

IN THIS ISSUE: ICD-10 Codes for Tobacco Dependence and Exposure

On October 1, 2015, the International Classification of Diseases, Tenth Revision (ICD-10) diagnosis codes took effect. According to the American Health Information Management Association, ICD-10 codes will more effectively capture data to improve performance and policy, create efficiencies, contain costs, and better serve patients.¹

NEW TOBACCO-RELATED ICD-10 CODES

Included in ICD-10 is the expansion of tobacco dependence and exposure codes. There are now over 50 diagnostic codes providing broader and more in-depth data, covering the following categories: nicotine use and dependence, maternal tobacco use and exposure, toxic effect of tobacco and nicotine, environmental tobacco smoke exposure, counseling and medical advice not elsewhere classified, and history of nicotine dependence.² These new diagnosis codes define specific types of tobacco product use or exposure, and whether or not a patient is symptomatic. Symptomatic patients are those who use tobacco and have been diagnosed with an adverse health effect or disease that the U.S. Surgeon General has linked to tobacco use.³ Providers must document to the highest degree of specificity that is known.

ICD-9 Code 305.1, nicotine dependence, transitioned to the new ICD-10 codes as shown in Table 1.³

Table 1. ICD-10 Codes for Nicotine Dependence

ICD-10 Code	Description
F17.200	Nicotine dependence, unspecified, uncomplicated
F17.201	Nicotine dependence, unspecified, in remission
F17.210	Nicotine dependence, cigarettes, uncomplicated
F17.211	Nicotine dependence, cigarettes, in remission
F17.220	Nicotine dependence, chewing tobacco, uncomplicated
F17.221	Nicotine dependence, chewing tobacco, in remission
F17.290	Nicotine dependence, other tobacco product, uncomplicated
F17.291	Nicotine dependence, other tobacco product, in remission

Table 2 shows some other commonly used tobacco-related ICD-10 diagnosis codes.

Table 2. Other Tobacco Related ICD-10 Codes*

ICD-10 Code	Description
P04.2	Newborn affected by maternal use of tobacco
P96.81	Exposure to environmental tobacco smoke in the perinatal period
T65.2	Toxic effect of nicotine and tobacco
Z57.31	Occupational exposure to environmental tobacco smoke
Z71.6	Tobacco use counseling, not elsewhere classified
Z72	Tobacco use not otherwise specified (NOS)
Z77.22	Contact with and exposure to environmental tobacco smoke
Z87.8	History of nicotine dependence (not a current user)

* This table was adapted from the University of Wisconsin's Center for Tobacco Research & Intervention's ICD-10 Codes Tobacco/Nicotine Dependence and Secondhand Smoke Exposure, October 2015

Tables 3 and 4 show the Current Procedural Terminology (CPT) and the Healthcare Common Procedure Coding System (HCPCS) billing codes for physician services, differentiating between symptomatic and asymptomatic patients. These remain unchanged from ICD-9.

Table 3. CPT Codes for Symptomatic Patients**

CPT Codes	Type of Counseling	Description
99406	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
99407	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

Table 4. HCPCS Codes for Asymptomatic Patients (Medicare Only)**

HCPCS Codes	Type of Counseling	Description
G0436	Intermediate	Smoking and tobacco use cessation counseling visit is greater than three minutes, but not more than 10 minutes
G0437	Intensive	Smoking and tobacco use cessation counseling visit is greater than 10 minutes

** Both Tables 3 and 4 are adapted from the American Academy of Family Physicians' 2015 Coding Reference: Tobacco Use Prevention and Cessation Counseling

RECOMMENDATIONS

Tobacco use and exposure remains the leading preventable cause of death and disease in the United States (U.S.).⁴ In 2006-2010, 21.7% of deaths in Washoe County and 21.3% of deaths in Nevada were due to tobacco-related illnesses.⁵

Medical visits are unique opportunities for healthcare professionals to assess and intervene with individuals who use tobacco. The U.S. Preventive Services Task Force (USPSTF) recommends that clinicians:⁶

- ✓ Ask all adults about tobacco use, advise users to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration approved pharmacotherapy for cessation to adults who use tobacco.
- ✓ Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.

The USPSTF further concludes that:

- ✓ The current evidence is insufficient to assess the balance of benefits and harms of pharmacotherapy interventions for tobacco cessation in pregnant women.
- ✓ The current evidence is insufficient to recommend electronic nicotine delivery systems for tobacco cessation in adults, including pregnant women.

Finally, it is recommended that healthcare providers refer patients to the Nevada Tobacco Quitline, especially patients who do not have insurance or have limited insurance coverage. The Nevada Tobacco Quitline is operated by National Jewish Health. Their services are medically-oriented and build upon their expertise in respiratory health. The Nevada Tobacco Quitline offers professional cessation coaching sessions, Nicotine Replacement Therapy (NRT) medications, and

customized educational material to support the needs of those seeking to quit tobacco use free of charge.

Nevada Tobacco Quitline

1-800-QUIT-NOW or www.nevadatobaccoquitline.com

To obtain 1-800-QUIT-NOW cards, Quitline Provider Referral Forms and other tobacco information for your office, please visit www.GetHealthyWashoe.com, or contact Washoe County Health District, Chronic Disease Prevention Program at: info@gethealthywashoe.com or (775) 328-6150.

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ACKNOWLEDGEMENTS

The Washoe County Health District would like to give special thanks and recognition to Heather Press, Immunize Nevada, and Sandy Wartgow, Carson City Health and Human Services, for their assistance with this report.