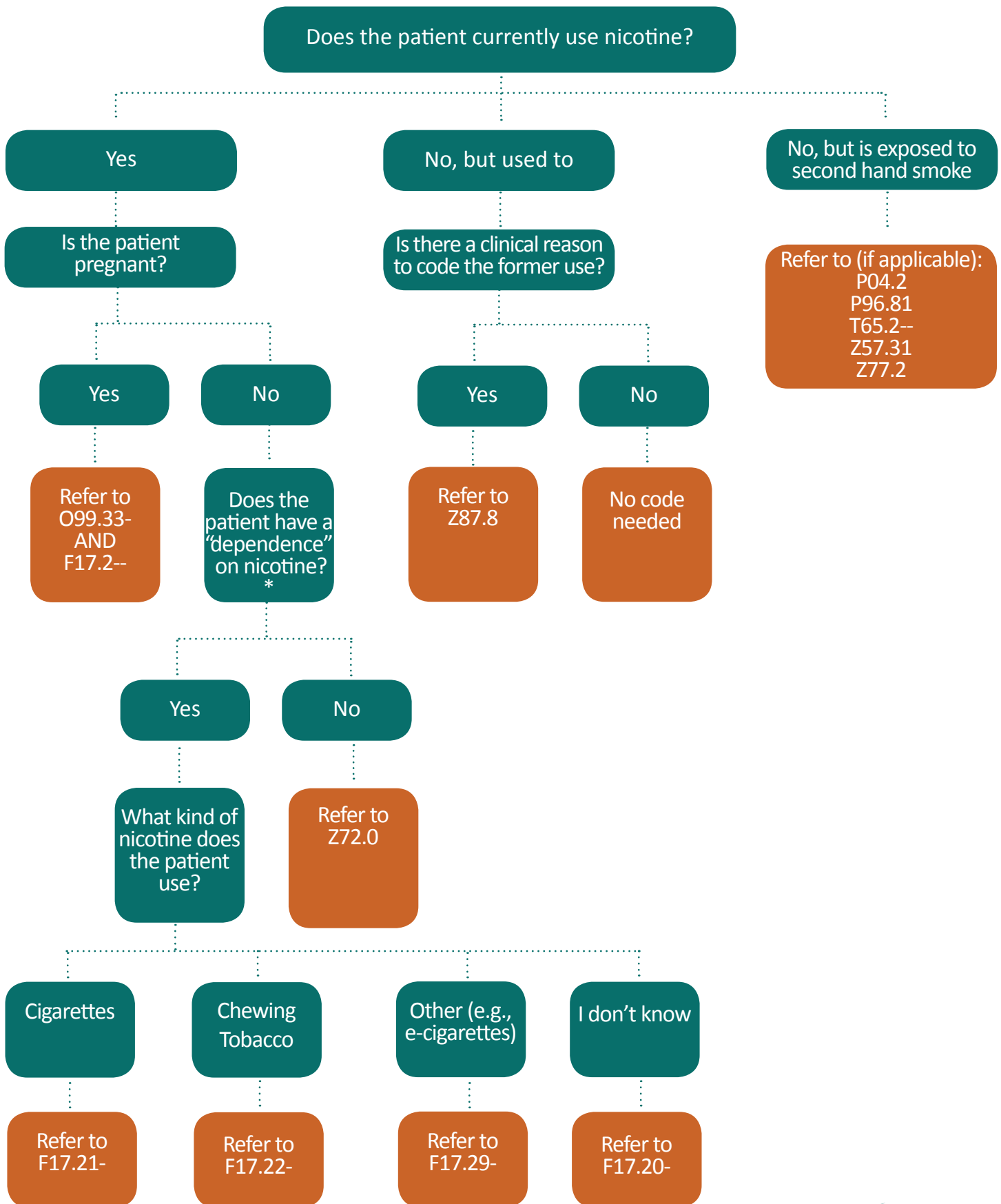
THE CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) EXPLAINS DSM-5 AS FOLLOWS:

DSM-5 contains the standard criteria and definitions of mental disorders now approved by the American Psychiatric Association (APA), and it also contains both ICD-9-CM and ICD-10-CM codes (in parentheses) selected by APA. Since DSM-IV only contains ICD-9-CM codes, it will cease to be recognized for criteria or coding for services with dates of service of October 1, 2015 or later.

Updates for DSM-5 criteria and associated ICD-10-CM codes (identified by APA) are found at www.dsm5.org.⁶



CODING-AT-A-GLANCE FOR NICOTINE USE / DEPENDENCE



*See Page 3 for additional guidance on coding for nicotine “use” versus nicotine

CODING FOR NICOTINE USE AND DEPENDENCE IN ICD-10-CM

NICOTINE USE

ICD-10 separates nicotine “use” from nicotine “dependence” leaving it up to the clinician’s judgment to determine the category into which a patient falls. (See Use vs. Dependence above for guidance).

The following ICD-10 code should be used if the clinician determines that the patient USES nicotine products but is NOT DEPENDENT on the nicotine:

TABLE 2. NICOTINE USE CODES

| | |
|---|--|
| Z72.0 | Tobacco Use |
| Excludes1 (See Box 1: ICD-10 Coding Note below for guidance) | |
| Z87.891 | History of tobacco dependence History of tobacco dependence |
| F17.--- | Nicotine and tobacco dependence |
| O99.33- | Tobacco use during pregnancy (see additional guidance on page 8 re: O99.33-) |

BOX 1: ICD-10 CODING NOTES

The ICD-10-CM guidelines include a number of instructional notations to help users properly select codes. These notes include two types of code exclusions to identify situations where a different code might be more appropriate, or if another code could be added that further supports patient care.

EXCLUDES 1: A type 1 “Excludes” note means “NOT CODED HERE,” indicating that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used for when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition. (ICD-10-CM Guidelines).

EXCLUDES 2: A type 2 “Excludes” note represents “NOT INCLUDED HERE.” An Excludes2 note indicates that the condition excluded is not part of the condition represented by the code, but a patient may have both conditions at the same time. When an Excludes2 note appears under a code, it is acceptable to use both the code and the excluded code together, when appropriate (ICD-10-CM Guidelines).

REMEMBER:

Excludes1: “Consider these codes instead”

Excludes2: “Consider these codes in addition”

DOCUMENTATION TIPS:

- Clinicians should be specific in documenting the type of product used, frequency of tobacco use and any pertinent modifying factors to support ICD-10 code selection. For instance, instead of documenting “current tobacco user” document “currently smokes a few cigarettes a week when out with friends.”
- Documentation of non-tobacco users might include “Non-smoker - No exposure” or “Patient denies tobacco exposure.”
- It is not necessary to include the “use” or “dependence” ICD codes if the information is not relevant to the clinical care being provided during the current visit.

NICOTINE DEPENDENCE

In ICD-10-CM, nicotine dependence (F17-) is represented by 20 codes, which replace the singular ICD-9 code of 305.1 Tobacco use disorder. **These new codes are specific to identify the type of nicotine product used: cigarettes, chewing tobacco, other tobacco product, or unspecified.**

Clinicians should use the code representing “Other tobacco product” when the specific type of nicotine product is known and this product does not fall into the category of cigarettes or chewing tobacco. E-cigarettes are a common product under this category.

E-cigarettes: Electronic cigarettes (also called e-cigarettes or electronic nicotine delivery systems) are battery-operated devices designed to deliver nicotine with flavorings and other chemicals to users in vapor instead of smoke. Use F17.29- “other tobacco product” codes.

TABLE 3. NICOTINE DEPENDENCE CODES

| Code | Description |
|----------------|---|
| F17- | Nicotine dependence |
| F17.20- | Nicotine dependence, unspecified |
| F17.200 | ... uncomplicated |
| F17.201 | ... in remission |
| F17.203 | ... with withdrawal |
| F17.208 | ... with other nicotine-induced disorders |
| F17.209 | ... with unspecified nicotine-induced disorders |
| F17.21- | Nicotine dependence, cigarettes |
| F17.210 | ... uncomplicated |
| F17.211 | ... in remission |
| F17.213 | ... with withdrawal |
| F17.218 | ... with other nicotine-induced disorders |
| F17.219 | ... with unspecified nicotine-induced disorders |
| F17.22- | Nicotine dependence, chewing tobacco |
| F17.220 | ... uncomplicated |
| F17.221 | ... in remission |
| F17.223 | ... with withdrawal |
| F17.228 | ... with other nicotine-induced disorders |
| F17.229 | ... with unspecified nicotine-induced disorders |
| F17.29- | Nicotine dependence, other tobacco product |
| F17.290 | ... uncomplicated |
| F17.291 | ... in remission |
| F17.293 | ... with withdrawal |
| F17.298 | ... with other nicotine-induced disorders |
| F17.299 | ... with unspecified nicotine-induced disorders |

TABLE 3. NICOTINE DEPENDENCE CODES (CONTINUES)

| Excludes1: (See Box 1: ICD-10 Coding Note above for guidance) | |
|--|--|
| Z87.891 | History of tobacco dependence |
| Z72.0 | Tobacco use |
| Excludes2: | |
| O99.33 | Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium |
| T65.2 | Toxic effect of nicotine |

The “Unspecified” codes in nicotine dependence ONLY should be used if the clinician’s documentation notes that the patient has nicotine dependence but does not specify the type of nicotine product used. The use of unspecified codes should be limited, as the clinician’s documentation should include the type of product and other important information to accurately code under ICD-10.

The nicotine dependence codes are further defined by whether the patient’s dependence is: **uncomplicated, in remission, with withdrawal symptoms, or with other nicotine-induced disorders**. Box 2 provides useful definitions on these subcategories of dependence:

BOX 2: DEFINITIONS TO CONSIDER WHEN CODING FOR NICOTINE DEPENDENCE

REMISSION: The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) defines early remission of nicotine dependence as at least 3 but less than 12 months without substance use (except craving), and sustained remission is defined as at least 12 months without criteria (except craving). [1]

WITHDRAWAL: Daily use of nicotine for at least several weeks, AND an abrupt cessation of nicotine use, or reduction in the amount of nicotine used, followed within 24 hours by four or more of the following signs: (1) irritability, frustration, or anger; (2) anxiety; (3) difficulty concentrating; (4) restlessness; (5) decreased heart rate; (6) increased appetite or weight gain; (7) dysphoric or depressed mood; and (8) insomnia.¹

NICOTINE-INDUCED DISORDER: An adverse health event that a provider documents as having a direct cause-and-effect relationship with the patient’s nicotine use (e.g., chronic obstructive pulmonary disease, or COPD). Default to using “uncomplicated” codes unless there is a documented relationship between nicotine use and the disorder.

¹ American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.

DOCUMENTATION TIPS:

- Clinicians are encouraged to include the type of nicotine product along with how often the patient uses that product, as well as any related complications. For instance, instead of documenting “current smoker” or “smokes 1PPD,” it is recommended that the clinician document “Smokes 1 PPD cigarettes without complications” or “Smokes 1 PPD cigarettes with nicotine-induced COPD.”
 - Clinicians should document a cause-and-effect relationship between a patient’s tobacco use and other disease processes in order for the coder to link the disease process to that patient’s tobacco use.
- Example from AHA Coding Clinic, 4th Quarter 2013, page 109: Patient is a current cigarette smoker with a 20-year history of smoking who now presents with emphysema. The physician does not link the smoking to the emphysema in the medical record; therefore, it would not be appropriate for the coder to use F17.218, Nicotine dependence, cigarettes, with other nicotine-induced disorders. If the patient does not have nicotine-induced disorders and is not exhibiting signs of withdrawal or remission, the clinician should default to using one of the “uncomplicated” codes.

TOBACCO USE DURING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

Codes under subcategory O99.33- Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium, should be assigned for any pregnancy case *when a woman uses any type of tobacco product during the pregnancy or postpartum.*

Please note that ICD-10 coding instructions advise that these codes be accompanied by a secondary code from Category F17 to identify the type of nicotine product the patient uses.

TABLE 4. TOBACCO USE DURING PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM CODES

| Code | Description |
|----------------|---|
| O99.33 | Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium |
| O99.330 | ... unspecified trimester |
| O99.331 | ... first trimester |
| O99.332 | ... second trimester |
| O99.333 | ... third trimester |
| O99.334 | ... childbirth |
| O99.335 | ... the puerperium |

Use a secondary code from category F17.--- Nicotine dependence, to identify the type of nicotine dependence.

TOBACCO EXPOSURE

Clinicians often encounter patients who are exposed to nicotine, particularly cigarette smoke, despite not using nicotine themselves. Clinicians may find use for the codes listed below depending on the specific situations encountered among their patients. Below is a brief list and clinicians should consult the complete ICD-10 code set for detailed instructions on use of these codes:

TABLE 5. TOBACCO EXPOSURE CODES

| Code | Description |
|-----------------|---|
| P04.2 | Newborn (suspected to be) affected by maternal use of tobacco* |
| P96.81 | Exposure to (parental) (environmental) tobacco smoke in the perinatal period* |
| T65.2--- | Toxic effect of tobacco and nicotine** |
| Z57.31 | Exposure to environmental tobacco smoke - Occupational * |
| Z77.22 | Exposure to second hand tobacco smoke (acute) (chronic)* |
| * | Refer to complete ICD-10 code set for Excludes notes |
| ** | Refer to complete ICD-10 code set to select correct 5th, 6th and 7th digits |

Note: Codes for tobacco and nicotine exposure or use are required to be reported in addition to all respiratory conditions (ICD-10 codes within Categories J00 to J99) and with many other conditions such as otitis media and diseases of the oral and nasal mucosa.

CODES RELATED TO CESSATION COUNSELING

The cessation counseling that health care providers deliver related to nicotine may often merit the use of a diagnosis code. This could be the case if a patient presents solely for cessation assistance, or when a visit for another reason naturally progresses into the provision of tobacco cessation counseling and the clinician needs to explain an extended length of visit time or the use of a CPT code for counseling. In these scenarios, clinicians would use the Z71.6 code along with a secondary F17-- code that describes the nicotine dependence.

| | |
|--------------|--------------------------|
| Z71.6 | Tobacco abuse counseling |
|--------------|--------------------------|

Use a secondary code from Category F17.2-- Nicotine dependence, to identify the type of nicotine dependence

DOCUMENTATION TIP:

- Smoking cessation counseling CPT codes (e.g., 99406, 99407, G0436, G0437) are time-based codes. In order to support the billing of these codes, documentation of the cessation counseling should include the time spent with the patient should be documented in the medical record.

Asking patients about tobacco use and documenting their tobacco use status typically increases the rate of clinician intervention.

PAST USE OF NICOTINE

Occasionally, a clinician will encounter a scenario that would benefit from documenting a patient's past dependence on nicotine. Note there is no code for past history of tobacco use, only a code for past history of tobacco dependence. For example, a clinician may want to document a patient's past use of cigarettes while treating that patient for asthma, as this history likely is pertinent to the course of treatment. In these scenarios, clinical providers would use the Z87.891 code (Note: F17-- is not coded with this code):

| | |
|----------------|---|
| Z87.891 | Personal history of nicotine dependence |
|----------------|---|

Excludes1

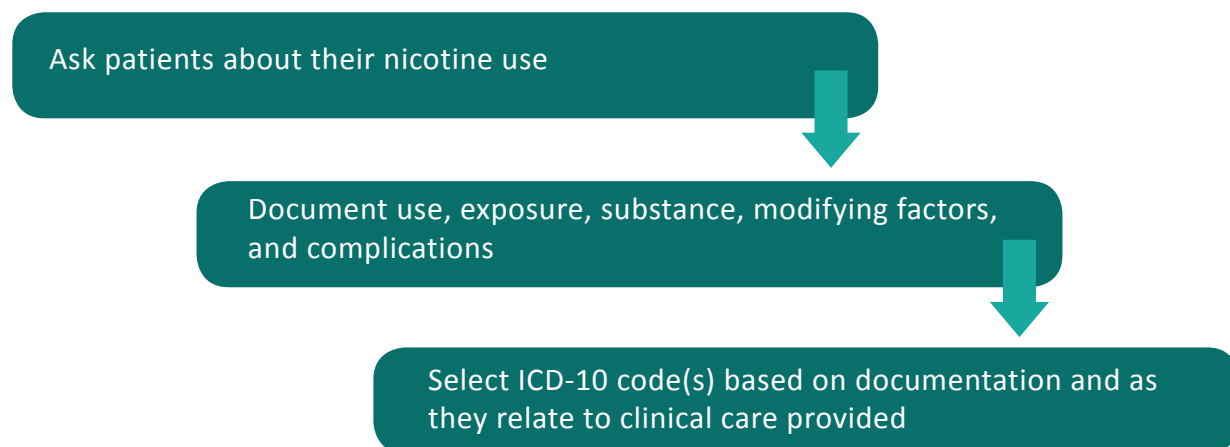
(See Box 1: ICD-10 Coding Note above for guidance)

| | |
|----------------|-------------------------------|
| F17.--- | Nicotine dependence (current) |
|----------------|-------------------------------|

DOCUMENTATION TIP:

- Encourage specificity such as “Quit smoking cigarettes in 2014” or “Quit cigars at age 42,” rather than “Quit smoking” or “Does not currently use tobacco.”

IN SUMMARY...



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- ¹ U.S. Department of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014.
 - ² Centers for Disease Control and Prevention. Current Cigarette Smoking Among Adults—United States, 2005–2014.. Morbidity and Mortality Weekly Report 2015;64(44):1233–40.
 - ³ Fiore MC, Jaén CR, Baker TB, et al. Treating Tobacco Use and Dependence: 2008 Update—Clinical Practice Guidelines. Rockville (MD): U.S. Department of Health and Human Services, Public Health Service, Agency for Healthcare Research and Quality, 2008.
 - ⁴ Fiore, et al. Treating Tobacco Use and Dependence: 2008 Update. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service, 2008.
 - ⁵ American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC: APA, 2013.
 - ⁶ Centers for Medicare and Medicaid Services. FAQ 1817. Available from: <https://questions.cms.gov/faq.php?id=5005&faqId=1817>. [Accessed 29 June 2016]