

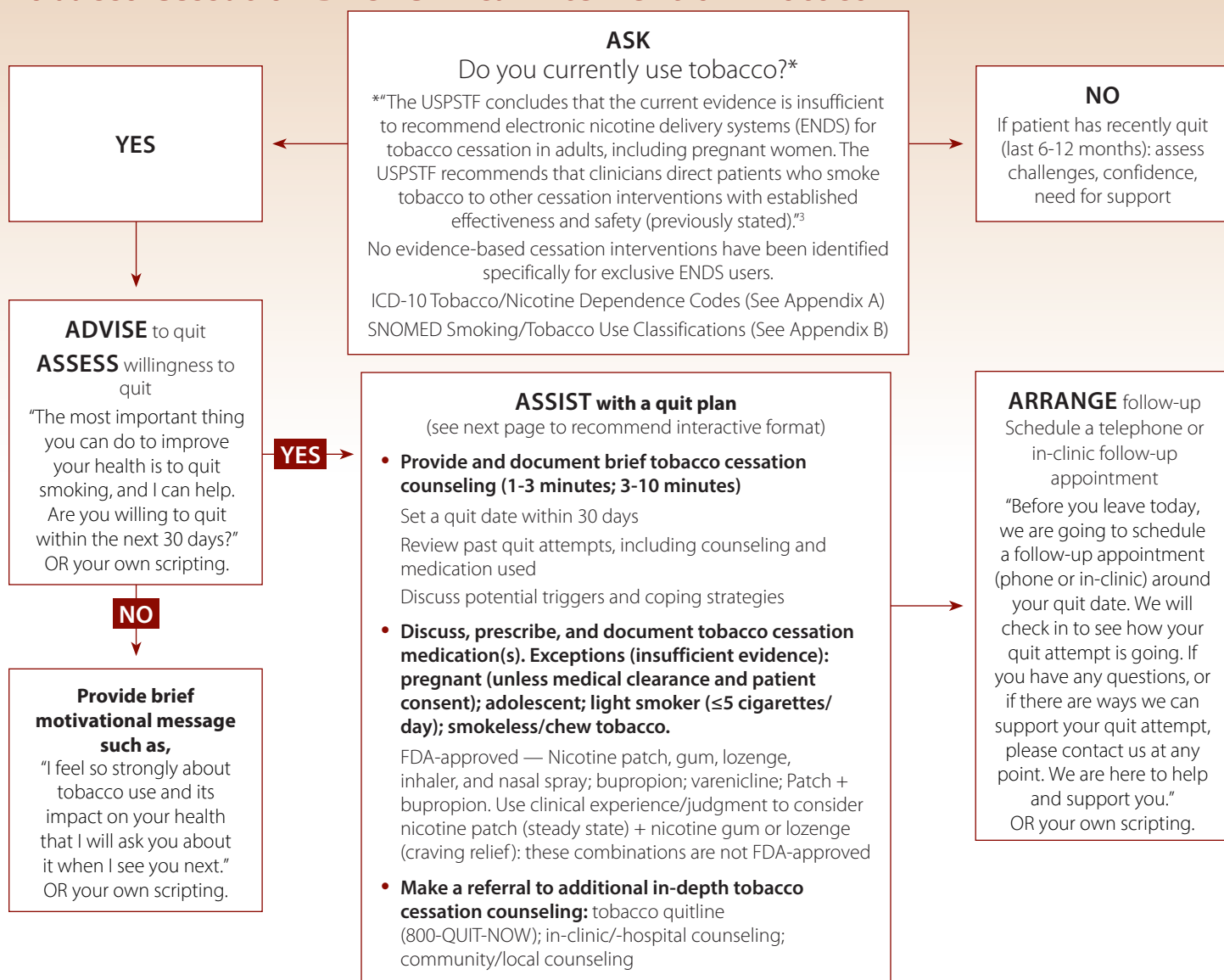
Protocol for Identifying and Treating Patients Who Use Tobacco

Name of Practice

No level of smoking or tobacco use is safe.¹ Tobacco addiction is a chronic condition, often requiring multiple quit attempts for a tobacco user to become tobacco free.² There are effective, evidence-based, brief clinical interventions available to help patients who smoke. The intervention protocol² below can be integrated into the tobacco use identification and intervention clinical workflow for every patient aged 13 years and older. This protocol can also serve as a model to build clinical decision support into the electronic health

record (EHR) to achieve tobacco use intervention goals. In terms of the core components of a clinical tobacco cessation intervention, all patients can benefit from behavioral counseling. All patients 13 and older, with the exception of pregnant women, adolescents, light smokers, and smokeless tobacco users (due to insufficient evidence), can benefit from medication. The combination of counseling and medication is *most* effective, and both should form the foundation of a brief cessation intervention.² It is important to monitor patients during their quit attempt for behavioral and medication adherence, efficacy, and side-effects, to provide support, and to offer continued assistance in the case of slips or relapses to tobacco use.

Tobacco Cessation Brief Clinical Intervention Protocol²



References:

¹ US Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: US 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 Fiore MC, Jaén CR, Baker TB, et al. *Treating Tobacco Use and Dependence: 2008 Update. Clinical Practice Guideline*. Rockville, MD: US Department of Health and Human Services, Public Health Service; 2008. <http://www.ahrq.gov/professionals/clinicians-providers/guidelines-recommendations/tobacco/index.html#Clinic> Accessed September 1, 2015.

³ Siu AL; US Preventive Services Task Force. Behavioral and pharmacotherapy interventions for tobacco smoking cessation in adults, including pregnant women: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*. 2015;163:622–34.

ASSIST Patients with a Quit Plan

- **Provide and document brief tobacco cessation counseling (1-3 minutes; 3-10 minutes)**
 - Set a quit date within 30 days (allow a few days for quitting preparation, but not so long that patient loses motivation)
 - Review past quit attempts, including counseling and medication used
 - Discuss potential triggers and coping strategies
 - ☐ 1-3 minutes behavioral counseling provided
 - ☐ 3-10 minutes behavioral counseling provided
- **Discuss, prescribe, and document tobacco cessation medication(s).**

Exceptions (insufficient evidence): Pregnant (unless medical clearance and patient consent); adolescent; light smoker (≤ 5 cigarettes/day); smokeless/chew tobacco

 - ☐ Nicotine patch (steady state; long acting)
 - ☐ Nicotine gum (craving rescue; short acting)
 - ☐ Nicotine lozenge (craving rescue; short acting)
 - ☐ Nicotine inhaler (craving rescue; short acting)
 - ☐ Nicotine nasal spray (craving rescue; short acting)
 - ☐ Bupropion SR 150 (steady state; long acting; non-nicotine pill; nicotine antagonist)
 - ☐ Varenicline (steady state; long acting; non-nicotine pill; nicotine antagonist and agonist)

Medication combinations: (Only patch + Bupropion SR 150 is currently FDA-approved)

 - ☐ Nicotine patch + Bupropion SR 150
 - ☐ Nicotine patch + nicotine gum
 - ☐ Nicotine patch + nicotine lozenge
- **Make a referral to additional in-depth, evidence-based tobacco cessation counseling and support**
 - ☐ Tobacco Quitline (800-QUIT-NOW) referral for patients interested in quitting (<http://map.naquitline.org/>)
 - ☐ In-clinic/hospital/system tobacco cessation program/support
 - ☐ Local/community tobacco cessation program/support

For additional medication details see: http://www.ctri.wisc.edu/documents/2.CME_pharmacotherapy_table.pdf

Considerations

The **tobacco cessation brief clinical intervention responsibilities can be shared**. For example, the medical assistant or roomer can complete the ASK, ASSESS, and ARRANGE FOLLOW-UP steps. The visit clinician (nurse, physician assistant) can complete the ADVISE and ASSIST steps, including the referral to in-depth counseling. The prescribing clinician (physician, nurse practitioner, advanced practice registered nurse, physician assistant) can prescribe or order the medication and referral to counseling.

Clinicians and staff should each understand **the patient visit tobacco cessation workflow and their critical role and duties** in patient tobacco use identification and intervention.

When **incorporating the tobacco cessation protocol into an electronic health record (EHR)**, the *workflow* and *documentation* must be convenient, concise, and able to be queried and extracted.

- Use check boxes and pick lists to minimize data entry.
- Use written or programmed decision support text and pop-ups for tobacco use counseling (including referral), and medication.
- Tobacco use identification and intervention coding and documentation can be automatic in some places.
 - ▷ When a patient is identified and documented as a current tobacco user, the diagnostic code can be automatically populated.
 - ▷ When brief tobacco cessation counseling is provided during the visit, a check box can appear for the clinician to select 1-3 minutes or 3-10 minutes of counseling, triggering the appropriate billing and reimbursement documentation.
 - ▷ When a medication order is submitted, the appropriate coding for that order ensures that the order is placed, routed and billed, and that the medication is documented in the patient's EHR medication list.
 - ▷ Program your EHR so that the delivery and documentation of components of the tobacco cessation protocol will automatically populate the after-visit summary with the applicable text and resources (e.g., the quitline number) specific to each patient.

International Classification of Diseases (ICD)-10 Codes Tobacco and Nicotine Dependence, and Secondhand Smoke Exposure. Effective October 1, 2015

Background and Context

Through September 30, 2015, the **ICD-9** diagnostic code for identifying and documenting patients who use tobacco was **305.1**. Thus, there was a single diagnostic code for tobacco use and dependence.

Effective October 1, 2015, health care transitioned to **ICD-10 codes**. ICD-10 expands the breadth and depth of health care documentation in general and documentation for tobacco use, dependence, and exposure in particular.

The transition to ICD-10 is required for all those covered by the Health Insurance Portability and Accountability Act (HIPAA). The switch to ICD-10 does not affect Current Procedural Terminology (CPT) billing codes for outpatient procedures and physician services.

Purpose of This Document

This document provides the new ICD-10 codes for patients who use, are dependent on, or are exposed to nicotine or tobacco. For example, ICD-10 includes specific codes and modifiers for cigarette use, chewing tobacco use, smoking during pregnancy, exposure to secondhand smoke, and many other behaviors, conditions, and exposures.

Importantly, the former **ICD-9 code 305.1** (tobacco use and dependence) will transition to the new **ICD-10 codes**:

- **F17.2** (nicotine dependence)
- **099.33** (smoking complicating pregnancy, childbirth, and the puerperium)
- **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 tobacco and nicotine)
- **Z57.31** (occupational exposure to environmental tobacco smoke)
- **Z71.6** (tobacco use counseling, not elsewhere classified)
- **Z72** (tobacco use not otherwise specified (NOS))
- **Z77.2** (contact with and exposure to environmental tobacco smoke)
- **Z87.8** (history of nicotine dependence)

Each of these codes are often used with modifier(s) to specifically define the type of tobacco use or exposure. See pages 2-4.

The full set of nicotine, smoking, tobacco, and smoke exposure ICD-10 codes are on the pages that follow.

ICD-10 Diagnostic Codes for Nicotine Dependence

Effective October 1, 2015

F17 Nicotine Dependence

Excludes1: History of tobacco dependence (Z87.891); tobacco use not otherwise specified (NOS) (Z72.0)

Excludes2: Tobacco use (smoking) during pregnancy, childbirth and the puerperium (099.33); toxic effect of tobacco and nicotine (T65.2) – see below

F17.2 Nicotine dependence

F17.20 Nicotine dependence, unspecified

- ▷ F17.200 Nicotine dependence, unspecified, uncomplicated
- ▷ F17.201 Nicotine dependence, unspecified, in remission
- ▷ F17.203 Nicotine dependence unspecified, with withdrawal
- ▷ F17.208 Nicotine dependence, unspecified, with other nicotine-induced disorders
- ▷ F17.209 Nicotine dependence, unspecified, with unspecified nicotine-induced disorders

F17.21 Nicotine dependence, cigarettes

- ▷ F17.210 Nicotine dependence, cigarettes, uncomplicated
- ▷ F17.211 Nicotine dependence, cigarettes, in remission
- ▷ F17.213 Nicotine dependence, cigarettes, with withdrawal
- ▷ F17.218 Nicotine dependence, cigarettes, with other nicotine-induced disorders
- ▷ F17.219 Nicotine dependence, cigarettes, with unspecified nicotine-induced disorders

F17.22 Nicotine dependence, chewing tobacco

- ▷ F17.220 Nicotine dependence, chewing tobacco, uncomplicated
- ▷ F17.221 Nicotine dependence, chewing tobacco, in remission
- ▷ F17.223 Nicotine dependence, chewing tobacco, with withdrawal
- ▷ F17.228 Nicotine dependence, chewing tobacco, with other nicotine-induced disorders
- ▷ F17.229 Nicotine dependence, chewing tobacco, with unspecified nicotine-induced disorders

F17.29 Nicotine dependence, other tobacco product

- ▷ F17.290 Nicotine dependence, other tobacco product, uncomplicated
- ▷ F17.291 Nicotine dependence, other tobacco product, in remission
- ▷ F17.293 Nicotine dependence, other tobacco product, with withdrawal
- ▷ F17.298 Nicotine dependence, other tobacco product, with other nicotine-induced disorders
- ▷ F17.299 Nicotine dependence, other tobacco product, unspecified nicotine-induced disorders

Maternal Tobacco Use and Exposure (099.3, P04.2, P96.8)

099 Maternal diseases classified elsewhere but complicating pregnancy, childbirth, and the puerperium

099.3 Mental disorders and diseases of the nervous system complicating pregnancy, childbirth, and the puerperium

099.33 Smoking (tobacco) complicating pregnancy, childbirth, and the puerperium

- ▷ Use additional code from F17 to identify type of tobacco
- ▷ 099.330 Smoking (tobacco) complicating pregnancy, unspecified trimester
- ▷ 099.331 Smoking (tobacco) complicating pregnancy, first trimester
- ▷ 099.332 Smoking (tobacco) complicating pregnancy, second trimester
- ▷ 099.333 Smoking (tobacco) complicating pregnancy, third trimester
- ▷ 099.334 Smoking (tobacco) complicating childbirth
- ▷ 099.335 Smoking (tobacco) complicating the puerperium

P04 Newborn (suspected to be) affected by noxious substances transmitted via placenta or breast milk

P04.2 Newborn (suspected to be) affected by maternal use of tobacco

Newborn (suspected to be) affected by exposure in utero to tobacco smoke

Excludes2: Newborn exposure to environmental tobacco smoke (P96.81)

P96 Other conditions originating in the perinatal period

P96.8 Other specified conditions originating in the perinatal period

P96.81 Exposure to (parental) or (environmental) tobacco smoke in the perinatal period

Toxic Effect of Tobacco and Nicotine (T65.2)

T65 Toxic effect of other and unspecified substances

T65.2 Toxic effect of tobacco and nicotine

Excludes2: Nicotine dependence (F17.2)

T65.21 Toxic effect of chewing tobacco

- ▷ T65.211 Toxic effect of chewing tobacco, accidental (unintentional)
Toxic effect of chewing tobacco not otherwise specified (NOS)
- ▷ T65.212 Toxic effect of chewing tobacco, intentional self-harm
- ▷ T65.213 Toxic effect of chewing tobacco, assault
- ▷ T65.214 Toxic effect of chewing tobacco, undetermined

T65.22 Toxic effect of tobacco cigarettes

- ▷ Toxic effect of tobacco smoke
- ▷ Use additional code for exposure to second hand tobacco smoke (Z57.31, Z77.22)
- ▷ T65.221 Toxic effect of tobacco cigarettes, accidental (unintentional)
Toxic effect of tobacco cigarettes not otherwise specified (NOS)
- ▷ T65.222 Toxic effect of tobacco cigarettes, intentional self-harm
- ▷ T65.223 Toxic effect of tobacco cigarettes, assault
- ▷ T65.224 Toxic effect of tobacco cigarettes, undetermined

T65.29 Toxic effect of other tobacco and nicotine

- ▷ T65.291 Toxic effect of other tobacco and nicotine, accidental (unintentional)
Toxic effect of other tobacco and nicotine not otherwise specified (NOS)
- ▷ T65.292 Toxic effect of other tobacco and nicotine, intentional self-harm
- ▷ T65.293 Toxic effect of other tobacco and nicotine, assault
- ▷ T65.294 Toxic effect of other tobacco and nicotine, undetermined

Environmental Tobacco Smoke Exposure (Z57.31, Z77.22)

Z57 Occupational exposure to risk factors

Z57.3 Occupational exposure to other air contaminants

Z57.31 Occupational exposure to environmental tobacco smoke (Z57.31)

Excludes2: Exposure to environmental tobacco smoke (Z77.22)

Z77 Other contact with and (suspected) exposures hazardous to health

Z77.2 Contact with and (suspected) exposure to other hazardous substances

Z77.22 Contact with and (suspected) exposure to environmental tobacco smoke

- ▷ Exposure to second hand tobacco smoke (acute) or (chronic)
- ▷ Passive smoking (acute) or (chronic)
- ▷ **Excludes1:** Nicotine dependence (F17.2) tobacco use (Z72.0)
- ▷ **Excludes2:** Occupational exposure to environmental tobacco smoke (Z57.31)

Counseling and Medical Advice Services, Not Elsewhere Classified (Z71.6, Z72.0)

Z71 Persons encountering health services for counseling and medical advice, not elsewhere classified

Z71.6 Tobacco abuse counseling

Use additional code for nicotine dependence (F17.2)

Z72 Problems related to lifestyle

Z72.0 Tobacco use

Tobacco use not otherwise specified (NOS)

Excludes1: History of tobacco dependence (Z87.891); nicotine dependence (F17.2); tobacco dependence (F17.2); tobacco use during pregnancy (O99.33)

History of (noncurrent) Nicotine Dependence (Z87.891)

Z87 Personal history of other diseases and conditions

Z87.8 Personal history of other specified conditions

Z87.891 Personal history of nicotine dependence

Excludes1: Current nicotine dependence (F17.2)

Excludes1

A type 1 Excludes note is a pure excludes. It means 'NOT CODED HERE!' An Excludes1 note indicates that the code excluded should never be used at the same time as the code above the Excludes1 note. An Excludes1 is used when two conditions cannot occur together, such as a congenital form versus an acquired form of the same condition.

Excludes2

A type 2 Excludes note represents 'NOT INCLUDED HERE.' An Excludes2 note indicates that the condition excluded is not part of the condition it is excluded from 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.

Sources

The National Center for Health Statistics (NCHS), the federal agency responsible for use of the International Statistical Classification of Diseases and Related Health Problems in the United States, 10th revision (ICD-10), Fiscal Year 2015. <http://www.cdc.gov/nchs/icd/icd10cm.htm>
Centers for Medicare and Medicaid Services (CMS) https://www.cms.gov/medicare/coding/icd10/downloads/6_i10tab2010.pdf

Systematized Nomenclature of Medicine (SNOMED) Smoking/Tobacco Classifications

Smoking/Tobacco Classification	SNOWMED Code
Current every day smoker	449868002
Current some day smoker	428041000124106
Former smoker	8517006
Never smoker	266919005
Smoker, current status unknown	77176002
Unknown if ever smoked	266927001
Heavy tobacco smoker	428071000124103
Light tobacco smoker	428061000124105
Chews tobacco	81703003
Former user of chew tobacco	228503001