ICD-10 TOBACCO BILLING GUIDE SCENARIOS

SCENARIO 1:

Patient: 16-year-old male
Reason for visit: Sports physical examination and annual check-up
Related Issues: Shortness of breath upon exertion
Product: Cigarettes
History and Use:

- Smokes 5-6 cigarettes a day
- Began smoking 8 months ago when parents divorced to help cope with depression
- Acknowledges smoking is bad for his health, impacts his ability to play sports, and could cause future respiratory problems
- Patient expresses desire to quit, but isn't sure if he can do it
- Clinician discusses options to assist the patient's tobacco use cessation
- Total time documented on tobacco cessation counseling is 6 minutes
- Patient also is referred to counseling for depression

Is the smoking relevant to the visit?

- Yes – Clinician presumes the shortness of breath likely is related to the nicotine use. Clinician spends 6 minutes on counseling on tobacco cessation, which needs to be supported by a nicotine diagnosis code.

What ICD-10 codes might we choose for this encounter?

ICD-10-CM	Description
Z00.129	Encounter for routine child health examination without abnormal findings
R06.02	Shortness of breath
F17.210	Nicotine dependence, cigarettes, uncomplicated
Z71.6	Tobacco abuse counseling

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DOCUMENTATION AND CODING TIPS:

- Clinician includes a nicotine-related code for this visit because of the presumed link between the patient's nicotine use and his shortness of breath, as well as to establish medical necessity for the cessation counseling
- Clinician judges that the patient has a nicotine dependence (rather than categorizing it as "nicotine use") based on the frequency of use, as well as the patient's concern about his potential inability to quit
- Clinician selects an "uncomplicated" nicotine dependence code even though the patient reports a symptom of shortness of breath.
    - ☐ Clinician presumes the symptom is associated with nicotine use but has not otherwise diagnosed a separate disorder and, as a result, should not select a diagnosis code that signals a "nicotine-induced disorder" (such as F17.218)
- Although the clinician identifies a symptom of "shortness of breath," the visit still should be classified as routine "without abnormal findings." The patient's shortness of breath is an associated sign or symptom and not a confirmed finding. In the absence of a confirmed finding, the clinician should default to a "without abnormal findings" code
- Clinician did not code the sports physical (Z02.5) separately from the well child visit since the Z00.121 code covers the reason for the visit (i.e., full check-up)

SCENARIO 2:

Patient: 26-year-old, sexually-active female
Reason for visit: Seeking contraception
Related Issues: None noted
Product: Cigarettes
History and Use:

- Admits to smoking half a pack of cigarettes per day
- Often craves a cigarette first thing in the morning
- Began using tobacco 2 years ago
- Is counseled on different methods of contraception and potential side effects
- Patient initiates the contraceptive injection, Depo-Provera
- Clinician briefly discusses the dangers of continued tobacco use on the patient's health
- Patient states she does not want to quit smoking and says "we all have to go somehow"

Is the smoking relevant to the visit?

- No – Clinician does not provide cessation counseling because of the patient's stated desire to continue using nicotine. The nicotine dependence does not present a contraindication with the patient's chosen contraceptive method and therefore is not relevant to the visit.

What ICD-10 codes might we choose for this encounter?

ICD-10-CM	Description
Z30.013	Encounter for initial prescription of injectable contraceptive

DOCUMENTATION AND CODING TIPS:

- Although there is no nicotine-related diagnosis code assigned, clinician should still include details related to the patient's nicotine use in the documentation of the patient's medical record. This information may become relevant to future care in the event that the patient develops a nicotine-related disorder.
- Note: The clinician spent time counseling the patient briefly on the dangers of tobacco use even though the patient was not interested in quitting at this time. Depending on the extent of counseling provided and the clinician's judgment, the clinician may elect to include the tobacco counseling Code Z71.6 and Code F17.210 Nicotine dependence, cigarettes, uncomplicated.

SCENARIO 3:

Patient: Two-year-old boy
Reason for visit: Well-child visit
Related Issues: Lives in a home where secondhand smoke is present
Product: Cigarettes
History and Use:

- Mother of patient admits to smoking about 1 pack per day of cigarettes inside the home since the child was born
- The clinician explains to the mother that, in addition to tobacco use being detrimental to her own health, the presence of second-hand smoke in the home places her child at increased risk for respiratory problems
- Clinician spends 10 minutes counseling parent regarding implications that tobacco use can have on her child's health
- Clinician discusses options for smoking cessation, refers the patient to the New York State Smokers' Quitline, and gives her literature on local smoking cessation programs

Is the smoking relevant to the visit?

- Yes – The child's exposure to tobacco may impact his health

What ICD-10 codes might we choose for this encounter?

ICD-10-CM	Description
Z00.129	Encounter for routine child health examination without abnormal findings
Z77.22	Contact with and (suspected) exposure to environmental tobacco smoke
Z81.2	Family history of tobacco abuse and dependence

DOCUMENTATION AND CODING TIPS:

- Clinician counseled the parent of the patient on smoking cessation and not the patient himself. As a result, a tobacco use counseling code should not be applied to the child's record.
- Clinician should seek guidance from payer as to whether counseling provided to the parent can be billed separately

SCENARIO 4:

Patient: 32-year-old active male
Reason for visit: Upper respiratory infection
Related Issues: Persistent cough and shortness of breathe
Product: Cigarettes
History and Use:

- Patient presents for third visit in previous two months for an upper respiratory tract infection
  - ☐ Patient is otherwise healthy with no chronic medical problems
- Patient recently developed a persistent cough and shortness of breath especially when active, which has caused him to stop playing in his weekly basketball game
- Admits to smoking 1 pack per day of cigarettes for the past five years
- A spirometry is performed and the clinician finds the patient's tidal volume has decreased by 15% and the patient has some rhonchi
- A chest X-ray is negative for pneumonia
- Clinician explains that the patient's tobacco use is making him susceptible to repeated episodes of upper respiratory tract infection and likely caused his reactive airway disease, which could develop into asthma
- Clinician provides literature that describes the various complications of smoking and discusses local tobacco use cessation programs and resources
- Clinician spends 40 minutes of face-to-face time with the patient in total, with 20 minutes strictly discussing cessation options
- Patient is diagnosed with exercise-induced bronchospasms

Is the smoking relevant to the visit?

- Yes - Clinician includes the patient's nicotine dependence as a diagnosis to provide further insight into the patient's bronchospasm diagnosis. Clinician also spent 20 minutes counseling on tobacco cessation, which needs to be supported by a nicotine diagnosis code

What ICD-10 codes might we choose for this encounter?

ICD-10-CM	Description
J45.990	Exercise induced bronchospasm
F17.218	Nicotine dependence, cigarettes, with other nicotine-induced disorders
Z71.6	Tobacco abuse counseling

DOCUMENTATION AND CODING TIPS:

- Clinician judges that the patient has a nicotine dependence (rather than categorizing it as "nicotine use") based on the patient's high tolerance, as well as the negative impact tobacco use has on the patient's recreational activities
- Due to the absence of childhood asthma, the clinician believes there is a causal relationship between the patient's nicotine use and adult-onset bronchospasms
- As a result of this presumed causal relationship, the clinician chooses a "nicotine-induced disorder" diagnosis code rather than an "uncomplicated" code (e.g., F17.210)
    - If a causal relationship is not documented, the clinician should default to an "uncomplicated" nicotine dependence code

SCENARIO 5:

Patient: 42-year-old male
Reason for visit: Heartburn
Related Issues: Mild asthma; essential hypertension
Product: None
History and Use:

- Patient complains of intense heartburn three to four times a week over the past three months, describing that the burning sensation is worse at night and, when he lies down, he "burps up" a sour liquid
- Examination reveals irritation of the pharynx and the clinical provider (clinician) diagnoses gastro-esophageal reflux
- Patient has a mild asthma that he developed five years ago and is controlled by medication
  - ☐ Patient wakes up at least once a week with asthma symptoms, requiring the use of a rescue inhaler
- Patient developed essential hypertension 6 years ago, which currently is managed by pharmaceuticals, diet, and exercise changes, as well as a reduction in tobacco use
- Patient was a cigar and cigarette smoker for 15 years and quit 5 years ago
- Otherwise in good health

Is the smoking relevant to the visit?

- Yes – The patient's previous use of nicotine may have impacted the diagnoses of reflux and asthma, and reduced tobacco use has helped the patient to manage his chronic conditions. It is likely that the clinician finds the history of tobacco use pertinent throughout the course of treatment, and, as a result, should include it in the diagnoses for this visit.

What ICD-10 codes might we choose for this encounter?

ICD-10-CM	Description
K21.9	Gastro-esophageal reflux disease without esophagitis
J45.30	Mild persistent asthma, uncomplicated
I10	Essential (primary) hypertension
Z87.891	Personal history of nicotine dependence

DOCUMENTATION AND CODING TIPS:

- There is no definitive rule for when to no longer include a "history of tobacco use" within a patient's medical record. Clinicians should use their best judgment as to whether the information is relevant to a visit on a case-by-case basis.

SCENARIO 6:

Patient: 28-year-old female
Reason for visit: Routine prenatal visit
Related Issues: 13 weeks pregnant
Product: Cigarettes
History and Use:

- Patient presents for an initial prenatal visit; this is her first pregnancy
- Clinician confirms gestation is in the first trimester and pregnancy appears to be healthy and progressing normally
- Patient admits to smoking 3-4 cigarettes per week, only when she works the same shifts as her coworker who smokes
- Clinician discusses the risks associated with tobacco use while pregnant, even in limited amounts
- Clinician discusses cessation techniques and asks the patient to return if she finds it difficult to quit

Is the smoking relevant to the visit?

- Yes – Nicotine use should be assigned for any pregnancy case when a woman uses any type of tobacco product during pregnancy

What ICD-10 codes might we choose for this encounter?

ICD-10-CM	Description
Z34.01	Encounter for supervision of normal first pregnancy, first trimester
O99.331	Smoking (tobacco) complicating pregnancy, first trimester
Z3A.13	13 weeks gestation of pregnancy
F17.210	Nicotine dependence, cigarettes, uncomplicated

DOCUMENTATION AND CODING TIPS:

- The clinician's documentation suggests that the patient likely falls under "tobacco use" rather than "nicotine dependence." However, the coding note for "O99" instructs the coder to use a code from Category F17 to identify the type of nicotine product used by the patient. As a result, the clinician should always use an F17 code rather than a Z72.0 code to describe the patient's nicotine use when coding for tobacco use during pregnancy.